of cases exhibited in their lives and criminal acts a reckless lack of foresight and thought "which seem symptoms of partial imbecility."

Anomalies of the sexual instinct were found in nearly all the born criminals, and most of the criminaloids. Acts of valour, or of "real heroism," are noted as being more common than among ordinary persons; this is put down to obtusity to pain and reckless disregard of life.

In the second paper the epileptics are studied separately. There were 80 epileptic cases, or 30 per cent. This is a large proportion, corroborating Lombroso's well-known view. It is necessary to remember, however, that epilepsy is here taken in a somewhat more extended sense than is usual. There were 31 cases of motor epilepsy; 78 of "psychic epilepsy" (the two groups overlapping); and the various forms of psychic epilepsy were as follows:—Vertiginous, 20 cases; unconscious and automatic, without violence, 2; ambulatory automatism (procursive epilepsy), 16; so-called *iracondia morbosa epilettica*, 25; violent psychic attacks, leading to crimes of blood (*raptus*, crepuscular state), 13; purely intellectual psychic epilepsy, 2. Not everyone would regard all these cases as epileptic. The definition of epilepsy, suggested by Ottolenghi himself, is as follows:—"A functional degenerative syndroma, characterised by *convulsion*, which takes, more or less intensely, one or other of the following forms: motor, sensory, or psychic (intellectual or emotional) convulsion, according to the character of the individual in whom it is manifested." The "complete degenerative type" was found in 45 of these cases, or in 54 per cent., degenerative characters being more numerous in epileptic criminals than in either epileptics or criminals in general.

NEUROLOGICAL RETROSPECT.

New Type of Crossed Hemiplegia.—In the *Nouvelle Iconographie de la Salpêtrière* for May and June of last year, Dr. Anna Goukovsky, of Odessa, describes under this title a very interesting case of paralysis with wasting of one side of the tongue accompanied by paralysis of the opposite side of the body except the face. The combination must be an exceedingly rare one, although it is perhaps a pity to multiply types and not to regard the symptoms as simply determined by a somewhat unusual site of the lesion and its limited character. The patient was a man of 60 without anything significant in his family or personal history. There was no evidence of an attack of syphilis. On 1st December, 1893, at 10 a.m., he suddenly felt unwell, and this feeling was soon followed by vertigo and sickness. He did not en-

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tirely lose consciousness. Twenty minutes later it was found that he had lost the use of his right arm and leg, but the face was unaffected. There was no aphasia, but there was some difficulty of articulation. On examination later it was found that the left half of the tongue was wasted and was the seat of fibrillary contractions, and that on protrusion it deviated distinctly to the left side. The two sides of the face were unaltered and similar in appearance, and the arm and leg on the right side were paralysed and contracted. The reflexes were exaggerated, but the rigidity on the right side prevented them from being easily elicited. There was no albuminuria. There was a gradual failure of strength and of intellectual capacity, trophic disturbances developed, and the patient succumbed about 12 weeks after the first onset of the symptoms. At the necropsy the important changes were those found in the medulla oblongata. The posterior aspect of this presented nothing unusual except that the left half was smaller than the right. On the anterior aspect there was evident great diminution in the size of the left half as compared with the right, and the part of the pyramid on the left side at the inferior part of the olive was distinctly atrophied. The *pia mater* over these was distinctly hyperæmic and underneath there seemed to be fluctuation. The roots of the twelfth nerve on the left side were thin and small compared with those of the right, and the arteries at the base presented changes resulting from chronic *arteritis deformens*. Further examination revealed the existence in the bulb of a patch of degeneration in the region of the left olive. This structure itself was almost entirely destroyed, and the process which had caused this had involved also the roots of the hypoglossal nerve. There was in the cord the usual descending degeneration, and the lesion in the region of the left olive was apparently the result of changes in the vessels and consequent blocking, complete or partial, of these. The case is very interesting as affording clinically an example of a rare combination of symptoms, a combination, however, which the situation of the lesion adequately explains.

