

Psychological Excerpta from Foreign Journals. By Dr. ARLIDGE.*On the origin of the Swollen Ear.* By Dr. GUDDEN.

(*Allgemeine Zeitschrift für Psychiatrie,* vol. xvii, p. 122.)

IN the first volume of the 'Asylum Journal,' (p. 45 and p. 107) we translated a valuable memoir on this subject by Dr. Fischer, presenting a very complete account of the pathology of sanguineous tumours of the ear, and a critical inquiry respecting their cause. With the statements and opinions there made, Dr. Gudden mainly agrees. At the same time, he considers Dr. Fischer to have misinterpreted several facts he noticed. He ignores the presumed existence of a special dyscrasia, pointing out, as we also did, in some notes on Dr. Fischer's paper, that these tumours of the ear are not restricted to the insane, and, furthermore, that they are produced even in those in perfect health.

With true German patience and minuteness of research, Dr. Gudden appeals to the literature and statuary of the ancients, which he seems to have largely inquired into for his purpose, and shows that these swollen ears are particularly described and named by several Greek authors, and are moreover sculptured on the heads of several ancient statues of Mars, Hercules, and Pollux.

Having thus strengthened his assertion, that neither insanity nor a dyscrasia of the blood and nervous system are necessary antecedents to the production of sanguineous tumours of the ear, he next shows that the structural changes remarked by Fischer, and attributed by him to inflammation of the cartilage and its perichondrium, may be produced in the ears of the dead by pressure and rubbing, and that it is a mistake to suppose such changes precede the effusion and formation of the swelling. The isolated detachments of the perichondrium are simple results of force, and the effusion of blood a consequence of ruptured vessels.

Though a dyscrasia is not essential, it may, notwithstanding, favour the production of the diseased state; and that this state is always the result of mechanical injury or force is proved by many considerations. Thus it is always sudden in its appearance, and from the firm union between the component tissues of the ear nothing but violent force could cause their separation. The usual position of the swelling is the outer or exposed surface of the ear, and never the meatus or protected portions. The left ear is oftener the seat of the lesion than the right, indicating that the ear has been struck with the right hand of a person standing facing the patient. The swelling

is more common in men, and men are more prone to violence and more powerful to inflict such an injury, than women. Moreover, the ears of women are protected by their caps and hair. Paralytics are more common among the male insane, and are more frequently than others subject to these swellings of the ear; but this circumstance is not to be explained by reference to the existence of a special dyscrasia among them, although it may be admitted that the morbid state of their blood in general is favorable to effusion, but rather to other causes, among which their mental condition, as one more aggravating to attendants, may be reckoned.

Flemming believes the injury may be often self-inflicted, but Gudden refers it, as an almost universal rule, to violence on the part of others; for he argues that where patients fall about and injure themselves, the ears rarely suffer. But what is more to the point, is the fact that by holding the attendants responsible for the lesion, he has found it almost disappear from the asylum. Lastly, the seat of the lesion is between the cartilaginous laminæ, and not between the cartilage and its perichondrium, in most cases.

On the connection of Osteomalacia with Insanity.

By Dr. FINKELNBURG.

(*Allgemeine Zeitschrift für Psychiatrie*, vol. xvii, p. 199.)

The author remarks, that though the etiological relation between rachitic softening in childhood and the development of insanity in after-life be generally recognised and illustrated by cases in every asylum, yet that the like connection between osteomalacia in adults and mental disorder, though equally real, has been let pass unnoticed.

Finkelberg observes, that though in softening of the bones the cranium is of all portions of the skeleton the least frequently and the least seriously affected, yet several specimens of this lesion are preserved in museums, and the author himself met with two. In these instances the cranial bones acquired throughout the spongy consistence of the diaplœ, and were often thickened; the distinction between the two tables was lost, and the sutures obliterated. The alteration in the figure of the cranium occurred chiefly at its base, the sella turcica being apparently forced upwards, whilst the fossæ, in front and behind, were greatly deepened.

