

derangements of speech into two kinds, viz., dysphasic and dyslogic, and he tries to distinguish in a more scientific and accurate way than has yet been done the different speech symptoms that have been comprised under the term aphasia. He objects to the terms ataxic and amnesic aphasia as not expressing accurately the meaning attached to them. He concludes that the centres for spoken and written words are distinct. The next part of the article is so full of speech subtleties, so illustrated by cases and references to literature, that in the short space at our disposal we could not possibly do justice to it. Everyone who in future wishes to know all that was known about the physiology or pathology of speech in 1878 will refer to Kussmaul's work.

Die Geistesstörungen der Schwangeren. Wöchnerinnen und Säugenden. A Monograph, by Dr. RIPPING, Superintendent of the Rhenish Provincial Asylum in Siegburg. Stuttgart, 1877.

After an historical review of the literature of his subject, Dr. Ripping proceeds to give us the results of his experience of 168 cases of psychoses of pregnancy, childbed and lactation, extending over a period of four years.

He finds that the proportion of these cases to the sum of female mental disorders varies from 7 (Rush) to 21.6 per cent. (Ripping). This wide difference he accounts for on two grounds—(1) Fifty years ago, when Rush drew up his statistics, women were much less frequently treated in an asylum than now, and (2) the low average constitution of the women in the district of his (Ripping's) asylum—especially in the Düsseldorf district, which is so devoted to manufacture and coal-mining.

In his second section he asserts, in opposition to J. Thompson Dickson ("Journ. Ment. Science," vi., 380), that heredity does not play a greater part in the forms of disease under discussion than in other forms. To prove this he adduces a percentage of 41.6 of all females admitted to Siegburg Asylum, in which heredity could be traced, and comparing this with his puerperal cases, finds the influence of heredity in 71 cases out of his 168—i.e. in 44.2 per cent., only giving a balance of 2.6 in favour of Dickson's view. Besides this he points out the fact of the regular recurrence of mental disorders at the puerperal period. The influence of preg-

nancy the author traces to alterations in the circulation, and the blood (much weaker in solid constituents, according to *Nasse*), causing anæmia, and as an argument in favour of this view, he states that one quarter of his cases were primiparæ. He likewise attributes the psychoses coming on after childbirth in part to circulatory disturbances, but chiefly to defective nutrition. He quotes *Gassner* and *Kleinwächter*, to show that, after delivery, the weight of a woman, independent of the child's weight, decreases by one-fifth. And, further, he gives eight cases, in which recovery from mental disorders went hand in hand with the regaining of their former weight, thus, one who gained 32lbs. recovered in ten months, another, who gained 56lbs., recovered in eleven months. The causes at work during pregnancy and childbirth are still further aggravated during lactation. Thus, the author concludes that Oligæmia is at the root of all puerperal psychoses, and states that it was plainly marked in 155 of his cases.

Dr. Ripping then passes on to the forms assumed by the diseases of which he treats, denying anything specific in the nature of these psychoses, apart from other mental derangements. Besides 74 cases (44 per cent.) of pure melancholia, and 52 (32 per cent.) of pure mania, he, however, recognises definite combinations, and classifies these in four groups. The first group is MELANCHOLIA succeeded by MANIA, to which belong 12 of his cases. He gives three cases in full, in one of which the melancholic stage lasted 4½, in the second, 15 months, and in the third only ten days. The first two certainly cannot be regarded as the usual stage of depression, which precedes almost every form of mental trouble. In all three cases the mania lasted more than 7 months. Of the 12 four recovered, four were incurable, two died, and two were still under treatment.

The second group consists of cases in which MELANCHOLIA is followed by MONOMANIA, and includes twenty of *Ripping's* cases. The monomania is, in nearly every case, one of persecution, generally of a definite character—and starting from dislike and suspicion of certain individuals, and connected with ideas of grandeur (*Ueberschätzungsideen*). Of these 20, none recovered.

MANIA succeeded by MONOMANIA forms the third group, which includes four cases. The monomania is of the same character as that of the second group, but the prognosis, if one may be founded on so few cases, is better, as three of the cases recovered, and the fourth improved.

The representatives of the fourth class—**MANIA** followed by **MELANCHOLIA**—are much fewer than the reverse first group, numbering only four. But the course is quite as defined. The prognosis is good, three recovering and the fourth improving.

Heredity does not, according to our author, favour any special form, but as regards age, he finds melancholia prevailing between 30 and 35, whilst mania was common in younger subjects.

The Prognosis of the puerperal psychoses *Ripping* considers much less favourable than the general estimate given. According to his statistics the percentage of recoveries is 42·8, being only five per cent. better than the average of female recoveries in his asylum. His figures are 42·8 per cent. recovered, 10·1 improved, 35·7 uncured, 5·3 died, 5·9 remaining under treatment. But the character of the disorder is very important, as 62 per cent. of those suffering from mania recovered, and only 33·6 of those suffering from melancholia.

Ripping's statistics on the beneficial effect of early admission to an asylum strongly confirm *Tuke's* experience. He found, namely, that of those cases which were admitted in the first month of the disease, 63·5 per cent. recovered, and that this percentage of recoveries gradually decreased with the increase of interval between outbreak and admission, till it reached 3·5 per cent. in those not admitted till the seventh month.

