

left hemisphere. He has observed that amongst one hundred and twenty-five epileptics twenty-two were left-handed, that is, 17.5 per cent. That a deficiency of one hemisphere may sometimes be the beginning of left-handedness may be admitted, without recognising this abnormality to be in all cases a sign of degeneration or disease. It has not been found that left-handed people are really more awkward or less intelligent than the right-handed. They are often put to a disadvantage at school, as the teachers steadily forbid them using the hand which is natural to them. I never met with a teacher who would admit that any child should be allowed to write with his left hand. Thus, between their practice in the playground and their discipline in the school, the left-handed generally become ambidextrous. There is a society in London, comprising some distinguished persons, the aim of which is to train people to have equal use of both right and left hands. One of their arguments is that this would keep both the hemispheres of the brain in active function, and that this might have an effect in increasing the general intelligence.

WILLIAM W. IRELAND.

*Migraine* [*Discussion sur les Formes Cliniques des Neuralgies*]. (Rev. de Psychiat., Sept., 1908.) Hartenberg, M.

The author expresses his opinion that although migraine is a vascular neurosis, it is really a paroxysmal neuralgia of the cervical sympathetic system which is irritated.

But whilst one generally explains the pain by a vascular spasm compressing the sensory nerve-endings in the arterial walls, he considers that it is due to a primary irritation of the sympathetic system, and that the vascular variations and pain are not consecutive but only associated; this theory will permit one to understand that intense certain vaso-constrictions may not be painful, and can be applied as well to the two forms, vaso-spastic or vaso-dilatation, of hemicrania. Although the causes of the irritation may be obscure, he considers that one of the most frequent is muscular rheumatism of the neck, since, when this is cured by constant currents and massage, the migraine ceases.

SIDNEY CLARKE.

*An Insane (?) Malingerer*. (Amer. Journ. of Insanity, April, 1908.) Drew, C. A.

On July 17th, 1905, J. H—, æt. 35, married, was committed to the State Asylum for Insane Criminals from the State Prison at Charlestown, where he was serving a life sentence for murder in the second degree. Six months previously, he had been committed to prison for shooting a woman in a drunken brawl. He had cohabited with this woman, who had jilted him, and had contracted syphilis from her. He had been a pool-room proprietor, bar-tender, and lottery agent, and had been known in his native city as "Joe the Snake," and "Joe the Fox," and for some years before this homicidal act as "Crazy Joe." He had drunk to excess for the last two years. In the opinion of both the physicians who committed him to the asylum, he was more or less of an imbecile and incapable of doing much work owing to sheer stupidity. He was suspicious and pretended to be more simple and foolish than he really was. Notes taken during the first four months after his admission to

the asylum show that he continued very suspicious, thought that his food was poisoned, and was aurally hallucinated. His bodily health improved under anti-syphilitic treatment. His eyesight continued impaired as on admission. He was regarded as suffering from a dementing psychosis—a paranoid type of alcoholic dementia—notwithstanding that there was strong proof that he feigned insanity at his trial. Evidence of simulation cumulated steadily, however, and he was returned to the State prison in June, 1906, as “not now insane” and “a clever malingerer,” after being under observation in the asylum for nearly eleven months. In the following October, he made a feeble attempt to hang himself with a sheet in his prison cell. In August of the following year, he was re-committed to the State asylum, the medical certificate stating, among other things, that he had shown no signs of being clever at anything, and was considered to be an imbecile. He was much emaciated on his re-admission. He volunteered the information that he was tubercular and should have been sent to the prison camp for such cases. After his re-admission to the asylum, he gave up fasting and gained 23 lb. in weight in three months. He asked for work, and took care of the patients' clothes in the hospital ward for two months as intelligently as any paid employee.

To summarise this case, when first in prison his symptoms all pointed to gross stupidity, imbecility, or mental deficiency. On his admission to the asylum at first he appeared very stupid or deeply demented. Later his symptoms shifted to those of a very delusional paranoiac. When he was returned to the prison he again apparently became very stupid. When he was returned to the asylum, his stupidity all vanished, and he again became a full-fledged paranoiac. As Drew points out it seems unfortunate for the diagnosis of imbecility that it is a constitutional and fairly constant state.

Although he believes that all the symptoms mentioned in the commitment of J. H— were feigned, yet the question of his entire responsibility is still an open one. He seems so much of a degenerate, or deviate, and so difficult to care for in prison, that the author thinks that the ends of justice and humanity may as well be served by making the asylum his permanent home.

A. W. WILCOX.

*Mental Claudication* [*Claudicazione Cerebrale Psichica*]. (*Riv. di Pat. Nerv. e Ment.*, vol. xviii, fasc. 7.) Benigni, P. F.

Charcot, first in 1858 and subsequently in 1887, originated the idea of intermittent claudication in man, due, as in the horse, to obliterative arterial lesions of the inferior limbs. Many cases of the condition due to progressive endocarditis have since been published, and the phenomena are in all similar. A characteristic and essential feature is the temporary cessation of function in the affected part (limb).

Recently the classical opinion of claudication has been added to by extending its physio-pathological significance to special functions of special organs or systems, and the view of a visceral claudication has thus been created.

In 1866 Potain described the crises of cardiac ischæmia to be due to stenosis of the coronary arteries; he advanced the new and complete theory that angina pectoris was a legacy of ischæmia of the myocardium.