Though some possessors of such crania have, as far as known, not exhibited mental disorder, and therefore though the deformity and insanity appear not necessarily connected, yet in the two cases of osteomalacia which fell under the writer's observation, the relation was distinct. The mental disturbance was that of acute melancholia with hallucinations of hearing, ending in dementia. The osseous disease made its appearance after childbirth, and was attended with

much pain in the head and spine, and with cerebral irritation and paralysis.

On a form of Acute Mania with inflammatory lesion of the brain, and on the indications for the administration of Digitalis. By Professor J. F. H. ALBERS.

(*'Zeitschrift für Psychiatrie,'* Band xvii, p. 305.)

Professor Albers has given much attention to the therapeutical value of digitalis, and his results on this point are, that—1. It reduces the pulse in frequency, but at the same time does not disturb the rate of breathing. Even when the heart is empty and brought to a stand-still, the regularity of the respiration proceeds. 2. Alterations in the urinary secretion; an increased quantity of urine in the healthy, and a still greater augmentation when the drug is given in inflammatory dropsy accompanied by inflammatory irritation of the serous membranes of the chest and abdomen. It subdues the inflamed state of the kidneys and restores them to their normal functional activity. In mental disturbance dependent on cerebral inflammation, especially of the serous membrane, digitalis exerts a remarkably curative effect when given after preliminary abstraction of blood and the use of antiphlogistics. 3. The solid constituents of the urine are increased in amount, and particularly the urea, as shown both by chemical examination and by an increase of specific gravity. This alteration in the urine becomes manifest, when the digitalis has reduced the frequency of the pulse and produced a feeling of lassitude. 4. Reduction of the temperature of the body, and its equalization. 5. Vertigo, lassitude, debility, and moroseness, accompany the reduction of the pulse by the drug. The last-named condition is a remarkable symptom associated with the operation of digitalis on the system. 6. This medicine is applicable only to those cases of madness dependent on some inflammatory lesion.

These results, says Albers, are deduced from numerous experiments and observations on the lower animals as well as on man, both in the healthy and diseased state.

On the use of Opium in Mental Disorder. By Dr. LUDWIG MEYER.

(*'Zeitschrift für Psychiatrie,'* Band xvii, p. 453.)

The value of opium and its various preparations in the treatment of insanity, is most fully recognised in this country, but this is not the case in many parts of the continent of Europe, and the long essay by Dr. Meyer, the medical director of the insane division of the Hamburg General Hospital, is therefore calculated to do good, by

demonstrating the fact by considerable clinical experience. From a discursive sketch of the diversity of opinions respecting the use of opium, and of the virtues ascribed to it in different parts of the world, he deduces it as a general truth, that opium acts as a powerful conservator of vital power, a restorer of expended energy and of prostrated nervous vigour.

He notices some cases of ecstatic mania, arising from debilitating causes, in which he found opium very beneficial; and he quotes others, in which he administered it from *à priori* considerations of their causes. To quote one of his cases briefly:—It was that of a woman who, with her husband and family, had been reduced to extreme poverty and well-nigh starved. The patient lay in bed, with closed eyes, in a sort of cataleptic condition, speaking and moving only when excited to it, and suffering from hallucinations of vision; this condition alternating with excitement. On the third day he gave her Dover's powder every two hours, containing, in all, three grains of opium. By this means the agitation was calmed, and she got a fair amount of sleep in the night. On the following day there was evident improvement; the opium was repeated in grain doses every hour, for five hours. Further improvement ensued, and more nourishment was taken. The opium was subsequently given less frequently, and latterly only at bed-time, and, after fourteen days, the mental disturbance was removed. To reinstate her health and strength she was retained for six weeks, and at the end of that time was discharged cured. Dr. Meyer records, altogether, seven cases of the same form of (ecstatic) mania; six of them were females, and of these, five cases were the result of childbirth and its after-consequences, and of over-lactation—in other words, of loss of blood and other debilitating causes. However, he does not consider these as the sole causes of the mental disturbance, but as conditions concurring with the insanity itself and coincident with it, and a nervous lesion of which hysteria is the principal manifestation, and one more immediately associated with the nervous system and sexual functions of females. The operation of opium he regards as indicative of this morbid relation, inasmuch as it is rapid, and doubtless acts primarily on the abnormal condition of the nervous matter, and, on the contrary, is in no direct way curative of the accompanying anæmia and debility. Moreover, in many cases of insanity hysterical symptoms are to be traced in their early history; and this is true, even among male patients whose nervous system has been greatly prostrated, as by the practice of self-abuse.

