

after in a passive and motionless state. The well-known experiment of the hen lying prostrate upon the table with its beak upon a chalk line is described by Daniel Schwenter, Professor in the University of Altdorf, in his *Delicia Physico-mathematica*, Nuremberg, 1636; and ten years later Father Athanasius Kircher again gave an account of the experiment, with a woodcut, which is reproduced in Verworn's book. The author gives in detail a number of experiments made to study this condition upon birds, guinea-pigs, serpents, and frogs. His elaborate experiments are illustrated by eighteen engravings in the text. The author reviews the various explanations which have been made. A favourite one is to attribute the phenomena to "animal hypnotism."

Dr. Verworn observes that to understand this condition one ought to pay attention to the habitual attitude of the animal and the state of its muscular system. The body always has for certain positions a characteristic manner of holding itself, and there are reflexes which serve to bring it back from unusual positions to the normal attitude. This reflex being accomplished, the muscles have a tendency to remain in a state of tonic contraction. When the animal rises up it is not through a relaxation of this muscular tone, but from a renewed impulse to contraction, either spontaneously or arising from an outward stimulus. This characteristic complication of symptoms is observed even when the cerebrum of the animal is removed. In this respect the behaviour of the uninjured and of the brainless animal is quite the same. In the uninjured animal the brain remains passive during the adjustments of the correctional movements of position. There are two components in this condition. The main one is the tonic excitation of the cerebral reflexes regulating position. A subordinate one is the inactivity of the motor spheres of the cortex, which in the end spontaneously give an impulse to make the animal arise. This is accompanied by quickened breathing and quickened heart-beat. This component has no immediate connection with the other, the tonic excitation of the reflex regulating position. It is nothing else than the inhibition of voluntary movements or actions, which we observe every day when we receive a strong impression from the senses.

These phenomena have nothing to do with hypnotism in human beings, which is entirely the product of suggestion. The only thing in common is that in both conditions there are processes of inhibition; but every process of inhibition cannot be described as an hypnotic state. We hope to see more of the Professor's thoughtful and elaborate studies in physiology.

The Collecting of Anthropometric Data.

Anthropometry is a branch of scientific investigation which, we must acknowledge, has been neglected in this country in the past, and one in which we have allowed ourselves to be outstripped by various

Continental nations and America. Happily there are now signs of awaking activity evinced by the establishment of some of our universities and colleges of Anthropometric Laboratories, and also by the publication of various papers dealing with the subject from both practical and theoretical aspects.

There has grown within recent years in asylums a spirit of greater activity as regards the duty owing to contemporary science. This has resulted in the establishment at many asylums of Pathological Laboratories, an advance which, it is hoped, will be followed by the addition of laboratories for the prosecution of psycho-physical and anthropometric research. As regards these, foreign countries are much in advance of us, although we may be ahead of them in the care and treatment of the insane. There are many difficulties in connection with the establishment of Anthropometric Laboratories. In the first place, the importance and necessity of the work does not seem to have been fully grasped; and in the second place, the intrinsic nature of the work requires a more than usual amount of application, patience, and time, and many years of steady labour will have to elapse before any results can be published. This latter consideration is of great importance in choosing a scheme to work to. It is not within the power of any one individual working alone to supply all the statistics required, and a scheme which will secure general adoption is desirable, so as to secure uniform results, and to render possible the collation of the labours of many observers. Many schemes have been published, but none of them can be said to be entirely satisfactory. It is evident that a scheme comprising the various methods adopted in the examination of individual parts would be too cumbersome and take up too much time. The measurements need to be selected with great care so as to exclude those unimportant, and to secure only those which have proved to be of value. For this purpose the individual parts require to be more thoroughly reported upon. The face, cranium, ear, palate, have already received considerable attention. The drawing up of a general scheme would be most satisfactorily accomplished by a conference of representative workers, but more work will have to be done and more experience gathered before such a conference could be called together with advantage.

We have been favoured with the perusal of a provisional scheme used by Professor Reid, of Aberdeen, in his laboratory. It will readily be understood by the foregoing remarks that its adoption at the present juncture cannot be as yet generally recommended. It is designed, of course, to collect normal rather than stigmatous data. One good point in the scheme is that it provides for the observation of the same datum on six separate occasions.

Normal anthropometric data are required before the data collected in asylums can be valued. There would appear to be an excellent opportunity of securing the former at the University laboratories, especially as regards the male sex.

In securing normal data it is important to remember that it is absolutely necessary to carefully inquire into the family and personal history, and as far as possible to follow the subsequent history. Before any conclusions can be come to with any degree of certainty

we, as specialists, require four groups of data. These are with regard to—

1. Male and female insane with heredity.
2. Male and female insane without heredity.
3. Male and female sane with heredity.
4. Male and female sane without heredity.

Allied spheres of investigation are those with regard to the criminal, neurotic, epileptic, and certain classes of paupers and vagrants. These should be rigorously excluded in gathering normal data.

Blood-pressure in the Insane. By MAURICE CRAIG, M.A., M.D.Cantab.,
M.R.C.P.Lond. (*Lancet*, June 25th, 1898.)

In this paper the author records the results of a series of sphygmometric observations which he has made upon a number of insane patients at Bethlem Royal Hospital, and discusses some of the many interesting questions which these results suggest. He appears to have established several facts of considerable clinical and pathological importance, and his thoughtful and guarded interpretation of their significance leaves little room for criticism. We can scarcely give a better idea of this important piece of work than by reproducing (in a slightly abbreviated form) the summary of his observations with which the author concludes his paper:—1. The blood-pressure varies in different forms of insanity. 2. It is raised in persons who are depressed or who are suffering from melancholia. 3. It gives varied results in persons suffering from melancholia with motor excitement—so-called agitated melancholia. 4. It is found to be normal upon the recovery of a patient whose blood-pressure has been raised during the period of depression. 5. It is lowered in persons suffering from excitement or acute mania. 6. It is found to be normal after the excitement has passed off and the patient has recovered. 7. It tends to fall as the day advances, hence melancholics tend to improve and excited patients become more excited. 8. The depression following upon an attack of acute mania is not necessarily an active depression, but rather more exhaustive in type, and the blood-pressure in these cases may remain low until it finally returns to normal upon recovery. 9. The blood-pressure is probably raised in stupor. 10. It is not always altered in delusional insanity, except in those cases where there is also some emotional disturbance. 11. In healthy, active, and excitable persons it is low as compared with healthy but apathetic individuals. 12. From this it would seem that the blood-pressure is chiefly affected in emotional or affective insanities, in contradistinction to the effective or ideational forms of mental disorder. 13. It is raised in general paralysis of the insane when there is depression, whereas in the excited types of this disease it is low, as it is also in the later stages of all types of this disease it is low, as it is also in the later stages of all may in certain individuals induce mental aberration, but it is so far not complete enough to enable him to state definitely that mental disease is usually caused by altered blood-pressure. 15. The altered