

these cases would by others be regarded as coming under the head of imbecility, but points out that we are not entitled to regard imbecility as a progressive condition ; we can at most regard such cases as imbecility on which hebephrenia or katatonia has been grafted. There were numerous miscellaneous cases : a syphilitic cerebral case, a case of prison psychosis complicated with imbecility, a weak-minded cretin, a typical sane congenital criminal, and five in which the diagnosis remained very obscure.

The author concludes that insane tramps present "a variegated mixture of all possible states of mental weakness." Unlike ordinary habitual criminals, who are more active, they usually show passive weakness of intelligence and will.

HAVELOCK ELLIS.

*Plethysmographic Investigations in the Insane* [*Plethysmographische Untersuchungen bei Geisteskrankheiten*]. (*Cbl. f. Nervenheilk. u. Psych., Nov., 1902.*) Vogt, Ragner.

For some years past, the author has interested himself in the study of the pulse among the patients under his care at the asylum of St. Hans, in Denmark. It is a point to which he does not think that alienists pay sufficient attention, since the variations of pulse frequency are extremely great in many cases, especially when associated with states of fear and anxiety, and valuable indications of the mental condition may thus be obtained. Vogt carried on a preliminary series of observations to test objectively the susceptibility to fright of patients by noting the increase of pulse frequency on hearing a sudden noise (hand clapping), and found that in states of anxiety it was sometimes raised from 70 or 80 to 120 or 126. He has also studied the mental conditions associated with abnormally high pulse frequency. In the case of one very irritable female patient the pulse rose to 216 ; at this pulse-rate the patient's language was always threatening and obscene. It is remarked that coarse and abusive language tends to be associated with a pulse-rate over 150. There is generally motor unrest, but this is not an invariable accompaniment of high pulse-rate. In a paranoid dement lying peacefully in bed, the pulse would be between 80 and 110, and when attention was drawn to his morbid ideas, although he continued to lie quietly, amusing himself by making a few contemptuous remarks, it rose to 180.

The plethysmographic investigations were made with Lehmann's apparatus, a useful modification of Mosso's. The results, duly illustrated by curves, on the whole show similar results to those obtained by Mosso, Lehmann, and others in normal subjects. Slightly imbecile individuals seemed to show great susceptibility to the reactions of fear, which in stuporose cases could not usually be obtained at all. A condition which seems to the author rather frequent in his cases, and even in the sane, is one in which the reactions begin normally and then show a progressively increasing vascular dilatation associated with a condition of shame and confusion at having perhaps given a wrong answer to the questions involving mental calculation put to him ; if the subject continued calculating, the vascular dilatation was accompanied by increased pulse frequency. A very marked change in the plethysmo-

gram of a paranoiac patient was observed on the appearance of an attendant by whom he believed he was persecuted. Vogt remarks that the plethysmograph may be useful when there is a suspicion of the simulation or the dissimulation of insanity. HAVELOCK ELLIS.

---

*Dementia Præcox* [*La démence précoce*]. (*Rev. de Psychiat.*, No. 6, June, 1902.) *Sérieux, P.*

This is a very valuable summary of our knowledge concerning Kraepelin's interesting conception of the dementia of adolescence. The history of this disease recalls that of general paralysis, under which were at one time grouped quite a number of different conditions, and conversely to which we now refer a number of cases at one time considered quite unlike in their pathology. For we see that subjects formerly labelled as suffering from various psychoses—maniacal excitement, melancholia, stupor, katatonia, delusional state in the degenerate, primary or secondary mental weakness, primary dementia, etc.—in reality exhibit but various manifestations of a distinct disease, *dementia præcox*, characterised by certain special symptoms and by its evolution. Moreover it is often possible, as in the case of general paralysis, to diagnose the affection in its first stage. Let us therefore give up the idea that dementia præcox is a complication of various insanities (secondary dementia, etc.), but endeavour to diagnose the disease in its early stage and thus obtain valuable data for prognosis.

Reviewing the *history* of the disease, *Sérieux* finds that the first author who carefully studied it was Morel (1857—1860); in more recent times he draws attention especially to the memorable researches of Hecker, Kahlbaum, and Kraepelin, and to important contributions by Christian and Séglas.

*Definition.*—Dementia præcox is a psychosis essentially characterised by a special and progressive psychical enfeeblement, supervening usually during adolescence, and culminating as a rule in the disappearance of all manifestation of mental activity, without ever compromising the life of the subject. As in general paralysis, we may distinguish in dementia præcox essential symptoms—those pertaining to the psychical enfeeblement; and accessory symptoms—the delusional disorders. The latter may assume all forms.

In asylums the proportion of these cases to the total number of patients probably varies from 5 *per cent.* (Christian) to 15 *per cent.* (Kraepelin).

*Symptomatology.*—To facilitate description, four varieties may be considered—(a) simple dementia; (b) the delusional form; (c) the katatonic form; (d) the paranoid form.

(a) *Simple Dementia* (mitigated or slight hebephrenia of Christian) is not very often seen in asylums, and is characterised by a progressive enfeeblement of the psychical faculties, usually beginning at the age of sixteen to eighteen years; attention diminishes; comprehension is slow; apathy is a dominant feature. Cephalalgia, changes in temper, vague