After an examination of the phenomena of hysteria in their relation with those of the hysterical forms of insanity, he arrives at the conclusion that opiates are especially indicated whenever an hysterical condition accompanies mental disorder.

Erroneous Identification as a symptom of Insanity.

By Dr. SNELL, of Hildesheim.

('Zeitschrift für Psychiatrie,' Band xvii, p. 545.)

Erroneous identification, or mistaken conceptions of persons, is a common occurrence among the insane, but on examination will be found not equally prevalent in all classes of them. Dr. Snell finds it to be most frequent in mania; in the next degree in dementia following upon mania and attended with excitement, and in acute melancholia. It is more rare in the varieties of monomania and in those of apathic dementia. On tabulating the admissions into the Hildesheim (Hanover) Asylum, with reference to this form of mental aberration, Dr. Snell found it to prevail in more than half the total number; whilst among the older residents in the asylum it was not seen in more than a third.

The following is a summary of the results arrived at by Dr. Snell:

1. Mistaken personal identification, and also illusory conceptions of places and objects, are among the most frequent phenomena of mental disorder, and the most certain and readily observed of its symptoms.
2. They indicate by their intensity and generality the degree of mental excitement, and are in general favorable in reference to prognosis.
3. They are more prevalent the more recent the mental disorder is.
4. In the transition of the so-called primary forms of insanity into the secondary, mistaken identification not uncommonly makes its appearance, and is then of bad augury.
5. In the progress of primary mental disorder towards recovery, the disappearance of this form of aberration is one of the most certain indications of approaching convalescence.

On the employment of Tracheotomy in Epilepsy. By Dr. C. WESTPHAL.

('Annalen des Charité-krankenhauses,' Band ix, 1860.)

In this paper Dr. Westphal appears as an opponent to the practice of tracheotomy as a curative proceeding in epilepsy. He resorted to it in one case with no other result than that the strength of the fits was somewhat reduced. The views of Dr. Marshall Hall, and the three cases recorded by Drs. Anderson, Kane, and Mackenzie, in illustration of the advantages of tracheotomy in shortening the fits and preventing their recurrence, he considers quite inconclusive and fallacious. The theoretical grounds for adopting the operation advanced by Dr. M. Hall, he regards as scarcely worth discussing. The notion of what Dr. Hall designated trachelismus rests on mere assertion and is not proven; and this physician, he continues, reasons in a circle respecting the dependence of general convulsions on

closure of the glottis and the utility of tracheotomy. In most epileptics the signs of trachelismus,—the venous fulness and redness of the countenance follow, upon the convulsions and are secondary to them, and at the close of the fit there is no sudden pallor of the previously suffused countenance. It has certainly not been shown that general convulsions follow as a rule upon obstruction of the trachea however caused; on the contrary, Dr. Westphal has seen a case of complete occlusion of the glottis by a wedge-shaped piece of food, without any convulsions supervening.

Touching the question of the artificial production of trachelismus by obstruction of the circulation of the head, the writer refers to the researches of Kussmaul and Tenner, which show that by tying all the arteries going to the head fits of a truly epileptic character are produced.

Dr. Westphal concludes his memoir by remarking on the frequent complication of hysteria with epilepsy, giving rise to the variety called by Landouzy, "Hystero-Epilepsy."

On Parenchymatous Infarction of the Brain in chronic and acute forms of Insanity. By Professor ALBERS, of Bonn.

(*Archiv für Pathologische Anatomie und Physiologie*, von R. Virchow, Band xxiii, 1861, p. 7.)

