

lesions and not to tumour, abscess or subdural or extradural hæmorrhage is important because the pathological study of two of these cases showed many unaffected cells, and therefore a chance of some degree of recovery.

C. H. FENNELL.

A Very Chronic and Benign Form of Wilson's Disease [Über eine sehr chronische und gutartige Form der Wilsonschen Krankheit].
(*Zeitschr. für die ges. Neur. und Psychiat.*, March, 1924.)
Curschmann, H.

In this short paper the author draws attention to the fact that it is now becoming habitual to assume that all cases found showing motor disorders referable to the pallido-striate system are sequelæ of lethargic encephalitis; but just as the paralysis agitans syndrome occurs without such external causation, so also it is found that cases of true Wilson's disease and of the similar Westphal-Strümpell pseudo-sclerosis may be mistaken for encephalitic sequelæ which closely resemble them, even—in one case described by Westphal and Sioli—to the extent of having an accompanying cirrhosis of the liver.

He describes a case exemplifying the fact that the symptomatology of the Westphal-Wilson syndrome has a wider range than that originally described, in that some cases exist which run a benign and chronic course, with incomplete development of symptoms and without leading to a fatal issue.

This case began in childhood with a slight clumsiness of leg movements, and at the age of 9 his handwriting was slow and unsteady. These defects persisted with very slight increase through adolescence and adult life, so that finally he took to a typewriter, and later became rather clumsy at this also. There was no history of liver disorder or jaundice. The family history was negative except for a slight clumsiness in walking observed in his father.

When examined at the age of 40 he was found to have a rather blank expression and lack of facial play of emotion, but full range of voluntary facial movement. His speech was slurred and slow, but neither scanning nor monotonous. No ocular disturbance, but a congenital bilateral cataract. No difficulty in chewing or swallowing. Occasional lateral tremor of the head. Movements of limbs slow, unsteady, with some tremor, which increased on voluntary movement; increased muscle tone and antagonist fixation contracture in biceps and supinator longus as described by Strümpell. No Parkinsonian gait or posture; no pro- or retropulsion; gait ataxic and stamping. Sensation normal. The liver was increased in size, a hand's breadth below the costal margin, hard, but smooth; spleen enlarged and hard. Reflexes normal. No mental change but a slight neurasthenic reaction. No bile-pigments in the urine. Blood-count showed an increase of lymphocytes typical of cirrhosis of the liver. No liver-function tests were made.

The symptoms point indisputably to Wilson's disease of a type described in recent years and more chronic and benign than those originally described, and lacking mental derangement; several

such cases described by other authors are quoted. The author regards these as one end of the series, of which the other end is formed by the fulminating cases of Wilson leading rapidly to death, and by the original Westphal-Strümpell cases with rapid development of dementia, convulsions, and contractures, and he considers that all degrees between these two extremes may be found.

M. R. BARKAS.

2. *Ætiology of Mental Disorders.*

An Attempt at Finding a Foundation for a Connection between Elementary Psycho-pathological Symptoms and Alterations in the Physico-chemical State of the Body. Lecture given at the Stuttgart Medical Society, November, 1922 [Versuch einer Begründung von Zusammenhängen zwischen elementaren psycho-pathologischen Symptomen und physikalisch-chemischen Zustandsveränderungen des Körpers]. (Zeitschr. für die ges. Neur. und Psychiat., February, 1923.) Fauser, A.

This lecture, given to general practitioners, is an attempt to correlate general medicine and psychiatry, and to suggest how a more complete understanding of clinical physiology may throw light on problems of mental disease.

The author holds that the relation between endogenic and exogenic factors in the psychoses is far from simple, and that the result of any mental or other trauma upon any individual depends on the constitution of that individual, and that disease forms are determined by that constitution. He pleads for research directed to finding possible anomalies of the constitution from the standpoint of physical chemistry and physiology, and believes that this, rather than psychology, is the science which will bring a solution of the problems of psychiatry.

Among these he takes first such symptoms of insanity as disorders of movement and behaviour, of sensation, of emotion and of sleep. Histopathology has so far thrown little light on these, and the probability is that they are due to chemical changes affecting the nervous system.

He sets out from two propositions, and suggests that research might well be directed towards establishing their truth. The first is that both mental and physical disturbances, such as are found in insanity, may be caused by disorders in the normal regulation of osmotic pressure and ionic concentration of the body-fluids, and in that of the body temperature, upon the maintenance of which the chemical reactions of the tissues depend. The second is that such disorders may be due to defects of the apparatus which maintains this regulation, probably some part of the central nervous system, so that it maintains an abnormal level instead of a normal one. Such a defect may be the innately imperfect element predisposing an individual to a psychosis.

He discusses at some length the ways in which these disorders