PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*German Psychological Literature.*

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Since our last notice of German writings on psychiatry, journals, year-books, and pamphlets, from the prolific Teuton press have so multiplied upon our bookshelves, that an abstract of the principal teachings of each is rendered impossible, consequently a selection must be made of topics which possess the highest interest and importance. We shall, however, give the titles of most at least of the original memoirs and papers in our possession.

Dr. August Droste is the industrious editor of the 'Medicinische Ahrenlese,' *Anglicè*, 'Medical Gleanings,' a Hanoverian medical journal, published monthly, at Osnabrück. He has been obliging enough to send us several brochures on the Gheel Asylum, with our exchange copy of his journal, which it appears has been in circulation ten years. In its pages asylum matters occupy a prominent place, but it is the colony system of Gheel which rouses him into enthusiasm, and makes him the Mundy of the Hanoverian kingdom. His pamphlets on this system, entitled, 'The Paradise of the Insane,' 'The Curative Treatment of Insanity,' and 'The most Natural and Rational Treatment of the Insane,' present a flattering view of Gheel and its management, derived from prolonged personal observation, and supported by notes of cases. The numbers of his journal for March and August last are occupied with additional remarks on that place, from which we learn of progressive improvements effected by Dr. Bulckens, calculated to obviate some of the defects pointed out by criticising medical visitors. Dr. Bulckens has four assistant-physicians and one surgeon to aid him in the medical supervision of the colony, together with four superintendents, one for each of the sections into which the population is divided. In the course of ten years, two cases of pregnancy had occurred, and five suicides; the insane population amounting to 986, 482 males and 504 females. Of 1339 patients received, Dr. Bulckens classed 436 as curable, and witnessed recovery in 302 of these, or in somewhat above 69 per cent.

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One of Dr. Droste's latest pamphlets consists of a translation of Brierre-de-Boismont's paper on the characteristics of the writing, and the nature of written productions, of the insane. This little undertaking, it seems, however, could not be submitted to this bleak world alone, but must be accompanied by a disquisition upon Gheel as an appendix.

Medizinische Jahrbücher.—Many of the numbers of this Vienna year-book of medicine contain a retrospect of the progress of psychological medicine, written by Dr. Schlager. The first part for 1864 is occupied with an analysis of Dr. Güntz's able paper on 'The Pathology of the Cerebral Vessels in the Insane,' which appeared in the 'Zeitschrift für Psychiatrie,' vol. xx, 1863, and will presently be examined. In the fourth part is a notice of recent works on alterations and on the localization of the faculty of speech, and on loss of speech. On the subject last named it is the essay of Aubertin that is analysed. This author contends that the faculty of speech is located in a special portion of the brain. The faculty of articulate speech must not be confounded with the general power of speech; for either of these may be lost whilst the other is unaffected. Moreover, there are three distinct phenomena in the act of speaking:—1. The faculty of finding words to express ideas. 2. The faculty to remember them; and the power of co-ordinating the movements essential to articulation. Speech also exists both as an internal phenomenon, and as an external one, dependent on a dynamical apparatus, and manifested in the form of language. There are, therefore, organs for the combination and articulation of sounds—the larynx, tongue, lips, &c.; an internal organ, that gives origin and existence to the words with which the faculty of memory is associated, and which co-ordinates the requisite movements for the articulation of words; and, 3. A medium of communication between the articulating apparatus and the acting nerve centre. Consequently, articulate speech may suffer in three ways:—1. By lesion of the articulating organs; 2, by that of the medium of communication; and 3, by lesion of the cerebral centre whereon the co-ordination of the movements necessary to speech is dependent. The last-named faculty Aubertin asserts to exist in the anterior cerebral lobes; an assertion he makes from pathological research.

The special nature of the symptoms, he adds, do not depend upon that of the lesion producing them, which may be indifferently a scirrhous or cartilaginous tumour, an apoplectic or purulent collection, or a foreign body introduced from without, or even a lesion of a more superficial character, as, for instance, an adhesion of the membranes with some destruction of the subjacent cortical matter. However, a deeply penetrating lesion gives rise to more complete aphemia, whilst a superficial one embarrasses the speech by ataxia locomotrix,

affecting the muscles of articulation. But there are cases of impediment and of loss of speech, wherein no alterations of the anterior cerebral lobes are discoverable; such are attributable to a lesion of the pons varolii, of the olivary bodies, or of the corpora mammillaria, or of organs in the vicinity of which the hypo-glossal and glosso-pharyngeal nerves take their rise. In diseases of this kind, the paralysis of the tongue may be the cause of the difficulty of speech. A lesion of the anterior cerebral lobes may not invariably be attended by loss of speech; yet, indeed, whenever the speech is abolished, and the integrity of all the other faculties remains entire, a more or less extensive lesion of those lobes is to be looked for. If this lesion, in course of time, extends itself so as to involve the corpora striata, the fornix, &c., then, as a natural consequence, the paralytic phenomena are increased. Patients rendered speechless, for the most part suddenly, reply correctly in writing to questions, and possess their intelligence unimpaired. Simple pressure upon the anterior lobes of the brain will of itself cause impairment of speech. Some cases seem to point to the second and third frontal convolutions as the centre of the faculty of speech; yet this faculty is not restricted within any such circumscribed portion of the brain, for the lesions associated with aphemia are met with at several parts of the frontal lobes; moreover, it appears that the organ of articulate speech exists, not in both anterior cerebral lobes, but only in the left one

Mental derangement during pregnancy and after child-birth is the subject of an essay by Arnold von Franque ('Wurzburger Medizinisch Zeitschrift,' 1863). He remarks on the rarity of pregnancy among the assigned causes of insanity. Gräser noted in the course of ten years' practice, in the asylums of Eberbach and Eichberg, only four cases attributed to pregnancy among 383 women under treatment. When mental disorder does exhibit itself, it is usually about the end of the third or the beginning of the fourth month, and presents the characters of melancholia rather than of mania. Griesinger has sought an explanation of its occurrence in the changes in the circulation induced by the pregnant state; but Franque would assign more importance to an anæmic state and disordered nutrition, associated with a nervous constitution and psychical causes of disturbance. He also regards the prognosis of these cases as at best doubtful, and mostly unfavorable, and finds delivery to have in general no influence upon their course.

Moreover, when insane females become pregnant, the pregnancy follows its natural course, and exercises usually no perceptible influence upon the mental disorder; although instances do now and then occur of a modification of the malady. The improvement appearing, however, in any such cases is not lasting, but vanishes after delivery, when the insanity usually advances more rapidly towards

an unfavorable termination, and exchanges its melancholic for the maniacal type. This variation in form transpires also mostly in the few cases in which recovery occurs.