We have given the prognosis of the mixed forms under their several heads.

The average duration of the curable cases was 9·2 months, 7·9 for mania, and 10·7 for melancholia.

As regards pathological anatomy, nothing very definite was found. In melancholic cases, the brain was, as usual, very anæmic, and Henle's subarachnoid space was filled with a clear, watery fluid, while, in maniacal cases, the vessels were injected, and the pia firmly adherent. In one case of delirium acutum the dura was firmly adherent, and the gyri glued together. In seven of the nine fatal cases, there was tuberculosis pulmonum.

In discussing treatment, chief stress is laid on a nourishing diet. The use of narcotics, recommended formerly, he finds very bad, except in cases of great violence, but thinks that a warm bath for twenty minutes, and a tumbler of good claret are generally sufficient to induce sleep. He places considerable reliance on tonics. In cases of nocturnal restlessness

occurring in maniacal patients, and accompanied with transient congestive attacks, he recommends tinct. digitalis mm. 15, after half-an-hour's warmish bath, and cold applied to the head. For melancholic cases, packing in the wet sheet is commended.

In the second division of his book, the author discusses the psychoses of the three periods separately. In opposition to Tuke, he finds that the greater number of the psychoses of Pregnancy occur in the last four months, 21 out of 32 of his cases occurring during this period, and most of the eleven others being very curiously complicated cases. Under the head of the ætiology of this class, he remarks upon the fact that 13 per cent. were unmarried. Of the 32 pregnant cases, 84.4 per cent. were melancholic, and 15.6 maniacal. In 15 cases heredity was traced, and here we are struck by finding that 14 out of these 15 were melancholic, and only one maniacal. In cases of relapse, the same form generally recurred. The prognosis in pregnancy is worse than at any other stage—34.4 per cent. cured, 6.2 improved, 37.5, uncured, 12.5 died, and 9.4 under treatment. Youth makes the prognosis more favourable, and likewise the occurrence of the psychosis in the latter months of pregnancy.

The psychoses special to childbed occur, according to Rippling's statistics, 42 per cent. in the first week (27 per cent. between the fourth and seventh days), 22 in the second week, and the remaining evenly divided between the four succeeding weeks. Mental disorder is most frequent after the first confinement—30 per cent. In 12 out of 82 cases, the death of the child immediately preceded the outbreak of the disorder. Melancholia numbered 44 to 36 of mania. The prognosis is better for strict puerperal cases than for either of the other two—pregnancy or lactational. Of 82 cases 39 recovered, 9 improved, 25 remained uncured, 4 died, and 6 were still under treatment. Many of the melancholic cases were strongly marked by stupor, though this was often accompanied by a non-sexual irritation of the mucous membrane of the genitalia. The maniacal form generally begins with a rise of temperature.

In the third division, lactational insanity, we find inflammation and abnormal position of the uterus playing an important ætiological part: 68 per cent. of the cases (47 in number), were melancholic. The prognosis stands midway between that of pregnancy and childbed—42.5 recovering, 10.6 improving, and 42.5 being incurable.

The monograph concludes with 15 pages of carefully arranged tables.

From the above *résumé* it will be seen that the author has had a large material to work on, and has analysed it carefully and impartially. His work will be a solid addition to our statistical knowledge of the subject.

EDWARD G. GEOGHEGAN.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *American Psychological Literature.*

By D. HACK TUKE, M.D., F.R.C.P.

American Journal of Insanity. Vol. xxxiii.

January, 1877. No. 3. *Pathological Researches*, by Dr. John P. Gray. *Case of Mrs. Jane C. Norton*, by Dr. Ordranax. *Reviews, &c.*

April, 1877. No. 4. *General Paralysis*, by Dr. A. E. Macdonald. *The Curability of Insanity*, by Dr. Pliny Earle. *Reviews, &c.*

July, 1877. No. 1. Vol. xxxiv.

Oct., 1877. No. 2. *The Functions of the Great Sympathetic Nervous System*, by Dr. Bucke. *Proceedings of the Association of Medical Superintendents.* *Reviews, &c.*

Pathological Researches, Dr. Gray.—This article consists of an instructive *résumé* of the main facts of cerebral histology, grouped, for the most part, under "infiltration" and "involution"—the products of the former being normal, but in excess, and only like dirt, "matter in the wrong place," those of the latter being a degeneration or metamorphosis of the tissue, commencing in the nucleus of the cell, thus developing a cell of a wholly different type, and capable of proliferation. The conditions of infiltration, fat, calcification, pigment, and amyloid bodies, marking chronic and progressive stages of insanity, those of involution being found more frequently, with the exception of colloid degeneration, in acute insanity. Dr. Gray rapidly traces what he conceives to be the order of phenomena in the pathology of insanity, commencing with hyperæmia and consequent anæmia, including dyscrasia. "Saturation" of the tissues follows, involving aneurismal dilatations, dissecting aneurisms, inflammatory action and softening, and of course diminished nerve force, embarrassed cerebral action—the conditions, in fact, of the genesis of insanity. When the circulation is arrested and stasis is caused, the processes of involution are set up, and the vessel, with its contents, is transferred into fat granules.