

Lectures on Nervous Diseases. By AMBROSE L. RANNEY, A.M.,
M.D. Philadelphia: F. A. Davis. 1889.

We have received this book for review, but must postpone its criticism till the next number of the Journal. This much may, however, be said now, that the anatomico-physiological basis of nervous diseases, and also the methods of investigation in this field of medicine, form essential features of the book, and further, that the author is a warm advocate of the graphic method of instruction—the work being profusely illustrated.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *American Retrospect.*

By FLETCHER BEACH, M.B., M.R.C.P.

“*American Journal of Insanity*,” January and April, 1889. “*Alienist and Neurologist*,” January, 1889. “*Medico-Legal Journal*,” December, 1888. “*The Journal of Nervous and Mental Disease*,” February, 1889.

“*The American Journal of Insanity*” for January, 1889, opens with a paper “On a Case of Shock, with some observations on the vaso-motor system,” by Dr. H. S. Williams.

A man, aged 31 years, afflicted with chronic mania, received a kick in the abdomen, administered by another patient. In four minutes from the time of receiving the injury the man was dead. At the autopsy, the abdominal and thoracic viscera were found to be healthy, but there was excessive hyperæmia of the encephalon, with general capillary hæmorrhage, which appeared to be the cause of death. According to modern pathology, “shock” is a result of the vaso-motor paresis, or paralysis of the heart. In this case the heart was healthy, but there was vaso-motor paralysis of the vessels of the head. Dr. Williams then discusses the mode of action of the medullary centre, and is of opinion that it is a centre of vaso-inhibition, through interference with the ganglia of the sympathetic, and that the sympathetic ganglia, which are centres of vaso-constriction, are the ultimate vaso-motor centres proper. Applying this theory to the case in question, he believes the following to be the *rationale* of the phenomena:—“Force applied to solar ganglia; stimulus to vaso-inhibitory and cardio-inhibitory centre, through splanchnic; reflex (inhibitory) stimulation of cervical sympathetic, with resulting relaxation of cerebral vessels, and momentary systolic paralysis of the heart.”