No special treatment is applicable to these cases of pregnancy with insanity. The treatment by inducing abortion, where attempted, has been followed by ill results.

Franque met with nine cases out of 427, in which child-birth was the cause of insanity. Amongst its exciting causes he enumerates prolonged and difficult labour, great loss of blood, convulsions, and albuminuria. Those of a psychical character are, anxiety, fear, poverty, sorrow, jealousy, the feeling of shame and disgrace. Simpson attributes all acute cases to albuminuria. Predisposition to insanity exercises a powerful influence. Gunding states that half the cases are relapses. Most occur betwixt the ages of thirty and thirty-five. The tendency to mental disorder increases in proportion to the number of pregnancies, for frequent child-bearing is a cause of vascular and nervous exhaustion, that is, of those conditions favorable to the production of insanity. Among fifty-six cases, only eighteen were primiparæ.

The outbreak of puerperal insanity varies in time between four or five days to three or four weeks after confinement; but it is not uncommon for patients to previously complain of headache and loss of sleep, and to exhibit unusual irritability. The lochia also decrease greatly, or altogether cease. The mental disturbance is in general of a maniacal type, especially when it supervenes soon after delivery. When the attack is postponed, then mania gives place rather more frequently to melancholia. Erotic and impulsive phenomena predominate in the maniacal variety, and a suicidal tendency in the melancholic. Hallucinations of hearing are the most frequent. The prognosis is generally not unfavorable; it is less so in the maniacal than in the melancholic form; and, as a rule, recovery is more speedy, easier, and more frequent in subsequent attacks than in the first.

The treatment pursued by Franque resembles that in common use, viz., the employment of sedatives and tonics, with nourishing food, quiet, and good nursing.

The fourth part of the 'Jahrbucher' contains a detailed history of a case of atrophy of the pons varolii and cerebellum, and some examples of syphilitic disease of the brain; and in the report on nervous maladies, numerous brief reports of various cerebral lesions, collected by Dr. Duchek.

Archiv der Deutschen Gesellschaft für Psychiatrie, is edited by Dr. Erlenmayer. The volume for 1863 contains three essays, one by the editor, consisting of a notice of the public and private lunatic and idiot asylums of the several states of Europe; one by Dr. Wille,

entitled "An Attempt to Establish a Physio-pathological Basis and Classification of Mental Disorders;" the third by Dr. Santlus, on the "Psychology of Human Instincts." In the volume for 1864 (vol. vii) are original articles by Dr. Wille, "On the Asylum for Upper Bavaria, near Munich;" by Dr. Santlus, "On the Psychical Consequences of Injuries of the Head;" by Dr. Schramm, "On Hydrophobia in Ancient Times," and by Dr. Kelp, "A Report of the mixed Asylum at Wehnen, in Oldenberg."

Besides the original articles named, the seventh volume contains copies, notices, and abstracts from the principal journals devoted to psychological medicine, published in the several countries of Europe. Among others, the 'Journal of Mental Science' is included, and twenty pages devoted to an abstract of the contents of the volume for 1862; our memoranda from French works being in a great measure transferred to its pages. This very full notice of our labours we are indebted for to Dr. Strahl, of Kreuznach. Among other interesting notices is that of the three Danish Asylums of North Jutland (near Aarhuus), Schleswig, and Bidstrup, accompanied by numerous statistical tables. There is also a detailed case of mania, copied from the 'Transactions of the Medical Society of Christiania,' in which the "cold-water cure" was successfully used.

Dr. Wille, in his pathological paper, contends for the existence of an organic change or process in the brain, in all cases of mental diseases. The predisposition to insanity is itself dependent upon a peculiar condition of the brain and nervous system. That definite alterations in the brain substance have not been detected in so many cases where cerebral derangement has existed, he attributes to defective examination, and especially to the neglect of, and the as yet imperfect acquaintance with, the microscope in nerve histology. Besides, even the phenomena of irritation in other tissues are not referable to appreciable and definite organic alterations, though such alterations are presumed to be present.

As augmentation and diminution of function constitute the basis of a division of nervous diseases in general, so the same may be employed in framing a classification of psychical maladies. The one or other alteration of function may be more or less complete, just as bodily paralysis may be; and like the latter may be dependent on removable and also on eccentric causes. Moreover, tangible structural changes may be the consequence either of severe or of long-continued disorder, and secondary mental disturbance may be the result. These last are divisible into those with debility and those with paralysis; the former marked by impairment, the latter by destruction of function. Further, as nervous diseases are distinguishable into idiopathic and reflex, so also are mental disorders (as Van der Kolk has pointed out), either the brain itself being primarily diseased, or

disease in another organ operates by and through the brain; or, to use Flemming's nomenclature, mental disorders may be protopathic or deuteropathic, viewed with reference to their causation. The "mixed psychoses" of this writer are unsupported by experience.

In deuteropathic disorders the cerebral affection may be primarily dependent upon the interposition of another disease. This interposition may be brought about by—(*a*) a primary disease of the brain; (*b*) by similar disease of the medulla oblongata and spinal cord; (*c*) by diseases of the peripheral nerves, whether of the senses, or of sensation, or of motion; (*d*) or by the medium of the ganglionic nervous system. The causes of disease may also reside in the blood, (*a*) being abnormal in quality; (*b*) or otherwise in quantity.

In protopathic mental disorders, the intellect and judgment suffer; the middle portions of the brain are involved and the harmony of their functions disturbed, either by way of excess or of defect. The characteristic symptoms are referrible to a derangement of all the psychical factors; that of no one of them particularly predominating, beyond what is explicable from the natural mental constitution of the individual. It is otherwise with regard to deuteropathic insanity. A diseased state always precedes, which, by reason of its duration, affects the cerebral functions, either stimulating or restraining them, and gradually developes psychical disturbance. The derangements of sensation induced by local foci of irritation have their character determined by the situation of the latter, to a greater or less extent, and these, by their continuance, convert irritation into structural alteration or disease.

Primary mental disorders are distinguishable into—(*a*) those with increased functional activity, and (*b*) those with impeded. But functional power may besides be weakened or paralysed, either in connection with primary or secondary mental disturbance. These conclusions may be thus expressed in a tabular form:

Div. I.—Primary Mental Disorders.
Genus—*a*. Diseases with augmented psychical function.
b. Diseases with impeded function.

Each of these genera is divisible into two species, according as the morbid process is—1, protopathic, or, 2, deuteropathic.

c. Psychical debility.
d. Psychical paralytic states.

