

diagnosis in the early stages of nervous and mental disease associated with the development of tic. W. C. SULLIVAN.

*Some Forms of Cerebral Seizures in Insanity.* (Trans. Amer. Med.-Psych. Assoc., May, 1900.) Neff.

The author states that this paper is written with the object of calling attention to some forms of cerebral seizures, occurring in cases of insanity where the nature of the psychosis would preclude such a symptom. He proceeds to quote Berkley, Langdon, and other authors at some length, as to the theories regarding the nature of parietic seizures, and then as to their classification. The author records brief abstracts of sixteen cases, twelve of which have been under his personal observation, and arrives at the following conclusions:—(1) Cerebral seizures may occur in the insane under varying conditions. (2) Their causation is often obscure, and although they are frequently of diagnostic importance, they may appear in many forms of insanity as isolated symptoms. (3) The symptoms may be entirely independent of the type of the psychosis, and may in no way alter its course. (4) Autopsies on patients succumbing to these seizures often fail to reveal any lesion which could be held accountable for the symptoms. (5) It is possible to have an organic psychosis engrafted on a generalised or partial insanity. A. W. WILCOX.

*Primary Dementia and Dementia Præcox.* (Trans. Amer. Med.-Psych. Assoc., May, 1900.) Sprague and Hill.

Primary dementia, as understood by Sprague, includes all cases of so-called primary mental deterioration, stuporous insanity, and pubescent insanity, most cases of katatonia and melancholia attonita, with occasional cases formerly grouped with mania, melancholia, paranoia, and circular insanity. This grouping is based upon the teachings of Kraepelin, and corresponds closely to his dementia præcox, except that he hesitates about admitting katatonia to be only a variety of the fundamental disease. Both terms are applied to cases in which the mental faculties become permanently impaired in early life. Heredity is an important causative factor. Sprague believes that cases of so-called melancholia attonita are simply instances of primary dementia with marked apathy. In 112 cases of primary dementia which have come under his own care only one was discharged recovered, and she relapsed somewhat within four months of her supposed recovery. He believes that thyroid extract should be tried in all cases of this form of mental disease. In summarising, he observes that there exists a large number of insane persons in whom we can predict, from the moment we make our diagnosis, the appearance of a long array of certain paradoxical symptoms, which will after a time subside, leaving the patient in a condition of true dementia. Hill, quoting Kraepelin, states that cases formerly called primary dementia, and many others, should be named dementia præcox. This is one of the processes of deterioration; the other is katatonia. Kraepelin defines dementia præcox as the evolution of a simple, yet more or less well-marked mental deterioration, having the appearance of an

acute or subacute mental disturbance. There may be only a slight manifestation of mental weakness, so that the patient is not regarded as being insane. Under this category he classes certain beggars, tramps, and "dead-beats," who eke out an existence for a time, but finally land in the poor-house. He believes that it is more common in the male sex, that its origin is still obscure, but that it may be due to imperfect brain structure, or more probably to the result of positive brain disease. Hill states that masturbation is often assigned as the cause in the adolescent. His understanding of Kraepelin's classification of the insane is that patients do not change from one type of insanity to another, but that the symptoms in the various stages in each case must be known before the diagnosis in doubtful cases can be made.

A. W. WILCOX.

*Infantile Agrammatism [Agrammatismus Infantilis]. (Arch. für Psychiat. und Nervenkr., Band xxxiv, Heft 1.) Liebmann, Alb.*

Dr. Liebmann, who devotes himself to the study of the disorders of speech, describes as a special affection the incapacity to construct sentences in correct grammar and syntax. It is normal in children of two or three years of age, and pathological with aphasics and lunatics. The inflections of the verbs, he tells us, are wrong, the prepositions do not govern the right cases, and the adjectives do not agree with the nouns. The ordinary arrangement of German sentences is very perplexing to one not trained in it. (I have noticed that German children are somewhat slower than British children at learning to speak, and British children in India decidedly prefer to speak Hindustani, which is an easier language than English.) Dr. Liebmann divides those unskilful in the arrangement of German prose into three classes, which represent three grades of special incapacity. He admits that many imbeciles are included in the first of these classes who use broken sentences; but he insists that there are some who have defects on the optic, acoustic, and motor spheres, although they are not otherwise weak-minded. He observes that they are wanting in the faculties of attention and recollection, do not understand or follow what is said to them, are very awkward in the use of their hands, and late in walking. He does not clearly explain what faculties are left untouched, and the parts of the intelligence affected seem nearly equal to the whole. We should be inclined to regard such children as imbecile. He tells us that many "agrammatics" of the first grade, though they give the impression of being idiotic, are quite well gifted, and only backward through their stammering and unintelligible speech; most agrammatics are not specially intelligent but not idiotic, and quite able to be freed from their incapacity, and in the course of time to attend school with advantage. Physicians have frequently occasion to observe backward children who are slow at speech, and sometimes this want of the power of expression seems disproportionate to their other faculties. In general, however, these are weak-minded or stupid children, who rarely get up to the normal intelligence.

Dr. Liebmann is disposed to trace stammering and deficiencies in forming or repeating correct sentences to functional lesions of the speech