

thickly, and failed to recall the words he wished to use. He also showed inability to handle objects, such as his pipe, which he recognised. He slowly wasted away and died finally of enteritis.

This case, says the author, was apparently not of the commonest form of mind-blindness in which the patient unquestionably sees, but does not recognise that which he sees. This case differs from those previously reported in that here calcarine cortex and optic radiations were preserved. Here the primary visual pathways from retinae to calcarine fissures were normal, but softening of the angular gyri and the parts adjacent, in which it is believed the higher visual centres lie, produced such marked disturbance of vision that it was a question much of the time whether the patient had any power of visual perception. This case, then, shows that extreme disturbance of vision may be brought about by lesions in the higher cortical visual centres alone.

A. W. WILCOX.

Typhoidal Insanity in Childhood, with some Notes as to its Character and Prognosis. (*Amer. Jour. Med. Sci.*, Feb. 1905.) Edsall, D. L.

The author reviews, at considerable length, the literature on the subject of typhoidal insanity in children, and concludes that the important points brought out by this study are that, in an appreciable number of cases, the insanity persists, that mania is but little more common than dementia, while melancholia is much less common, and that a very marked proportion of the dementias do not get well. He found that a number of writers on this subject agree that dementia following typhoid fever is much more common in children than in adults. As to the time of onset, he is convinced that a larger proportion of cases of infectious insanities than is generally stated show distinct evidence of actual insanity before convalescence begins.

Typhoidal insanity, he says, is little, if at all, less common in children than in adults. The author describes in detail two cases occurring in his own hospital practice. He believes that the mental disturbance in these cases is directly related to the condition of the general nutrition, and therefore advocates that, in cases which show a distinct tendency to the development of a psychosis, the feeding should be as free as possible even during the latter part of the fever, and that the food should be very rapidly increased during convalescence.

In conclusion, he states that some cases of melancholia with profound home-sickness recover more quickly when allowed to leave hospital and return to their own homes.

A. W. WILCOX.

4. Pathology of Insanity.

Clinical and Pathological Studies on Juvenile General Paralysis [Studi clinici ed anatomo-patologici sulla paralisi generale giovanile.] (*Ann. di Freniat.*, vol. xv, fasc. i, March, 1905.) Burzio.

In this paper the author summarises a clinical and pathological observation of general paralysis in a juvenile patient which he communicated to the Turin Academy of Medicine in 1899, and publishes notes of two other cases which he has since met with.

In the earlier observation the symptoms of the disease appeared in a patient, æt. 23 years, who had contracted syphilis in infancy. Of the two new cases, one was that of a girl whose father died of general paralysis, and who herself developed the disease at the age of 18. In the third case, where the patient was a boy, æt. 16, the special feature of interest was that the symptom-complex of general paralysis was found in connection with an interstitial encephalitis, probably due to hereditary syphilis, and confined to the bulbar region and to part of the occipital convolutions.

His observations led the author to the conclusion that juvenile general paralysis, as compared with the adult form, is characterised by the frequent presence of signs of infantilism, by the predominance of physical over mental symptoms, by the frequency of spinal and bulbar lesions, and by a very wide range of variety in the pathological appearances.

W. C. SULLIVAN.

Anatomical Findings in two Cases of Korsakoff's Symptom-Complex
[*Journ. Ment. and Nerv. Dis.*, March, 1905]. Sims, F. R.

In 1887 Korsakoff published his first description of mental disturbance associated with multiple neuritis. Since then much has been written about this symptom-complex, but, as Sims points out, comparatively few cases with anatomical findings have been reported. He then describes two cases, with the clinical details and anatomical findings in each.

The first is one of acute alcoholic multiple neuritis in a woman, æt. 48, accompanied by delirium, hallucinosis, and romancing. Later there were convulsions, with twitchings of various muscle groups, which was followed by spasticity of one extremity and flaccidity of the extremities of the opposite side. Some paralysis of the facial muscles was present. Death, which was preceded by a rapid rise in pulse and temperature, occurred after five weeks. The anatomical findings were slight arteriosclerosis, hypostatic pneumonia, fatty infiltration of the liver, and acute degeneration of many of the peripheral nerves; axonal reaction in cells of the anterior horns, Clarke's columns, and many cranial nerve nuclei; degenerations in the posterior columns, direct cerebellar tracts, and the root bundles, and a moderate "acute alteration" of the cortical cells.