Div. II.—Secondary Mental Disorders.
Genus—*a*. Psychical debility.
b. Psychical paralytic states.

A certain definite amount of psychical activity, dependent on a proportionate amount of cerebral excitation, is necessary to normal psychical life. Excitation of the brain, and equally of the nerves,

bears to the activity or inertness of the psychical functions and psychical life the same relation as too much or too little nutrient material does to animal life. Further, nutrition of the brain is of a twofold nature. On the one hand it requires blood, like all other corporeal organs, whilst, on the other, it wants psychical food, that is, excitation by the medium of the senses and of sensitive nerves. A third factor in brain-life is the original inborn irritability of the brain and nervous system, together with the natural condition of all other organs of the body, which are all concerned in that of the cerebral nutrition, and it follows that alterations in these factors are productive of alterations in psychical function. Thus, as hyperæsthesia follows nerve excitation, so will abnormal irritability of the brain be followed by analogous consequences. Again, as the expression of exalted sensation is, on one side, pain and reflex action, and, on the other, convulsions, so the same phenomena transpire in cerebral affections, those of a reflex nature being still more varied, though restricted to the sphere of psychical life. Such phenomena have been collectively included within the expression of "exalted brain function."

A state of exalted brain function and psychical processes is exemplified in mania, which may be of two kinds, protopathic and deuteropathic, according to the origin and situation of the exciting cause. Many of its conjoined phenomena depend upon individual congenital peculiarities affecting the constitution, the physical development, &c. of patients. Dr. Willes assigns as products of exalted cerebral activity not only acute and chronic mania, but also monomania, and moral insanity, and general paralysis.

In melancholia, on the contrary, he discovers evidences of impeded or arrested brain-function, and distinguishes three varieties; viz., 1, melancholia with stupor; 2, melancholia activa, or agitans; and 3, melancholic monomania with delusions of persecution.

Exaltation of function is of a double character, analogous to the physio-pathological conditions which constitute the substratum of clonic and tonic convulsions; there are, likewise, distinguishable a *clonismus* and a *tonismus* of the brain and nervous system, and two different series of morbid processes associated with them. These morbid processes may gradually develope and display themselves and as gradually progress, or they may break out suddenly and continue active; consequently, an acute and a chronic clonismus and tonismus may be predicated of the brain and nervous system. Again, these morbid processes may directly originate in the cerebrum, and thence propagate themselves to the entire nervous system, or, on the contrary, they may become active in the brain by the medium of another disease. Hence the division into protopathic and deuteropathic mental disorders.

Prolonged functional exaltation of the brain and nervous system must, in part by exhaustion, in part by morbid results following

excitation, induce a weakened state of brain and nervous system, which by its continuance leads to a condition akin to paralysis. On the other hand, paralytic conditions may follow upon disease originating otherwise than from over-action of the brain and nerves. Such states are regarded as primary, being correlative with the functional disturbances; whilst those following upon the previous existence of mental disorder, are secondary in nature. Dr. Willes proposes the following classification:

A. Primary Mental Disorders.

a. Clonismus of the brain and nervous system with psychical symptoms of mania: psychical exaltation.

Appearing as—

1. Acute mania.
2. Chronic mania.

b. Tonismus of the brain and nervous system with psychical symptoms of melancholia, psychical interruption or impediment.

Appearing as—

1. Acute melancholia; melancholia with stupor; melancholia activa.
2. Chronic melancholia.

These two primary forms are further divisible according to their pathogenesis.

α. Protopathic, idiopathic.
β. Deuteropathic (symptomatic, sympathetic).
γ. Psychical debility.
δ. Psychical paralysis (primary apathic dementia).

B. Secondary Mental Disorders.

a. Secondary conditions of weakness.

1. Secondary mania; mania with weakness; monomania with dementia.
2. Secondary melancholia; melancholia with weakness; melancholia apathica, and melancholic monomania.
3. Psychical weakness without distinct reaction; secondary apathic dementia.

b. Secondary paralytic conditions.

1. Paralysis with psychical reaction; active dementia.
2. Ordinary psychical paralysis.

Distinguished according to their course, mental disorders are:

Continuous; remittent; periodic or intermittent.

The last variety presents periods of complete lucidity. According to the changes in the diseased process, mental disorders are also distinguishable as mixed, or circular; one form being either intercurrent with another or with lucid intervals.

Lastly, according to the circumstances of their appearance mental disorders are either epidemic or endemic.

The essay by Dr. Santlus on "*the psychical consequences of injuries of the head, especially of lesions of the anterior cerebral lobes and the defects of speech caused thereby,*" is chiefly occupied with a register of cases. The author first presents the history of eleven cases of cerebral injury. In five of these the frontal bone was injured and blood extravasated beneath, and in four among them was the speech affected; in the fifth, it remained unaffected and the clot lay above the anterior lobe. Among the six remaining cases, the injury was at the posterior part of the head in two and near the vertex in four; but in none was the speech altered.

Besides these eleven, Santlus quotes the records of 291 cases of injury of the head, occurring since 1818 in the Duchy of Nassau, and published in the 'Nassau Medical Year-Book.' Among these 291 cases, in 88 was the frontal region alone injured; in 27, the frontal and temporal regions; in 134, the parietal and temporal regions; in 105 the parietal alone; in 16, the temporal and occipital; and in 26, the occipital only. And it is remarkable that impairment or loss of speech is recounted as happening, save in one instance, only among those 88 cases in which the frontal region was the seat of injury, and extravasation and other consequences were met with in the anterior lobes of the cerebral hemispheres and beneath them, either over the orbital plates of the frontal or the lesser wings of the sphenoid bone. Moreover, the more restricted the internal lesion is, so much the more prominent are the defects of speech found. The solitary exception to loss of speech accompanying a lesion elsewhere than in the frontal region, was in connection with an injury in the occipital region; but here the effect on the speech was traceable to injury of the ninth nerve. Among the 88 examples of lesion of the anterior lobes, in 17 was the speech affected.

On the other hand, Nasse, in his critique on the hypothesis of the location of the faculty of speech in the anterior cerebral lobes, has collected from various authors instances of disease in those parts without loss of speech, and also examples of lesions elsewhere in the brain accompanied by alterations of speech. It, nevertheless, cannot be denied that at least a frequent coincidence subsists between lesions of the anterior lobes of the brain and defects in the power of speech.

Der Irrenfreund, edited by Drs. Koster, Brosius, and Betz, contains, in the volume for 1864, original articles on demoniacal possession; on fanaticism and enthusiasm as causes of insanity; on dementia, partial and general; a mistaken case of insanity; on pregnancy and delivery in relation to mental disorder; on the medicinal treatment of the insane; on an endemic madness in Frankfort, in 1859, among young women; on Revivalism, and on muscular action among the insane. Besides these articles, there

are several brief communications, and also extracts from other Journals.