Hæmatomyelia of the Conus Terminalis.—A clinical lecture was delivered in May, 1895, by M. Raymond, at the Salpêtrière on this subject. A man of 35 was one day in August, 1893, stooping down gathering fruit when he was suddenly seized with a violent pain in the lumbar region. He fell down at once and lost consciousness for several hours, and when he came to himself he found himself in bed with severe pains, and so sensitive that the contact of the bed clothes was sufficient to cause intolerable agony. Delirium came on the same evening and lasted for two days. He went to hospital, and slowly improved, so that in 37 days he was able to leave it. Six weeks after the onset of his illness, the hyperæsthesia had disappeared and the pains were restricted to the lumbar region. There had been retention of the urine,

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necessitating the use of the catheter, but at the end of a month this was replaced by incontinence. The catheter is said to have been felt the first time it was passed. On admission to the Salpêtrière in October, 1893, he was troubled with constipation and there was retention of urine, but no trouble at all in walking. He was able to go out in the following April and return to work, and he only experienced the acute pain in the loins when he was excessively bent. He returned in March, 1895, and was found to have the power of executing all the movements of the lower limbs with force and exactness. There was no feebleness, inco-ordination or atrophy, and no peculiarity in the gait. There was a feeble kneejerk on the right side and none could be elicited on the left. In contradistinction to this comparative integrity of motor structures there was evidence of considerable interference with sensory function. There was a curiously symmétrical area of sensory impairment, this area embracing both buttocks and reaching the middle line at their level. It also affected the skin of the perineal region, and of the scrotum and round the anus, and the area was continued downwards on the back of the thigh as far as the apex of the popliteal space, where after gradual diminution it reached a point on each side. There was also insensitiveness of the mucous membrane of the urethra bladder and anus, so that the patient was unconscious of the passage of urine or a catheter, and was also unaware when a motion was passed. There was also loss of the usual sexual sensations, although erection and ejaculation both occurred. The lecturer then proceeded to discuss the diagnosis in reference to the nature of the lesion and its situation. As to its situation, undoubtedly similar symptoms might be produced by a lesion of the cauda equina, although it would not be likely that the lesion would be so accurately limited as in this case. The bilateral symmetry of the condition, the absence of motor symptoms, and the peculiar restriction of the symptoms to the area described, suggested an intraspinal origin in the terminal part of the cord where the third and fourth sacral nerves for the innerveration of the bladder and rectum are given off. Further a case with such a localised lesion has been described by Oppenheim, and in that case the symptoms were practically identical. As to the nature of the lesion, the sudden onset of the symptoms during exertion point to the likelihood of a small hæmorrhage occurring during exertion, although it should be borne in mind that such sudden onset has been found associated with the presence of tumour, and under such conditions the sudden onset was probably determined by the occurrence of a hæmorrhage into the tumour. In this case there was nothing to indicate the presence of such a growth. In regard to prognosis the author thinks that as a rule in such cases of limited lesion in the cord the symptoms are apt to undergo aggravation, whereas if the lesion is in the cauda equina gradual improvement is to be looked for. On the other

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hand the conclusion that the lesion is an intraspinal one precludes any hope of help from operative procedure. Had it been determined that the morbid condition existed in the nerves of the cauda equina an exploratory operation would certainly have been justified.

Monatschrift für Psychiatrie und Neurologie herausgegeben. Von Prof. Dr. C. WERNICKE in Breslau und Prof. Dr. TH. ZIEHEN in Jena. Band i., Heft 1, January, 1897. This is a new German periodical devoted to insanity and neurology. It is in a large 8vo form, and the first number contains 98 pages. It is published at Berlin, but may be had at Williams and Norgate, and the yearly subscription is 32s. In the opening number Dr. Wernicke reviews the questions which at present most attract the attention of neurologists. He bases his hope of building up a pathological and anatomical groundwork for mental affections upon studies such as those of Weigert upon the neuroglia, and those of Nissl upon the nerve-cells, rather than upon unsafe speculations like those of Flechsig, who assigns separate centres in the cortex for the intellectual faculties. Wernicke himself lays much stress upon the observation that a great part of the cortex has no fibres passing into the corona radiata, and is thus without direct connection with the centripetal and centrifugal tracts of the spinal cord. This seems to indicate that these portions of the grey matter discharge psychical functions.