The second case is one of acute alcoholic mental confusion following chronic neuritis, and of the type of Korsakoff's symptom-complex, occurring in a travelling salesman, æt. 35. There was marked amnesia for recent events, irritability, increased emotional reaction, imperfect orientation, and mild delirium. Later he developed difficulty in speaking and in swallowing, and died from vagus paralysis and failure of respiration one month after his admission to hospital. The anatomical findings in this case were general arteriosclerosis, involving the aorta and coronaries; fatty degeneration of the heart, liver, and kidneys; acute bronchitis; acute degeneration in the peripheral nerves of the lower extremities, and also in the vagi; axonal reaction in the cells of the anterior cornua, in Clarke's columns, some cranial nuclei, and the Betz cells of the cortex. There were vascular changes in the cord and cortex, with numerous microscopical hæmorrhages throughout the cerebrum, and acute degeneration of the cortical radiations, and of

both motor and sensory systems of the cord, as well as degenerations of the cord not easily reconcilable with the systemic changes.

A. W. WILCOX.

5. Treatment of Insanity.

On the Lumbar Puncture in Mental Affections [La Ponction Lombaire en Médecine Mentale]. (Bull. de la Soc. de Méd. Ment. de Belgique, Feb., 1905.) Deroubaix, A.

At the Froidmont Asylum the method of procedure is to make the patients sit on the edge of a table and by leaning well forward arch the back strongly. An anæsthetic is used only for the very timid or the restless, in order to avoid sudden movements. The puncture is made indifferently in the third, fourth, or fifth lumbar space (the last is preferred) with Tuffier's needle of platinum, iridium tipped, 8 cm. in length (just over 3 in.), of short bevel and armed with a stylet; strict asepsis is observed. The injunction not to remove more than 10 c.c. (about 2½ drachms) at one sitting, upon which some authorities, including Quincki himself, have insisted—this was not found to be imperative. Double this quantity and even more was removed on occasion without any trouble, nothing worse than a little headache resulting. The only precautions adopted were to make the patients lie down for two to three hours after the puncture.

The pressure of the cerebro-spinal fluid varies greatly in health, *viz.*, from 40 to 60 mm. of water up to 150 mm. In disease it may rise to much higher levels, spurting out on puncture, or it may fall so low as to escape only very slowly, drop by drop. All causes which raise temporarily or continuously the pressure within the cranium or the spinal canal raise this pressure of the contained fluid. The highest pressures were found in states of mental excitement and particularly in epileptics and general paralytics, but exceptions to this were noted even in well-defined cases. These high pressures are therefore suggestive but not pathognomonic.

In respect of the chemical constitution of the fluid, the presence of albumen in quantity above the normal, *e.g.*, 1 per cent. and beyond, was only noted in cases of general paralysis, not in the other psychoses. But again the sign is not pathognomonic, for exceptions were observed, cases, *viz.*, of general paralysis with normal or even subnormal albumen percentage. The high percentage is, however, decidedly suggestive. From the presence of formed elements in the cerebro-spinal fluid a clearer leading is obtained; thus lymphocytes were never found in epilepsy or in dementia præcox or in states of confusional insanity, whereas they were constant in cases of general paralysis. The albumen percentage was determined by Esbach's albuminimeter; the formed elements were obtained by centrifugalising for twelve to fifteen minutes, and then examining the sediment.

HARRINGTON SAINSBURY.

On the Action of Hyoscine in Neurological and Psychological Medicine [Zur Wirkung des Hyoscins in der neurologisch-psychiatrischen Praxis]. (Neurol. Cbl., May 16th, 1905.) Higier, H.

Hyoscine has been shown to be identical with scopolamine. The