The paper on pregnancy and insanity is by Dr. Franque, and is a repetition of what appeared in the 'Wurzburg Gazette,' and which has been analysed by us in the present paper (p. 574). The article on the medicinal treatment of insanity is by Dr. Brosius. Its teaching is, that medicines can be administered in that disorder upon no general and rational principles, inasmuch as the ultimate structural causes, to be sought in the brain, are unknown, and no necessary connection can be predicated between the mental phenomena and any cerebral changes. He argues that opium cannot be regarded as a curative agent in general in mental disorder, because neither recovery nor improvement does generally, and as a matter of course, follow its use. During 1863, he gave drugs in only two out of twenty curable cases admitted into his asylum. One of these was a case of mania with chronic alcoholism, in which opium produced quiet and was followed by recovery; the other case was that of a melancholic female, who exhibited exacerbations of excitement in the morning, followed by remissions in the afternoon, and who derived benefit from quinine.

This same physician is the author of the paper on Revivalism. It is founded upon the memoirs published in this country respecting the revival movement in Ireland in 1859, and preceded by a notice of the origin of Wesleyan Methodism. It offers no matter for extract; at the same time its historical memoranda require revision.

On muscular action among the Insane, is the subject of a more considerable essay by Dr. Brosius. Anomalies of motion proceed from two sources; the one being some lesion in the cerebro-spinal system associated with the insanity; the other the result of the abnormal perception, or of the disordered will. The consequences originating from the latter source are manifold, and the muscular movements will best be considered in relation to their characteristics, the motor organs themselves being assumed to be sound.

The anomalies and peculiarities of the movements of the insane are valuable symptoms in themselves. They often indicate psychical disturbance where the speech does not betray it; they assist the judgment in determining on the probable curability of a case, or on the simulation of insanity, &c., and they not unfrequently aid in diagnosing the anatomical conditions existing. The muscles acting either in the organs of speech or in locomotion, are the only vehicles of communication between the mind of the individual and the outer world. Insanity attended by augmented muscular movement is called excitement; that by diminished, depression.

Muscular over-activity is a characteristic of mania; witnessed as the voluntary phenomenon of an over-excited brain, and also, at

times, as an involuntary condition in the form of slight convulsive movements, twitchings of tendons and tremors of muscles, as well of the limbs as of the face. And it is desirable to notice whether such involuntary movements are present only during the paroxysms of excitement, or also during the remissions; for, in the latter case, they raise the suspicion of cerebral lesion. For instance, they are, as a rule, present in the calm intervals met with during the violent excitement with which the general paralysis of the insane usually commences. Moreover, during periods of mental exaltation, a state of ecstasy now and then occurs, varying both in intensity and in duration. The very active, restless, and talkative patient becomes all at once motionless and silent, and assumes a fixed attitude and an indifference to circumstances around him.

In states of depression the movements are usually languid, and the flexor muscles are less thrown into activity. The patient's longing is for rest and solitude. This depression is seen both in melancholia and dementia, but, in the latter, the positive mental state of anguish and despondency is replaced by indifference and inertia of mind. In the case of the melancholic, the countenance is shrunken, the features concentrated, and the whole manner, movements, and carriage of the sufferer exhibit the state of mind, even when speech fails to betray it. On the other hand, in the case of the demented, the face expresses no active emotion; its muscles are relaxed, the eyelids fall, the mouth is half open, and the knees bent in standing and walking, and a meaningless laugh is often indulged in; where the movements are not restricted, but active, the activity displayed has no object. In advanced cases of dementia, many of the reflex movements are lost; the saliva is not swallowed, but drivels from the mouth, and the orbicularis is inactive even when the face is upturned to the sun. Certain attitudes and movements become stereotyped, having ceased to be expressive of any antecedent fancies, in other words, they are automatic and matters of indifference. Indeed, it is often possible to form both a diagnosis and prognosis from the gestures and movements without the aid of a verbal examination.

In melancholic depression, again, there is a loss of vigour in the muscles of organic life; the respiration is shallow and slow, though broken by deep sighs; the cardiac action is weak; peristaltic action languid, with constipation; assimilation feeble, and appetite bad, accompanied by wasting. On the contrary, the demented usually gain in flesh.

In certain cases of melancholia, however, there is a temporary increase of muscular activity, with restlessness and agitation, whence the term melancholia activa assigned to it. But these features of excitement, together with the volubility of tongue, cries, screams, destructive acts, &c., differ in various points from those of mania. In the latter disorder, the movements are more varied in form, cha-

racter and intensity, and, so to speak, change every moment, whilst the grimaces, talk, and noise, indicate the mental confusion existing. The motor activity is made to display the self-esteem, and, in general, the exaggerated feelings of the patient, and gives no place to weariness. On the contrary, the muscular excitement of the melancholic has a more uniform character, both in kind, degree, and duration, and is expressive of a fixed mental state. The crying, moaning, screaming, sighing, &c., persist without variation from morning to evening, and from one day to the next, and the gestures, carriage and movements which proclaim the mental anguish and terror, are limited to a narrow circle of changes.

The highest degree of passive melancholia met with is the form known as *melancholia attonita*, or *mecum stupore*. It exhibits an extreme state of inactivity and inertness, in which sensorial and sensible impressions induce no response from the motor organs, and fail to stimulate the faculty of speech. This stupor and torpor are the true characteristics of this form of insanity, for the indications of terror, or the melancholic signs, are not unfrequently wanting. In many so afflicted, the muscles are lax, and the joints may be flexed or extended at will, whilst in others the limb which is put in any position retains it, the muscles becoming tense and rigid, the mouth tightly closed and the chin bent firmly towards the chest; in short, there is a cataleptic condition.

The state of muscular torpor is often found to disappear when the patient is left to himself, and believes himself unobserved; but reappears with the rigidity and statue-like stillness when his quiet is interrupted. Moreover, at other times, the laxity of the muscles gives place to rigidity, and *vice versâ*.

The author proceeds, in a subsequent communication, to consider the altered movements and modified muscular action in other mental conditions, particularly in epilepsy and in the paralysis of the insane. These have been so largely detailed by other writers that we do not consider it desirable to make an abstract of Dr. Brosius' observations upon them.