The first paper, which contains 34 pages, is on the "Localisation of Choreic Movements," by Dr. Bonhœfer. The author, from observations of a single case described at length and a full review of the literature of the subject, claims to have shown that in all cases of chorea caused by circumscribed lesions in the encephalon, the fibres of the crura cerebelli are affected, and that in disease of the cerebellum there are choreic movements or motor derangements similar to chorea. This is in accordance with what we know of the functions of the cerebellum. We have reason to believe that in voluntary movements there is not only an impulse descending from the grey matter of the cerebrum, but also a series of accompanying processes in the cerebellum and basal ganglia, tending to guide the direction of the movements ere the motor stimulus passes down the cord. It is the cerebellum which regulates the proportional innervation of the various and antagonistic groups of muscles necessary for the proper execution, and which gives the measure of the amount of muscular force to be used for the aim proposed.

Dr. Bonhœfer discusses the various views of Charcot, who believed the essential lesion of chorea to consist in disease of a particular tract of the corona radiata; the view of Gowers, who placed the lesion in the optic thalami; and that of Kahler and Pick, who attributed the choreic motions to irritation of the pyramidal nerve paths.

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The second original article gives the result of Dr. Wilbrand's careful studies with the perimeter upon the range of vision when the eye has been in darkness and varying lights.

The third article is a translation of a paper in the *Revista Micrograpica*, by Ramon y Cajal, on some cells which he has observed in the cerebellum. They are found clustering round the large nerve-cells, and are believed to belong to the neuroglia.

There are well-written reports of the meetings of psychologists and neurologists in Munich and Frankfort, and several reviews of books on insanity.

Both the writing and the illustrations are good, and if carried on in the same manner and spirit, this periodical will take and keep a high position in the medical literature of learned Germany.

Die Irrenpflege, herausgegeben. Von Dr. KONRAD ALT. Carl Marhold, Halle. Price six marks yearly. 1st April, 1897.—This is a new monthly, which is to be devoted to the practical care of the insane and the management of attendants, upon whose intelligence and devotion so much depends. In the first article Prof. Meyer gives his experience about the abolition of mechanical restraint which he effected in the insane department of the hospital at Hamburg in 1865. Dr. Meyer records how he commenced his reformation by selling one hundred and fifty strait-jackets. One of the old attendants, deploring the infatuation of the physician, used to bribe a patient with cigars to allow him to put on the abolished tunic at night. This reminds us of a story told by another learned professor in Scotland of an old nurse in the Edinburgh Royal Infirmary who much disapproved of Dr. Laycock's new-fangled treatment of delirium tremens without the use of narcotics; she kept a bottle of some preparation of opium with which she nightly administered *quantum suff* to the patients committed to her care. While Dr. Laycock proclaimed the success of his new treatment the night nurse in a quieter fashion attributed the recoveries to her own remedies. There is no doubt that in the success of our treatment of insanity much depends upon the intelligence and fidelity of the attendants. We hope this useful little periodical will have the support which it merits.

Apparent Cure of Mental Disturbances in two Maniacal Patients, one of whom was attacked with typhoid fever, the other with profuse suppuration. Archives de Neurologie, 1896.—Dr. Charon has noted during the last four years that among 1,250 insane patients improvement of the mental condition has often occurred during the course of the following diseases: Facial erysipelas, pneumonia, pulmonary tuberculosis, anthrax, phlegmon, typhoid fever, smallpox, suppurative adenitis. Of 153 attacks 98 had acute or chronic mania or were demented, and of these 61 were improved mentally, but only for a comparatively short time. He gives a detailed account of a case of chronic mania which re-

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mained perfectly free from all symptoms of insanity for about three weeks during and after a profuse suppuration in the face and neck; and of another case of acute mania of one month's duration, in which an attack of severe adynamic typhoid fever led to the sudden and complete disappearance of maniacal symptoms. An almost equally sudden relapse to the former condition was followed by a progressive amelioration. Dr. Charon draws attention to the analogy of the antagonism of other diseases, such as for example that of erysipelas for lupus, and shows that, as in his cases, this antagonism leads as a rule to an improvement which is merely temporary.