The primary meaning of infarction was that of plethora, or congestion of an organ, but of late the term has been applied to the interstitial effusion of blood or of its elements in a tissue, giving rise to an expansion, to increased firmness, and frequently to a greater elasticity of the part involved. Such a stuffing or infarction of tissues from exudation deposits is the consequence of active hyperæmia and of inflammatory stasis, and happens especially where a constitutional malady is present, such as scrofula, tuberculosis, or a typhoid state. In the affected parts the blood-vessels are seen changed, those around them being expanded, whilst those within are contracted, and the parenchyma itself deficient in blood, the whole being a condition of unequal distribution of blood.

Different names have been given to the effused matters, according to their nature and the constitutional diathesis. Thus we read of fibrinous, albuminous, purulent, and sanguineous infiltrations, considered further under their several relations with scrofula, typhus, and other general conditions of the system. The elements of the diseased tissue are disunited by the effused morbid matter, and at the same time compressed, and hence, in all but the catarrhal variety of infarction, there is condensation and induration, and even in that, although soft, there is an unusual elasticity present.

Infarction is distinguishable according as it is chronic or acute;

the latter variety is the more frequent. When it seriously interferes with the function of an organ, such as of the liver (in cirrhosis), and of the lungs (in hepatization), it is fatal sooner or later.

In the brain a fibrinous infarcted matter is often to be met with in typhus and in cases of insanity, and gives rise to the condition described as "*cerebral sclerosis*." This lesion has for many years been observed in patients dying from typhus during epidemics of that fever. It is shown by an increased volume, and a more compact and firmer consistence of the brain than normal, and this, too, in naturally soft parts, such as the soft commissure and the olfactory nerves. On slicing the brain, the thin laminæ are found to be tough, like white leather, though much more lacerable, and to have an unusual elasticity under pressure. The colour is often a yellowish or a dull white, and an unequal distribution of blood is perceptible throughout. Some capillaries are double or treble in size that of others normally similar, whilst others are constricted and almost obliterated. On examining the brain when hardened in chromic acid, by the microscope, the histological elements are discoverable, more or less unaltered, and between them a multitude of corpuscles and granules and a semi-transparent matter, varying directly in amount with the severity of the lesion. These changes are more distinct in typhous infarction than in the scrofulous.

The disease may attack every part of the brain, but is most developed in the cerebrum, the anterior lobes of which again seem more prone to it. Moreover, the upper surface is more frequently attacked by it than the base of the brain. In the brains of the insane, it has, when found, the same characters as in those of fever patients. The fever epidemics, in which this lesion has been most prevalent, have been distinguished by the unusually high delirium present, the rapid sinking of the vital powers, and the absence or insignificant amount of alvine derangement.

The same condition of the brain has been met with in patients dying after acute delirium, and in imbecile children, in whom irregular nutrition of the cranium and enclosed brain mass has probably given rise to a sub-inflammatory state. Professor Albers details a case of the sort in which the lesion was chronic, the dementia supervening after convulsions in the first year of infancy, with irregularity in the cranial bones and sutures, and afterwards complicated with fatal convulsions of a different form. In another case the lesion was acute, preceded by long-continued headaches, followed by melancholia, and then maniacal excitement, and death by coma.

Scrofulous parenchymatous infarction often attacks isolated parts, but more frequently the whole cerebrum. It occurs in children and young people of scrofulous habit; and according to its severity and extent gives rise to different disorders of the cerebral functions, which usually advance to a certain stage of development and then are

arrested. During this period the brain is very prone to inflammatory excitement and to meningitis, and a foundation is laid of mental disorder of a monomaniacal character, and either with or without a disposition to mania. An anti-strumous course of treatment has been found beneficial and even curative in such cases.

Albers is disposed to consider that form of cerebral disease described as acute hydrocephalus, in which there is hypertrophy of the brain without vascular congestion, as allied to, if not a variety of, scrofulous infarction. To the same category he refers another lesion associated with struma, which commences by an attack of gastric fever of an intermittent type, followed by convulsions, such as are seen in chronic hydrocephalus, that become more frequent as a fatal termination approaches. After death the brain has a rather firm consistence, and only a very inconsiderable quantity of fluid is present in the ventricles. Meckel and others record many instances of induration of the brain found in lunatics, but though there was increased firmness there was no actual increase in the weight of the brain matter compared with equal portions of healthy brain, except in a slight degree in one or two examples. This Albers considers explicable on account of the absorption and wasting of the cerebral matter following the deposit of the morbid exudation. As to the symptoms of infarction, he points to such as have been generally assigned to inflammatory affection of the brain, as persistent headache, mental oppression, exalted irritability, great restlessness, a normally frequent or a slow pulse, and repeated convulsions. If inflammation be present, local and peripheral affections of the nerves, squinting, paralysis about the muscles of the face, or of the limbs, &c., rarely fail to show themselves; whilst they, on the contrary, are absent in infarction.