Dr. Lewis Meyer, of Hamburg, in a brief paper on "*Hallucinations among the Insane*," published in the 'Central-blatt' (1865, No. 43), contends that these are not simply due to disordered impressions made on the senses, but are connected with something that has been experienced, and that has operated as a cause of the mental disorder. This matter of experience or this circumstance will, almost without exception, be referred to indirectly in the account the patient gives; as, for instance, of his seeing, hearing, or feeling that he is persecuted, insulted, &c. More, rarely such patients repeat a single form of words, and, when they do so, it is in an indirect manner; for example, "This man said, I am a thief;" and but seldom will a suggestive question, when repeated, elicit a straightforward account

or an actual repetition of the same words. The mode of expressing their conceptions varies, and in its want of precision does not in any degree accord with the clearness and vivacity of a sensorial impression. The substance here preponderates over the form of the phenomenon; the latter changes though the mental aberration persists. It often enough happens that the insane themselves are not clear respecting the form of the characteristic circumstance, and show this indistinctness in their remarks; as, for instance, that they have not seen or not heard this or that thing, but have known or have felt it, &c.; hence it is clear, that the circumstance is a matter of conception only, and not of sensation.

The fact that such a relation as pointed out, does obtain, is well seen in hallucinations called forth by external suggestions, as noticed in chronic alcoholism and in hysteric delirium. The patient feels, so to speak, the need of harmonising the circumstances around him with the fancies of his brain. In the same way, the insane appropriate and commingle existing sensorial impressions with their erroneous conceptions. If these views be admitted, there is no natural distinction between illusions and hallucinations.

"*On Vascular Cysts in the Cartilages of the Ear*, and their relation to Sanguineous Tumours of the Ear," is the subject of another short communication to the same Journal, by Dr. Meyer. He has found a sort of cystic degeneration in the aural cartilages of old people, of paralytics and others, accompanied by the appearance of a surrounding vascular network, and a loosening and breaking down of the cartilage cells. Within the cysts themselves is a fluid containing amorphous, colourless, or brownish granules, of various dimensions, and refracting light strongly. Some of these cysts are visible to the naked eye, whilst others are very minute, and require the microscope to discover them. The vessels of the newly formed network are dilated here and there, much convoluted, and their walls in a state of degeneration, and therefore prone to rupture, and to fill the cyst they surround with blood. In three instances of sanguineous tumours of the ear in which he examined the cartilages, he found widely distended, numerous vessels, immediately adjacent to the effused blood, together with cystic degeneration in neighbouring portions of tissue.

Correspondenz-Blatt. The volume for 1864 contains the original papers following:—Eulenberg, on 'A case of Simulated Insanity;' Ameling, 'Report of Haina Asylum' (Hesse Cassel); Schramm, on 'Mental Diseases as portrayed by Cœlius Aurelianus;' Eulenberg, 'Report of a Private Asylum near Cologne;' Otto, on 'Dumbness among the Insane;' Wilhelm, on the 'Etiology of Melancholia Cataleptica, and on the relation between Mania and Melancholia

Activa;' Franque, 'Report on the American Asylums;' Franque, on 'Cerebro-spinal Tubercular Meningitis;' Ullersperger, on 'Sleep, watching, and mental disorders in relation to cerebral nutrition;' Voppel, 'Epidemics of Granular Ophthalmia;' Berkhan, on 'Insanity among Children;' Ullersperger, on 'Pellagra, and Mental Disorder;' Passow, on 'Loss of Speech among the Insane;' Franque, on 'The Statistics of the Insane and of Idiots in North America;' 'Report on the Reorganization of the Prague Asylum;' 'On Light as a therapeutical agent;' 'Some rare Cases of Recovery,' by Dr. Kelp; Erlenmeyer, on 'Hypodermic Injections;' Otto, on 'Psychopathic elementary states in a medico-legal aspect, and on a case of Medullary Cancer of the Sphenoid Bone;' Kelp, on 'Latent Pericarditis in Melancholia;' Maeder, 'Statistical Report for five years of the Convalescent Asylum at Roda;' Franque, on 'General Convulsions among Children from eight to eleven days old;' Ullersperger, on 'Spanish Asylums;' Kelp, on 'Cataleptic Melancholia;' Puchstein, on 'Imbecile Children in Pomerania requiring school discipline;' Ullersperger, on 'Intermittent Psychoses.'

In general, these original communications are very brief, and many of them present no points of sufficient interest to abstract, though they have a value, as a whole, in the periodical that gives them insertion. A large proportion simply record cases in illustration of some doctrine of medical psychology, or of cerebral pathology. Franque's reports on American Asylums, and the statistics of insanity in North America, are not founded on a personal inspection of the asylums, but simply on the official reports annually published by their superintendents. The rare cases of recovery recorded by Dr. Kelp, are those of two patients, inmates of the asylum for four and five years respectively, who regained their sanity after an attack of typhus fever. Most asylum superintendents have witnessed similar remarkable recoveries after severe bodily diseases, such as fevers, erysipelas, &c., among patients regarded as incurable, and many such are noticed in asylum reports.

Erlenmeyer's memoir on hypodermic injection presents a good summary of the arguments in its favour, of its applicability in various complaints, and of the mode of using it, chiefly drawn from the contributions of British medical men, published in various pamphlets and journals. Ullersperger's communications on Spanish asylums are occupied by statistical returns of the number of insane in those institutions, and of the form of insanity they suffer, as presented to the Minister of State, by Dr. Pujadas, the General Inspector of Asylums. The total number of lunatics in hospitals and asylums was, in 1859, 2253; in 1860, 2384; and in 1861, 2502. Of the 2253 in 1859, as many as 1375 were males, and the same immense preponderance of the male sex appears in subsequent years. With respect to the form of the mental disorder, 31·97 per cent. suffered

from mania; 11·00 from monomania; 6·00 from melancholia; 20·53 from dementia; 9·15 from imbecility; 11·00 from insanity complicated with epilepsy, and 10·11 from undefined forms. Among the literary notices in the 'Correspondenz-Blatt,' occur one on the Report of the Perth Asylum, one on that of the Richmond (Dublin) Asylum, and a third on the descriptive account of the Sussex Asylum. These notices are merely analytical, and not critical.

Allgemeine Zeitschrift für Psychiatrie, Band. xx, Heft. 2, 3, and 4. The original memoirs contained in these several parts of this old established and valuable journal are: 'On the Pathology of the Cerebral Vessels in the Insane,' by Dr. Güntz; 'On Insanity in Solitary Confinement,' by Dr. Roller; 'On Rheumatism and Mental Disorder,' by Dr. Sander; 'On the State of Insanity and of Asylums in Upper Austria,' by Dr. Knörlein; 'Pathological and Physiological Inquiries respecting Progressive Paralytic Dementia,' by Dr. Tigges; and 'On a Physiological Basis for the Classification of Mental Disorders,' by Dr. Otto Müller.

