In the first observation, which is particularly instructive, the patient, a woman æt. 50, with an insane heredity, and of alcoholic habits, developed, soon after the menopause, melancholic symptoms, with crises of panphobic terror. With or in lieu of these latter crises she had also a whole series of cœnæsthetic crises—pseudo-angina, asthma, boulimia, and finally paroxysms of painful and voluptuous excitement in the genital organs.

In the second observation, the patient, a woman æt. 26, hysterical and with a neuropathic heredity, presented symptoms of great emotional depression with ideas of damnation; this condition was frequently marked by crises of melancholic furor, with suicidal and homicidal impulses. In her calmer intervals she complained that she had periods of extreme sexual excitement and desire. It could not be ascertained in what relationship these latter symptoms stood to the melancholic crises, but there was reason to think that they were rather equivalents than results.

In the third and fourth observations, referring to cases of agitated melancholia, the most remarkable features were the relatively long duration of the symptoms of genital excitement, and its more or less regular increase with the intensity of the panphobic state.

The fifth case recorded is that of a hereditary degenerate presenting symptoms of incoherent religious delirium on a melancholic basis. During the five years the case was under observation it was marked by phases of stupor, crises of spasmodic laughter, periods of intense melancholia with suicidal impulses, and lastly crises of the wildest sexual excitement. In this patient, as in the two remaining observations, which also referred to the *folie des dégénérés*, there was a close parallelism between the intensity of the mental anxiety and the genital symptoms.

Commenting briefly on the cases as a whole, the author points out that they appear to indicate that the two conditions—anxiety and genital excitement—depend on the same mechanism. This mechanism, he suggests—while rather deprecating such speculations—may perhaps be found in the overaction of visceral centres in the optic thalami set free by the inhibited state of the higher centres accompanying the acme of the anxious paroxysm. W. C. SULLIYAN.

On the Clinical History, Diagnosis, and Prognosis of Amentia [Zur Klinik, Diagnose, und Prognose der Amentia]. (Monatss. f. Psychiat. u. Neurol, May and June, 1906.) *Strohmayer.*

Dr. Wilhelm Strohmayer tells us that amentia has in Germany gained a recognised significance to denote a form of insanity which has previously gone under the names of acute delusion, acute confusional, or insanity with hallucinations (*akuter Wahnsinn, akute halluzinatorische Verwirrheit, akutes halluzinatorisches Irresein*). This form comprises the acute insanities which have for their main symptom mental confusion, the result of dissociation or incoherency of representation. The most marked manifestation of this derangement may be described as a dreamy bewilderment of consciousness. Around this mental confusion are grouped various disorders of perception, changing illusions, hallucina-

tions, and fleeting, unsystematised, delusive ideas, which arise from the incoherence of the mental representations. The same incoherency prevails in the emotional and motor capacities.

Dr. Strohmayer occupies forty-nine pages with the definitions between amentia and acute paranoia and other types of insanity in vogue in Germany, and with an analysis of the cases which he found in the Clinique of the University of Jena. Amentia is a rare form of insanity; out of 3000 male and 2500 female admissions he found forty and ninety cases; 30 *per cent.* of these latter were owing to the puerperal state. In 66 *per cent.* there was ascertained a tangible external cause.

Out of 110 patients twenty-one died in the asylum, *i.e.*, 20 *per cent.*; sixty-six were dismissed cured or improved, *i.e.*, 60 *per cent.*; and twenty-three remained uncured, *i.e.*, 20 *per cent.*

Strohmayer several times observed notable improvement in the mental condition of insane patients during febrile diseases, twice in croupous pneumonia, and once severally in empyema, diphtheria, stomatitis with fever, angina, and gastritis. In one case of typhus there was observed increased clearness of mind during the febrile stage; in another patient no change was noticed. To imitate this natural process injections of typhus toxine were tried (bouillon culture of dead *Bacillus typhi*). In two cases of acute confusional insanity thus experimented upon there was no change; in a third the mind of the patient was clear and quiet for a while after the injections. These raised the temperature from 39° F. to 40·5° F. Soon after the cessation of the injections the patients fell back into their excited state. In was not clear whether the temporary improvement was really owing to the treatment. These interesting experiments had to be abandoned owing to external interference which the doctor does not explain. WILLIAM W. IRELAND.

On the Association of Epilepsy with Muscular Conditions fitting best into the Cadre of the Myopathies (*Journ. Nerv. Ment. Dis., Jan.*, 1906). *Onuf.*

The author here describes at length and illustrates by photographs six cases of epilepsy in males in which the muscular conditions in their *ensemble* seemed to most properly belong among the myopathies, although they presented some features deviating from the usual attributes of this disease group.

These patients presented partly muscular atrophies, partly defective muscular action without clearly demonstrable atrophy. In some cases lordosis was most marked, in others a wing-like standing off of the scapulæ; pes valgus was present in all the cases but one, while the facial muscles were involved in two cases only. Qualitative galvanic changes were found in at least four cases, fibrillary twitchings in two, which the author admits is rather against these cases being classed as myopathies, but he quotes Sachs to the effect that these two phenomena have been seen in some cases that appeared to be typical myopathies. In this connection it is to be regretted that information as to the presence or absence of the disease in other members of the families to which these patients belonged was very defective. Such information would have been helpful in making a differential diagnosis between a myopathy