enlarges, or multiplies it. Auto-suggestion, through the intermedium of sight, hearing, and thought, is especially considered. As examples of those who practise auto-suggestion through sight are painters, sculptors, architects; through hearing, the musical composer, etc. Constant and persistent practice of auto-suggestion is carried on by the best intellects, and is the cause of intellectual superiority.

H. J. MACEVOY.

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3. Ætiology of Insanity.

The Relationship of Heredity to Periodic Insanity [*Die Beziehung der Heredität zum periodischen Irresein*]. (*Monats. f. Psychiat. u. Neur., B. vii*, H. 2 *u.* 3, 1900.) FITSCHEN, E.

The statistics and deductions on this subject by Jung, Grainger Stewart, Legrand du Saule, Ulrich, v. Krafft-Ebing, Bevan Lewis, Ziehen, Fronda, and Kraepelin, are first reviewed and considered. Dr. Fitschen deals with 120 cases, some of which—indeed, the larger proportion—were not personally observed. This consideration detracts from the value of her paper, knowing the worth of asylum histories. The object of the paper is to determine—

(1) If hereditary taint is more frequently found in periodic insanities than in insanity generally.

(2) Does any connection exist between the intensity of the hereditary factor and the course and intensity of the disease?

(3) If periodic insanities are found very frequently in individuals with the physical signs of degeneration.

The following conditions are observed by Dr. Fitschen in her inquiry. All cases with more than one relapse are called periodic; all cases used to determine the intensity and the course of the disease have been followed out by observation and letter, if necessary for years. Dr. Fitschen had in the institution 8 cases of mania, 2 of melancholia, 21 of a mixed type—*i. e.* 31 in all. In all cases, except 3, hallucinations were present, in 3 they were the main feature. The occurrence of attacks and their disappearance show little regularity on the whole, and the periodicity was in many cases poorly marked, and in the cases in which it was well marked it was so only for a time. In the 89 cases which were not personally observed, there were 22 of pure melancholia, 35 of pure mania, and 32 of a mixed type. Of the whole 120 cases hereditary influence was traced in 97, *i. e.* 80·8 per cent. In the same district, the percentage for general mental disease was 78·2, a difference slight and possibly accidental. The idiopathic insanities were 81·9 per cent. according to Koller, so that their heredity was better marked than the periodic insanities, though the latter exceeded epilepsy and alcoholic insanity. In the 80·8 per cent. there were 57·5 per cent. with direct hereditary taint, in 10 per cent. of these from both sides. This differs but little from the ordinary percentage. Dr. Fitschen believes that the direct hereditary taint is more marked in recurrent insanities than the atavistic here-

ditary influence, and on this point her views are quite opposed to those of Bevan Lewis. The hereditary factors, in this series of periodic cases, averaged 2·2 per individual, as opposed to 1·7 in the general material of the same district. By an hereditary factor, Fitschen understands a neurotic member in the family of a patient within a certain degree of relationship. If the factors are analysed, we find more insanity, suicide, and peculiar character than usual amongst the periodic cases, and less drunkenness, nervous disease, and apoplexy. What types of mental disease form the hereditary factors in periodic insanity? They are frequently similar, but the histories are too vague to dogmatise. What effect has periodic insanity on the offspring? In 26 cases we found 6 only who transmitted mental morbidity. The progeny, in some cases, were not old enough to draw absolute conclusions from. Then follows a table showing the transmission of hereditary influence through several generations. Of the 73 children of these cases, 14 were mentally weak, but these 14 were confined to 6 families. These families showed a marked tendency to degeneracy. What influence has heredity on the severity of the course of the disease, and on the amount of periodicity it shows? Fitschen here divides the cases with respect to the extent of hereditary influence into (1) severe, (2) medium, (3) slight, and (4) free, using these terms with definite arbitrary meanings; *e.g.* in the first group we have double direct taint, or one parent with another member of the family affected, and also cases where two or more of the brothers or sisters were psychically abnormal, or again where very many members of the families of parents were affected.