The essay, by Dr. Güntz, 'On the Pathology of the Cerebral Vessels—sinuses, veins and arteries—in the Insane,' is of great value. The author rightly remarks on the prevailing neglect of noting the condition of the blood-vessels of the brain and cranium, although they are liable to various morbid changes that must materially modify the nutrition, and therefore, also, the functions of the brain. He has collected notes of 21 autopsies of insane persons, in which some lesion was found in the sinuses of the head. In 16 of these, there was thrombosis of the cerebral sinuses; in 4 there was either contraction or obstruction in those vessels, and in 1 there was a collection of pus in the left pectoral sinus. Thrombosis was met with 5 times out of the 16, in the superior longitudinal sinus; 5 times, also, in one or the other transverse (lateral) sinus, and twice in the petrosal sinus. The left lateral sinus is more frequently the seat of disease than the right. Thrombosis occurred almost exclusively between the ages of thirty and sixty; and of the 21 cases, 18 were met with in males. The concurrent mental disorder was, in 2 instances, melancholia; in 2, monomania; in 1, maniacal delirium from drink; in 1, general delirium, with hemiplegia; in 5, simple dementia; in 1, dementia with paresis of left side; in 5, dementia with epilepsy; and, in 4, dementia paralytica. From this analysis it is seen that secondary forms of insanity are the most common in connection with the lesions in question.

As to the relative prevalence of thrombosis among the insane, Greding reported 63 instances of clots in the longitudinal sinus among 216 cases, but Güntz's experience does not confirm this statement, for in 500 autopsies he found lesions of the sinuses in only 20.

Caries of the petrous bone, the most common cause of thrombosis of the sinuses, clearly existed in only two cases, and doubtfully in two others. Inflammation of the sinus was the cause of thrombosis in three instances, and of obstruction of the vessel in other three; whilst pyæmia appeared to constitute the basis of the former lesion in two of the remaining cases.

No certain symptoms of the disease of the sinuses can be predicated. Its onset would appear, however, to be often marked by sudden excitement or agitation; with a scream, an apoplectic seizure, succeeded by stupor and coma. Farther complications were encountered; in 6 cases, epilepsy; in 4, general paralysis; and in 3, hemiplegia. Among the instances recorded, thrombosis happened five days before death in 21; one week in 2; five weeks in 12; three weeks in 13; two years in 2; and a greater number of years in 4 cases.

Various other morbid conditions, differing in number and degree, affecting the encephalon and other viscera, existed with thrombosis in the cases collected; but no one of these was a constant accompaniment or stood in any necessary relation with it. Moreover, the thrombosis and other lesions of the cerebral sinuses exhibit no etiological relation to the mental disorder found with them, but are some of them only consequences of constitutional states, and others merely concomitants of other lesions connected with the psychical derangement.

Kasloff asserted that among the insane, especially those of a suicidal tendency, the *foramen lacerum* was commonly contracted, and the jugular vein of the corresponding side much reduced in calibre; but this has been contradicted by Barkow and Harberg, who state that the difference in size between the foramina on the two sides is equally common among the sane. On the other hand, Gunsberg, whilst admitting this inequality to obtain among the sane, supports Kasloff's statement by representing it as more common among the insane, and as of more frequent occurrence on the right than on the left side. Güntz attaches little importance to this condition, believing that the narrowing of one vein will be generally found compensated by greater capacity of another.

One other modification in the vessels of the brain has been mentioned by Kroon. It is that, in several cases of epilepsy, the longitudinal sinus has been found sinuous in its course, and accompanied by an inequality in the two halves of the medulla oblongata.

Compared with thrombosis, other morbid changes in the vessels of the head are rare. Among such is phlebectasis of the *pia mater*. This presents itself in two forms; in one the normal course of the veins is unaltered, but they are uniformly dilated and their walls reduced in thickness; in the other, the veins are lengthened and tortuous as well as expanded. This latter condition has been noted

in several brains of persons insane from intoxication, but is not restricted to that form of insanity. Moreover, the state of phlebectasis appears to be associated with long continued hyperæmia of the pia mater. A number of cases of the lesion in question are adduced in illustration; one fair deduction from which is, that it occurs mostly in people in the prime of life. On the other hand, it bears no direct etiological relation with insanity.

Alterations in the cerebral arteries are next considered; and a case of arterial obstruction and deficiency, attended by cerebral atrophy, recorded. Respecting the prevalence of atheromatous deposit in their walls, there is much divergence in the statements of authors. Güntz himself met with it in 60 out of 550 autopsies of the insane. The age of 20 per cent of these 60 was upwards of fifty years. Moreover, it was more frequently encountered in males than in females. As respects the form of mental malady, it appears to be very unusual in cases of depression, and most prevalent in cases of dementia or of imbecility. It prevails in 10 per cent. of the latter class of cases, and in 7 per cent of those exhibiting excitement. It extends, as a rule, to most of the cerebral arteries, and is accompanied with other lesions of the brain and its coverings, particularly with induration and atrophy.

Passing by the records of aneurism of the cerebral arteries, we come to the next section on the alterations of the smaller blood-vessels and capillaries. Although it is but very recently that observations have been directed to such alterations, yet numerous facts have accumulated with regard to them. Anomalies of calibre have been examined by Ekker, Van der Kolk, and others. The former discovered the small arteries and the capillaries of the brain to be widened in three cases of dementia. Van der Kolk noted a similar condition with hyperæmia, and increased thickness of the vascular walls in the medulla oblongata of epileptics. These morbid states were most marked about the roots of the hypoglossal nerves in those epileptics who bit the tongue in the fits, whilst in others they were most seen about the origin of the vagus. The altered vascular condition of the medulla oblongata in epilepsy has had its existence further confirmed by Demme, Kroon, Virchow, and others. The sieve-like appearance of the brain matter mentioned by Calmeil as occurring in mania, is attributable to a like dilatation of the vessels. Durand-Fardel has also noticed the same condition. Dilatation is often accompanied by tortuosity; and Güntz, who has observed this, adds further, that minute aneurismal expansions may also be seen in the smallest capillaries, projecting from one or from both their sides.