Cases of infarction have for a long time been described as instances of chronic inflammation in the lungs, liver, and spleen; and in many such fibrinous exudations have been met with, in the form of new connective tissue. A similar fibrinous infarction is sometimes met with in the brain and spinal cord, though not distinctly traceable, it may be, to antecedent inflammatory action.

An inquiry into the Causes of Melancholia. By Dr. CARLIEU.

(*Bulletin de l'Academie de Médecine,* 1861, p. 479.)

This inquiry is long drawn out, and results in little of practical utility. The author has a wondrous hair-splitting faculty, and would well-nigh make as many species or forms of melancholia as there are sufferers from the complaint. He defines melancholia as a cerebral necrosis, consisting in a partial and lasting aberration of the intellectual faculties, without fever, and characterised by painful ideas. He makes two genera:—1. Melancholia, without error of

judgment, and with consciousness of the condition and cause of suffering; and 2. Lypomania, with aberration of judgment, and without consciousness of the mental disturbance. Of the first genus, he adduces as distinct species: 1. Suicidal melancholia, or as he names it, antophonomania; 2. Erotic lypomania or Erotomania; 3. Panophobia, or as he prefers to call it, Pantophobia; 4. Nostalgia. The second genus comprises the following species: 1. Nosomania or hypochondria; 2. Lypomania of persecution, or misanthropia; 3. Lypomania of legal troubles, or Diceomania; 4. Demonomania; and 5. Lypomania of poverty, or Panomania.

He examines the causes of melancholia attributed to age, sex, mode of life, &c., and remarks that infancy is almost entirely exempt from this disorder, except we refer to it that remarkable sadness sometimes met with before death in infants. He confirms Esquirol's statement of the much greater proclivity of females than of males to melancholia, and points to uterine derangements as the potent cause. Of the temperaments he places the nervous as the first in predisposition to the disorder.

Mental disorder, he asserts, increases as civilisation advances; a conclusion which might make us long for a return to primitive barbarism, but which, if examined accurately, will resolve itself into the proposition, that the vices of modern society and the transgression of the laws of health, of morality and of religion, is the root of the evil and of its increase. This is illustrated, indeed, by the implied results of civilisation, as detailed by M. Carlieu, as causes of melancholia; to wit, over-speculation, excessive application to business; political revolutions, and exaggeration of material enjoyments.

It would be marvellous for a continental writer on melancholia to fail to remark on our wonderful proclivity as a nation, to what our European neighbours will insist on as an English disease, and will call "the spleen." We are, to every continental imagination, a splenetic people, a grim, pleasure-hating nation of the old Covenanter type, and M. Carlieu, adopting all this as a matter of fact, explains it by the influence of the east wind, which he seems to presume to be a constant visitant among us.

Having treated of all conceivable causes, physical and moral, determining and predisposing, he next aims to establish an exact diagnosis of each variety of melancholia, with the view of deducing rules of treatment appropriate to it. Hence he proposes to prefix an adjective to the term melancholia, expressive of its presumed cause; thus he speaks of hereditary, of constitutional, of professional, moral, cerebral, gastric, gastro-intestinal melancholia, and the like. In short, his research after the causes of melancholia terminates in a simple enumeration of all the influences and conditions which may operate on a melancholic patient or be associated with his mental disturbance.

On the Derivative Circulation. By M. SUCQUET.