The factors determining the severity of the disease were (1) early appearance of mental derangement, (2) number of attacks, (3) their intensity and the length of time they lasted, and (4) the amount of dementia and the general result of the disease.

A table is given showing the influence of heredity on the time of occurrence. With no hereditary taint 4·3 per cent. started at or before 25; with intense hereditary taint 45 per cent. started before the same age. With no hereditary taint 56·4 started after 35; with intense hereditary only 25 per cent. after that age. The influence was not so marked in cases of slight and moderate heredity.

The relationship between hereditary influence and the number of attacks is less definite, but to some extent it holds good. One point worthy of remark, however, is that though men are more markedly affected by heredity than women, the periodicity is not so well defined in the male as in the female sex.

Tables are given showing the influence of heredity on (1) the duration of the attacks, (2) the intensity of the attacks, (3) the length of lucid intervals, and on the dementia produced.

Do cases of periodic insanity show more of the physical signs of degeneration described by Laubi than ordinary insane cases? Amongst the deformities of the skull observed were one case of microcephaly, one case of macrocephaly, one case showing a depression in the region of the small fontanelle. Prognathous projection of the submaxilla was present once. Eyebrows were occasionally affected, only once markedly. Abnormally deep-set eyes occurred twice. Heterochromia iridis once present, deflections of the nose occurred twice, an abnormally broad

nasal root once, excessive distance between eyes once, swollen under lip twice, a deformed high palate once. Other abnormalities were poor development of the ears twice. The hands, skin, and hair in these cases were further dealt with. Generally, it might be stated that physical signs are less frequent than in epilepsy or idiocy, and of about the same frequency as in ordinary cases of insanity. The relationship existing between the number of physical signs and the severity of the disease is next dealt with, and no relationship made out, nor was any relationship found to exist between the amount of hereditary influence and the course of the mental development in individual cases.

W. J. PENFOLD.

The Relation of Insanity to Pelvic and other Lesions. (*Amer. Journ. Obstet., January*, 1900, *rptd. in Med. Rev.*) *Hobbs, A. T.*

The results recorded in this paper are as follows:—Out of 800 admissions to an asylum, 85 per cent. had lesions of the pelvic organs, such as subinvolution, endometritis, disease or laceration of cervix, retroversion or prolapse, disease of ovaries and tubes, and, to a less extent, cervical polypi, dysmenorrhœa, menorrhagia, new growths, etc. Operations were performed in 173 cases, of which 42 *per cent.* recovered, 24 *per cent.* improved, 32 *per cent.* remained unchanged, and 2 *per cent.* died. The relationship of physical state to mental effect was illustrated by the fact that 0·2 of the 114 patients who either recovered or improved had been insane two or more years prior to the operations being performed. The most important lesions in this respect were those of the inflammatory type, displaced organs coming next, and tumours being the last.

J. R. LORD.

Psychical Disorders of Tubercular Origin [*Troubles psychiques d'origine tuberculeuse*]. (*Rev. l'Hyp., Feb.*, 1900.) *Bernheim.*

The notes of five cases of phthisis with mental disorder are given, in which it is difficult not to believe that the insanity was of tubercular origin. The author briefly reviews the observations of various alienists in this relation. At the same time, it is difficult to define any form of insanity as purely phthisical; from melancholia and neurasthenia to confirmed dementia and violent dangerous mania may be seen. In certain criminal cases, phthisis is a factor to be considered. As regards the pathology of the mental signs, Bernheim dwells on the marked influence of infectious agents on the nervous system generally. The ætiological importance of pulmonary phthisis in the causation of mental disorders, in addition to the weight it derives from clinical observation, is supported by the marked analogy which one finds between the pathogeny of psychical disorders of infectious origin and the pathogeny of the psychopathies co-existing with tuberculosis, and by experimental proofs.

Another point considered by Bernheim, is the evolution of insanity in tubercular subjects, with the most common forms of psychoses noted. The description of phthisical insanity given by Clouston, he believes to be in the main exact. The latency of pulmonary tuberculosis in the insane is so important that a careful examination of the lungs should always