In connection with these changes, Güntz has also noticed that the minute aneurisms are often occupied with fatty granules and a blackish pigment matter, which extend likewise into the capillaries

themselves. The brain matter around the vessels so altered is always soft, its fibres of a pinkish hue, and enlarged by the presence of granular cells, fatty granules, and cholesterine crystals. At times there is capillary apoplexy and pigmentary deposits. Accompanying these minute changes there was in all the cases examined some morbid appearances of the membranes, or of the cerebral mass itself, or of both; and the usual symptoms during life were those of congestion with apoplectic or epileptiform fits, or otherwise those of serious derangement of the cerebral nutrition with paralysis. A tortuous and varicose state of the capillaries has also been described by Brunet and Albers in some cases of mental disease.

Other lesions of vessels to be named are those of the minute arteries of the brain described by Pestalozzi as "false aneurisms." These are found only on the microscopic arteries of the gray lamina and of the corpus striatum. To the naked eye they appear in the form of dark streaks or little elongated blood coagula; but under the microscope they are seen to be bulgings from the arteries, caused by the detachment of their external and adventitious tunic, and to be filled with normal coloured or colourless blood corpuscles, or sometimes with shrunken ones and other bodies approaching exudation-corpuscles in aspect.

Wedl has further described the existence, in cases of general paralysis, of nucleated granular cells (such as are concerned in the formation of connective tissue) in the adventitious or areolar coat of the dilated vessels, which lead to the contraction and ultimate closure of the vessels and the deposition of calcareous matter around them. The calcification of the small arteries of the brain proceeds also, without previous dilatation, and has been principally noticed in the medullary matter. A fatty degeneration, also, of the contractile coat of the arteries is not uncommon, especially where apoplectic effusion has occurred. This condition may be regarded, moreover, as a frequent antecedent to the aneurismal dilatations previously noticed, inasmuch as it seriously lessens the elasticity and resistance of the principal arterial tunic.

The remarkable condition known as pigment emboly of the cortical substance appears to bear no relation with the presence of mental disorder. In cases of the sort, the cortical lamina has a dark, dusky gray colour and diminished consistence. The affected vessels are either entirely filled with pigment, or this occurs in disjoined masses; and the abnormal condition may be confined to a few capillaries, or overspread the vascular network of the gray matter of the encephalon, and at times also of the cord, and occasionally penetrate into the vessels of the medullary substance.

Rheumatism and Insanity.—Dr. Sander commences his paper by citing the observations of Griesinger upon this subject. The latter,

in 1860, recorded seven cases of mental disorder which arose during the course of acute rheumatism. In two of them the rheumatism declined upon the appearance of the mental symptoms, but subsequently returned when the latter in their turn vanished. In another case chorea also coexisted. In four cases the rheumatism left the patients on the outbreak of the insanity and never returned. In one case the insanity did not appear until after the rheumatic attack had ceased. The conclusions arrived at were—1. That rheumatism induced not only an acute form of cerebral disturbance, but also a chronic form, lasting a month or more. 2. This disturbance is unattended by fever, and is marked by depression, often amounting to actual melancholia with stupor. Moreover, a state of excitement may follow upon this depression, or alternate with it. 3. Now and then this disturbance is accompanied by convulsive or choreitic movements. 4. The prognosis is much more favorable in the acute form; the recovery would appear to be most speedy and certain when, after the mental derangement has lasted some time, the rheumatic attack is renewed.

It seems, from the cases observed, that the relation between the brain affection and the rheumatism is closer than that between chronic mental disorder and other acute diseases, as, for instance, typhus, where anæmia of the brain and other general conditions lie at the foundation of the mental state.

Dr. Sander narrates five cases confirmatory of Griesinger's opinions. In the two first the mental disorder appeared on the remission of the rheumatic affection which did not recur, and their termination was favourable. In both there was maniacal excitement at the onset, though depression followed afterwards. Serous effusion and hyperæmia of the membranes and of the subjacent cerebral matter may be presumed to exist, but at present has not been demonstrated by post mortem examination. In the other three cases, long-standing insanity preceded the rheumatic attack, but the sequel was recovery from the mental derangement.

'*Pathological and Physiological investigations relative to Dementia paralytica progressiva*' is the title of a long essay in the '*Z*eitschrift,' by Dr. W. Tigges, of Marsberg. Several French writers have attributed the disease to a diffuse chronic periencephalitis, but it is questionable how far the intimate changes in the capillary vessels and surrounding cortical tissue, as seen under the microscope, are referrible to true inflammatory action. On examining the brain of a paralytic patient, collections of more or fewer corpuscles are encountered, mostly with a clear outline, and either homogeneous and more or less granular. Some of them, indeed, are not distinguished from ganglion cells. These are better observed in the brains of those who have suffered exacerbations of their malady than of such as have con-

tinued in the same chronic state. But similar corpuscles and altered ganglion cells are met with in meningitis and in cancerous disease of the brain; and the multiplication of granules in the ganglion cells indicates nothing more than more active nutrition proceeding in them. The same multiplication of granular cells is also found in the gray substance of the ventricles; in one instance, it was met with in that of the spinal cord, and it occurs also in the epithelial cells of the arachnoid covering the pia mater and elsewhere. At the same time, the pathological basis of progressive paralytic dementia is not meningitis, but is rather to be looked for in the cortical lamina, in the changes in nutrition therein proceeding, both in the connective tissue and in the ganglion cells. It now and then happens that the ordinary symptoms of paralytic dementia are commingled with those of cerebral pressure; in such cases the meninges play a more leading part; serum is exuded and a hydrocephalic condition produced, with great hypertrophy of the connective tissue of the gray substance.

The starting point of the disease is either in a larger or smaller portion of the cortical lamina, or, more rarely in a general morbid process developed either within that lamina or external to it. In some instances, the paralytic affection is secondary to some form of mental disorder which has existed, it may be, for several years previously, but has not, it is presumable, wrought those changes heretofore in the gray matter to which the paralysis is attributable.

The author prefers the name "chronic diffuse periencephalitis" of French writers, to that given it by Rokitansky, viz., "Hyperæmia, with hypertrophy of the connective tissue of the gray lamina."

Among the further changes consequent upon the lesion is atrophy of the brain; and prominent among the active agents in developing and extending the paralytic dementia, are those alterations in the capillaries and smaller vessels noted by Wedl and other observers. Amyloid degeneration of the small arteries is one of the most important of such alterations. It is especially seen on the visceral aspect of the pia mater, and on the contiguous surface of the gray lamina; but, though always discoverable in the disease in question, it is not peculiar to it, but occurs in most cerebral maladies of a certain duration, whether accompanied by mental derangement or not. Its result is to destroy the contractility of the coats and to lessen the calibre of the affected arteries, consequently it eventually interferes materially with the proper nutrition of the brain.

The physiological section of Dr. Tigge's essay, though interesting, is mainly speculative.