This is a valuable pamphlet, putting some novel anatomical and physiological facts before the public. The author shows distinctly that in the body generally there are two sets of veins, differing in functional purpose; the one returning the blood, as *venæ comites* of the arteries, from the nutritive capillaries of parts, the other affording direct channels of communication between one part and another, and not accompanying the arteries. The latter are the veins of the derivative circulation, and are best exemplified in the arm. To demonstrate this venous system, M. Sucquet resorted to a black-coloured pigment for injecting the vessels, and found it the most useful, as it not only filled up and displayed the larger veins, but also by its discoloration of the skin showed where the minute ramifications of these veins were most abundant.

By these means he shows the veins of the hands and fingers seen coursing by themselves, communicating with the arteries without the interposition of those minute capillaries present where the blood is returned from the nutrient arteries of a part into the ordinary venous system. From these special veins of the hands, arise the basilic and cephalic veins, which take a superficial course, and after many intercommunications by cross channels, chiefly about the elbow, pour their contents into the ordinary system of veins near the root of the neck. Through these veins a direct course and a rapid transit is provided for the blood; and through them a coloured injection will flow, which will not find its way into the *venæ comites* of the arm. The peculiarity of these veins is shown also by the intermissions and variations in their circulating fluid; for in the deep veins the current is uniform in its flow. All this is well illustrated by the effects of heat and cold on the limb in their relation to the two sets of veins. The blood is more arterial in these superficial veins, and flows more rapidly through them towards the centre of circulation; and when from any cause the activity of the heart and of the local circulation is increased, it is seen chiefly in them. Hence they operate as a sort of safety-valve to an over-active arterial circulation, or, in other words, they constitute a derivative circulation.

Sucquet pursued his researches in the same way with regard to the lower extremities, and to the head. The derivative circulation of the cranium is not so extensive as in the arm, and is principally illustrated in the angular vein of the face, communicating with the ophthalmic vein, and by it with the cerebral sinuses, and in the nasal and mastoid veins. The practical deduction, therefore, seems to be, that if we want to relieve intra-cranial fulness, the blood should be drawn from these veins of the derivative circulation of the head.

On the effects produced in the Encephalon by Obliteration of its Arteries. By Dr. EHRMANN.

Dr. Ehrmann's pamphlet would prove valuable were it only for the *résumé* of cases where one or more of the arteries of the brain have been tied or otherwise obstructed, but he has in addition presented his readers with many original observations. From *à priori* grounds, the delicacy of the brain tissue, its evident requirement of much blood, and the serious results so often seen from even temporary derangements of its circulation, it might well be supposed that an obstruction or obliteration of one of its four large arteries would be of very serious and probably fatal moment. However, experience teaches us to the contrary even in man, and still more strikingly in most of the lower animals. Thus, interruption by compression or by ligature of the two carotids at the same time in rabbits and dogs, produces beyond a momentary staggering, very slight cerebral disturbance, or it may happen, none at all. On the other hand, the experiment is much more serious in its effects when the horse is its subject.

In the rabbit even the ligature of the two carotids and of one vertebral artery is not necessarily attended by cerebral disturbance—convulsion or the like. In the same animal the cutting off arterial supply from all its four sources was followed by epileptiform convulsions; but on the removal of the ligatures the cerebral activity was renewed.

The ligature of one carotid in the human subject, when sudden, is often fatal; but in many instances, where the obstruction has taken place gradually, no symptoms have shown themselves. One case is on record where the two carotids became obstructed by calcareous deposits, without fatal or very serious disturbance of the brain functions. Moreover the two carotids have many times been tied and the brain been uninjured, where the operation has been performed on each separately and at a considerable interval, as of from five to twelve days.

Hemiplegia of the side opposite to that on which the ligature is placed, with or without convulsions, is the most common result of tying the carotid artery. The hemiplegia and convulsions appear sooner or later after the operation, and after continuing for a time may entirely disappear. Where death has followed the operation, softening of the brain in the portion more immediately supplied by the artery, and either of the inflammatory or of the anæmic (white) kind has been usually found. At times the operation has been attended by temporary or even by permanent blindness, and more rarely by loss of power of speech. This last result may be due to the cir-

cumstance of the recurrent laryngeal nerve having been included within the ligature.