Two Observations of Vaso-motor Disturbances of Hysterical Origin. Archives de Neurologie, 1896.—Two cases under the care of Dr. Magnan at the St. Anne Asylum are described by Dr. Manheimer, in one of which a blue œdema alternated with a simple œdema of the skin which was slightly rose-coloured, and with an almost completely normal state of skin. During the intermediate stage there was simply a tingling of the fingers, during the stage of blue œdema there were shooting pains in the hands, which seemed to proceed from the bend of the elbow. In the other case there were found hyperidrosis, factitious urticaria on the anterior and posterior aspects of the thorax, and peculiar rigors or shiverings, during which an excessively marked goose skin was developed.

On a Case of Spasmodic Paraplegia produced by a Primitive Sclerosis of the Lateral Columns. Archives de Physiologie, 1896, No. 3, p. 630. Drs. Dejerine and Soltas describe a case of this disease which corresponds clinically and pathologically to the disease originally described in 1875 by Erb. It is remarkable how little pathological evidence has been adduced since Erb's original paper. Only two cases, one by Dreschfeld and the other by Strümpell, at all closely resemble the one cited—that of Dreschfeld presented degeneration of some of the cells of the anterior cornua in addition to the sclerosis of the pyramidal tract, and therefore had more relations to amyotrophic lateral sclerosis than to Erb's disease. In Dejerine's case the lateral pyramidal tracts were sclerosed as far as the upper part of the cord, and above this level they were normal. The sclerosis when seen in transverse sections was somewhat more extensive than the pyramidal tract. There was also a slight sclerosis in Gall's column in the cervical region, which suggested that there might be a transverse myelitis in the dorsal region, but no trace of this could be found on careful examination. No change could be found in the vessels or in the meninges. Therefore Dejerine and Soltas regard this as a case of primary sclerosis, *i.e.*, as a primary degeneration of the nerve fibres in the pyramidal tracts.

Hereditary Syphilis of the Spinal Cord. Nouvelle Iconographie de la Salpêtrière. 1896.—Dr. Gilles de la Tourette states that hereditary syphilis may attack the cord at three different times of life.

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(1) During intra-uterine life; (2) during infancy and childhood; (3) during adolescence and in advanced life. The first stage is characterised specially by diffuse inflammations of the cord and its membranes, somewhat comparable to the interstitial syphilitic hepatitis. If the child survives its birth a true sclerosis may attack the cord, either with or without a similar sclerosis of the brain. In childhood, and during adolescence, the brain and cord may still be affected by sclerosis, and there appears to be a special tendency to involve the cervical region. The mid-brain seems to be more often affected than the cerebrum.

As age advances the tissues become more and more differentiated. Infiltrations, especially in the form of gummata, may occur in the interstitial tissue around the vessels, or in the membranes, and endo-arteritis and endo-phlebitis also occur.

We have received the first five numbers of the *Medical Gazette of Costa Rica*. These journals are wide and liberal in their interests and well abreast of the times.

The July number contains the yearly report of the hospital of San Juan de Dios. In this report one learns that the total number of patients treated during the year has been 432; 312 of these were males and 120 were females.

Out of this large number of patients there were only six male alcoholics and no female patients of this class. Of epileptic patients there were only three male and one female admissions. Jacksonian epilepsy claimed one male patient. There were six cases of hysteria in women, and only one case of neurasthenia in each sex.

In the second Medical Congress of the whole of America there was a section devoted to "Mental Diseases and Diseases of the Central Nervous System." Up to the date of the last issue, Sept., 1896, the doings of this section had not yet appeared in print. As before stated, these papers are wide in their sympathies, and regard with interest events occurring in the older hemisphere, as, for instance, the case of Dr. Playfair and Mrs. Kitson is fully reported and duly commented upon.

In the foreign correspondence column America as usual easily carries off the palm for records. The *Medical Record of Wytheville* mentions the case of a girl of that town who, at the early age of 10 years, gave birth to a child which weighed 5lbs.

The practical application and use of the Rontgen Rays to medicine and surgery are fully described and illustrated, some of the shadowgraphs reproduced being exceedingly good.

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