"On the Physiological Basis of a Terminology of Mental Disorders," is the title of an essay by Dr. Otto Müller, of Helmstedt. It is prefaced by certain general remarks on the insufficiency and uncertainty

introduced into the study of insanity by considering and classifying its varieties, according to the manifold and ever varying psychical symptoms. All research goes to demonstrate that mental derangement is the consequence of disordered brain function, and a physiological classification of its forms appears, on that account, to be desirable. A purely somatic basis is impossible, for no distinct and constant group of psychical symptoms can be predicated as peculiar to any one cerebral lesion; nor does the present state of knowledge enable us to assign special psychical functions to particular segments of the brain. The healthy phenomena of mind require harmonious action among all the portions of the brain.

Yet though the positive lesions of the brain productive of mental disorder are not available as a basis of classification, the nature and manner of the disordered cerebral function appears to furnish one. For a similarity in the disorder of psychical life implies an analogy also in the process of deranged function. This psycopathology will take notice of similar facts and phenomena, as does neuropathology, and partakes, with it, of the advantages accruing from modern research in nerve physiology.

Three spheres of cerebral action are distinguishable:—1, the perceptive and imaginative, or "*psychosensual*;" 2, the emotional and sensitive, or the "*psychosensitive*;" and 3, the volitional, or the "*psychomotor*." Disorder may arise in either of these spheres. This happens in the case of the psychosensual sphere more frequently in the male than in the female sex; whereas, in the psychosensitive sphere, the reverse obtains.

Considerable variations in functional activity are within the boundaries of health, and, when such pass to excess, the conclusion is, that they are then associated with changes in the vitality of the nerve tissue. And just as diseases of nerves are neuroses, either of sensation or of motion, so may those of the brain matter be termed psycho-neuroses. So far as only psychical vitality is affected by the change, there is simple insanity, but when that change involves disturbance in contiguous, or in peripheral nervous parts, the psycho-neurosis is complicated.

The forms of central nerve disorder resemble those of peripheral, and may, in like manner, be distinguished according as they express—1, weakness of function (paresis, anæsthesia, asthenia); 2, irritation (hyperæsthesia); or, 3, paralysis. In this threefold division are included all functional disorders of nerve-elements, but their precise manifestation is necessarily determined by the specific properties of the nerve; for instance, irritation of a sensitive nerve produces pain, whilst that of a motor nerve causes spasm. So, again, paralysis implies loss of function, whether that of sensation or that of motion.

Lastly, weakness of function is connected with impeded flow or

altered quality of nutrient matter, with general or local arterial anæmia, irritation with primary or secondary hyperæmia, and paralysis attended with a destructive process operating on nervous tissue.

From the data above, the following terminology of mental disorders may be instituted.

1. *Neuroses of the psychosensual sphere:*
   - *a.* Condition of debility (asthenia). Anæsthesia psychosensualis.
   - *b.* Condition of irritation (monomania). Hyperæsthesia psychosensualis.
   - *c.* Condition of paralysis (dementia after monomania). Paralysis psychosensualis.
2. *Neuroses of the psychosensitive sphere:*
   - *a.* Condition of debility (melancholia tranquilla). Anæsthesia psychosensitiva.
   - *b.* Condition of irritation (melancholia activa). Hyperæsthesia psychosensitiva.
   - *c.* Condition of paralysis (dementia after melancholia). Paralysis psychosensitiva.
3. *Neuroses of the psychomotor sphere:*
   - *a.* Condition of debility (stupor). Anæsthesia psychomotorica.
   - *b.* Condition of irritation (mania). Hyperæsthesia psychomotorica.
   - *c.* Condition of paralysis (dementia after mania). Paralysis psychomotorica.

Insanity in Hanover.—From the work of Dr. Gustav Brandes, 'On Idiocy and Idiot Asylums in the Kingdom of Hanover,' it appears that in that state there were, in 1861, 3084 lunatics and idiots in its population of 1,819,777 souls. The former were in the proportion of 1 to 590 inhabitants, the latter in that of 1 to 1445. The proportion of male idiots was larger, compared with the entire male population, than that of female idiots with the total female inhabitants. Moreover, idiocy prevailed much more in certain provinces than in others; for example, in that of Clausthal (in the Harz Mountains) there was 1 idiot in every 800 of the inhabitants, whilst, in another, there was only 1 in 1983.

The prevalence of insanity in connection with religious profession, is shown in the following table:

Among	1,196,443	Lutherans	there were	973	lunatics, or 1 in 1528
„	94,304	Reformed Church	„	64	„ or 1 in 1473
„	216,144	Roman Catholics	„	189	„ or 1 in 1143
„	11,452	Jews	„	15	„ or 1 in 763

This same volume of the 'Zeitschrift' contains a notice of the contents of this Journal for three years, ending 1859. Considerable

space is devoted to the analysis of some of the papers that appeared in that interval, and the engravings representing plans of asylums are reproduced, with references in the German language. Of other papers a short notice is given, sufficient to indicate their purport. No critical examination is undertaken.

The twenty-first volume, for 1864, containing 704 pages, together with a supplement of 71 pages giving a "Report of the Meetings of German Psychologists at Frankfort and at Giessen," in 1864, is in our hands for analysis, but the space in this Journal usually allotted to this article on Foreign Psychological Medicine being already occupied by the foregoing abstracts, we are compelled to let it stand over to a future number.

II.—*English Psychological Literature.*

1. *A Lecture on the Study of Diseases of the Nervous System.—Illustrations of Diseases of the Nervous System.—On Loss of Speech: its association with Valvular Disease of the Heart, and with Hemiplegia in the Right Side.* By Dr. Hughlings Jackson.

('London Hospital Reports,' vol. i, 1864.)

2. *Clinical Remarks on Cases of Defects of Expression (by Words, Writing, Signs, &c.) in Diseases of the Nervous System.*

('Lancet,' November 26th, 1864.)

3. *Two Lectures on Hemiplegia.* By Dr. Hughlings Jackson.

('London Hospital Reports,' vol. ii, 1865.)

4. *Observations on Defects of Sight in Diseases of the Nervous System.* By J. Hughlings Jackson, M.D.

('Ophthalmic Hospital Reports,' 1865.)

In the first of these publications Dr. Jackson makes some forcible and excellent remarks on the value of a proper method of study, and lays stress on the necessity of combining the psychological history and the clinical history of disease, in order to get at its true natural history. He insists, in particular, on the study of the morbid changes that take place in the tissues:—"We should all study diseases of the eye if we wish to know diseases of the nervous system, and, indeed, pathology generally. Besides the importance of this knowledge, as a help to the study of the psychology of disease (for