Of forty-nine cases detailed of ligature of one carotid, cerebral disturbance is noted in 30, and death in 18. Among a larger number of cases, the accidental and untoward consequences of the operation were equal to 21 per cent.

Referring to the different effects of ligature of the cerebral arteries in different animals and in man, it seems deducible as a rule, that the relative size and capacity of the arterial vessels at the base of the brain, or the facility and freedom with which an auxiliary or supplementary circulation can be established, mainly determine the occurrence or not of injuries and disorders of the encephalon when its arteries are ligatured.

New Journals of Insanity.—The commencement of the year 1861 witnessed the birth of two new French journals devoted to the consideration of mental and nervous disorders, and published monthly. One of these is produced under the able editorship of M. Baillarger, physician of the Salpêtrière, with the co-operation of a large number of the best-known alienist physicians of France. It is entitled 'Archives Cliniques des Maladies Mentales et Nerveuses, ou choix d'observations pour servir à l'histoire de ces maladies. Recueil mensuel,' and is issued at a reduced rate to those who are subscribers to the 'Annales Medico-Psychologiques,' to which old established journal it may be considered supplementary. The other new periodical, the 'Journal de Médecine Mentale résumant au point de Vue Médico-Psychologique Hygiénique, Thérapeutique et Légal, toutes les questions relatives à la Folie, aux Névroses convulsives et aux déficiences intellectuelles et morales,' is published by Dr. Delasiauve, physician of the Bicêtre, &c., with the co-operation of Casimir Pinel and several other talented physicians. It is presumable that some rivalry may exist between these two new journals; but if so, it seems to be of that commendable sort, a rivalry for good, since M. Delasiauve's name appears among the 'collaborateurs' of M. Baillarger's paper.

The 'Annales Medico-Psychologiques' has long held a high character for the excellence and originality of its essays; has well served the cause and progress of psychological medicine, and not unfrequently, like French plays, supplied by its articles the ground-work and substance of psychological dissertations in an English dress in our own medico-literary productions. We are therefore glad to find that these new journals are not to supplant this old favorite, but that they will take the place of the lighter monthlys as tenders to the more dignified quarterly, and fulfil their promised purpose of keeping the medical world more *au courant* with the researches in

mental pathology, and with the work effected by those specially engaged in the treatment of insanity, as well as by other physicians. M. Delasiauve sets forth as his reasons for producing his small monthly brochure, that the 'Annales Medico-Psychologiques' is a journal too exclusively addressed to specialists, and that consequently its valuable papers are lost to the bulk of the profession. It is his object, therefore, to bring together all that relates, directly or indirectly, to mental and cerebral disease; to present it in a practical form, excluding long disquisitions, and to seek the co-operation of physicians not specially occupied in the treatment of the insane.

In all respects M. Delasiauve's journal has a wider scope than that published under the direction of M. Baillarger, which is exclusively a clinical record of cases of insanity communicated by various physicians attached to the French asylums. The editor states that its object is to form such a collection of well-observed cases that in course of time a much more certain and more accurate knowledge of the pathology of mental disorder may be arrived at than we at present possess. Three fourths of the journal will always be occupied with the detail of original cases, and the remainder with clinical histories recorded in foreign journals or described in books of repute.

Thus, though these two new periodicals may compete for public support, they do so under a different form, and each, we hope, may succeed in establishing itself in public favour.

Kleptomania.

THE injudicious defence of two lady thieves on the plea that they were subject to that form of mental unsoundness to which Mathey* and Marc have given the sounding title of kleptomania, has attracted public attention to this form of mental disease, and has given rise to a considerable amount of written and spoken nonsense upon the subject. Even "our facetious contemporary" has had his jests and his caricatures thereupon, and in the slang of the day a burglar has become a kleptomaniac, and a prison a kleptomaniac hospital. Alienist physicians have of course received their full share of sarcastic remarks, as theorists not over-wise nor over-useful to society, who would willingly provide for every crime a decent veil, by referring it to some strange form of mental disease. Now there is such a thing as theft which is the result of mental disease; and also, let us boldly avow our conviction, though we write within the precincts

* 'Recherches nouvelles sur les maladies de l'esprit.'