

(4) agrammatism with motor aphasia is not a secondary result of the motor speech deficiency, but a distinct affection; (5) a considerable degree of agrammatism may be combined with a slight loss of the apprehension of small sentences and their import, perhaps without any loss of this apprehension; (6) the result of a slight motor disturbance may injure the construction of sentences more than the inner apprehension of spelled words; (7) in agrammatism the injury to the power of expression as shown in writing is greater than the loss of the receptive power in reading; (8) the power of finding the right word can, notwithstanding the loss of fluency in speech, remain intact in agrammatism; (9) the recurrence of the same fault in the analysis of words observed in experiments repeated at different times justifies the hope that some law and order may be yet discerned in pathological derangements of speech.

WILLIAM W. IRELAND.

*On Defective Children [Leicht Abnorme Kinder]. (Allgem. Zeits. f. Psychiat., Bd. lxi, H. 4.) Thoma E.*

Under this title Dr. Thoma, of Illenau, Baden, considers the case of children weakminded or under the burden of nervous diseases, excluding the graver forms of imbecility, idiocy, and cretinism, as well as severe and recurrent epilepsy. Above these there is a grade of children who have recently come into notice owing to the establishment of schools for pupils of deficient intelligence in some of our large towns. Dr. Thoma treats these cases under the heads of neurasthenia and hysteria. Emminghaus has described the first of these affections in children as a neurosis of the cerebrum, with some weakness of the intellectual faculties, alteration of the temper, and anomalies of innervation. It may be acute or chronic, often coming on suddenly, and showing itself in great listlessness and the loss of the usual brightness and playfulness of children. In the school, they are inattentive, learn with difficulty, and soon lose what they have been taught. The pupils are wide and react readily, the conjunctiva is injected. There are a great variety of other symptoms, such as flushing of the face, bleeding at the nose, cold hands and feet, feeling of heat in the head, noises in the ear, palpitation at the heart, and dyspnoea. The sleep is bad, with night terrors. As all these symptoms do not occur in one case, it is difficult to give a general description. Sometimes there is only a single symptom to guide the physician. Characteristic of neurasthenia in children are what is called the phobias, terrors easily excited by slight causes, such as monophobia, the fear of being alone, or the fear of some animals, as spiders, mice, or toads. Thoma mentions one case of a woman, æt. 22, who, on the occasion of a search being made in the school for some stolen chocolate, was ever after haunted with the idea that she should always have with her some friendly person as a witness of what she did. Against this weakly yielding to dominant ideas, the author prescribes a careful diet, withdrawing the child from pressure at the school, gymnastic exercises, and manual work; as medicines, he recommends valerian and the bromides. Such children are often affected by what the French call *Tics convulsifs*, uncouth or jerky motions, such as winking, shrugging the shoulders, hawking, snorting, biting the lips or

the nails, and plucking the skin. These are often treated as simply bad habits, whereas they may indicate a deeper neurotic affection. Such children at school are often inattentive and absent-minded, even when they do not fail in intelligence. In the graver forms, they are restless and disorderly, prone to cruelty and stealing. When they grow up they may become vagabonds and prostitutes.

The most recent description of hysteria in childhood and youth is given by Bezy and Bibent. Symptoms of this affection in early infancy are often ascribed to dentition; often they commence with only one symptom which would be regarded as a warning signal. Amongst these are the starting of the muscles of the face, movements of the eyes, stuttering, pain in the breast, cramp in the stomach or vomiting. Thoma, during the past year, has seen two cases of hysterical dumbness following upon disorder of the bowels. The author remarks that the best prophylaxis would be to forbid marriages between neuropathic persons, but as this is seldom practicable, treatment should begin as early as possible. He recommends residence in the country, cold baths, careful diet and exercise, avoiding all severity in teaching. In some cases he has seen advantage from hypnotic suggestion. Sometimes the hysterical fits are very severe, coming on suddenly, and changing the whole character of the child. There is movement of the hands, sudden redness of the face, grimaces, stretching out of the tongue, roaring, and other distressing symptoms. Choreic motions are common with hysterical children; more frequent with girls than with boys, in the relation of three to one. Thoma would have physicians to inspect the schools, discriminate the cases, and withdraw such pupils as need a special education or give directions how they should be treated; their capacity for sustained application without weariness should be especially tested. He cannot recommend schools for idiots as good for children of merely weak capacities. For this class, small special schools are the best if the parents are able to bear the cost. He recommends massage, gymnastics, Slojd's work. Hydropathy is sometimes useful. Prophylactic measures are advisable against possible attacks of insanity or epilepsy.

WILLIAM W. IRELAND.

*On Subcortical Sensory Aphasia [Ueber Subcortical Sensorische Aphasie].*  
(*Jahrbuch f. Psychiat. und Neurol.*, B. xxvi, H. 2, 3.) Bonvicini.

Dr. Giulio Bonvicini has, in an article of above one hundred pages, given a complete survey of the information about sensory cortical aphasia. When this form was conceived by Lichtheim, on theoretical grounds, he was only able to produce one case in support. In his view there were lost the understanding of spoken words, the capacity to repeat words, and to write to dictation, while there were retained spontaneous speech and writing, the understanding of writing, and the power to read aloud. Thus the whole inner speech apparatus and the understanding of words are intact, while the comprehension of spoken words is suspended, the hearing being unaffected.

Bonvicini presents a case of this affection carefully studied. A man, æt. 63, previously healthy, with no affections of the hearing, had sensory aphasia, which quickly passed away in the reverse order—the word-