complete this part, the authors give M. Pitre's method of division of the hemispheres by transverse sections made at fixed points. The fixing of these points and the definite relations of the sections to determinable landmarks constitute the value of this method. And localization is certainly more easily obtained thus. Figures of the sections according to this plan are given.

No mention is made of Meynert's method of dissecting the brain, which method is adopted by a large number of alienists, and one special advantage of which appears to be the isolation of the cerebral hemispheres, cerebellum, and basal system (ganglia, crura, pons, and medulla), and so the power of taking separate weighings of these parts.

The concluding portions of the book contain a list of methods of preservation of the tissues or organs for the purpose of museum preparations; also a table of weights and measurements of the organs.

On the whole the work is done well, and the book will serve a useful purpose. Whether the same purpose would not have been fulfilled by a simple translation of Virchow's book is another matter. In so far as simple post-mortem examination is concerned it probably would, but this forms but one, though the most important section, of the present small volume. To do justice to Bourneville and Briçon's production, we must admit that even in this section there is comprehended more than in Virchow's treatise, inasmuch as, after the manner of Orth, there is given a compendium of the morbid conditions met with in the body; but this part is rather condensed, and serves more the purpose of illustration than of complete synopsis.

Klinische Psychiatrie. Specielle Pathologie und Therapie der Geisteskrankheiten, von Dr. Heinrich Schüle. Von Ziemssen's Handbuch der Speciellen Pathologie und Therapie. XVI. Band. 3 *Auflage.* Leipzig, 1886.

Schüle's Manual of Clinical Psychiatry.

(Continued from p. 96.)

Resuming our notice of this able work at the point where we referred to the author's description of "Attonische Wahnsinn," or Katatonia, we note, before leaving this form of mental disease, that he admits three varieties, namely, (*a*) the religious

expansive form, (*b*) the depressed form (Dæmonomania), and (*c*) Katatonia based upon a hysterical constitution. In Katatonia relapses are frequent, ending at last in a demented condition with verbigeration. It is impossible to do justice within our limits to Schüle's description of this affection. The reader must go to the original work for details.

Acute primary dementia follows, and of it two great divisions are given. In one there is a sleep-like and imperfect action of the perceptions and dreamy condition of consciousness, tending to dementia (stuprose form); in the other there is a condition without stupor, with gradual loss of mental power. The former constitutes a transition to acute states of insanity; the latter passes into dementia, secondary to the primary form. Again, the stuprose form may be further divided into an attonic form, with accompanying tension of the muscles, and a state of stupor with hallucinations. In the first sub-variety post-maniacal stupor is included, and in the second a condition which the author terms pseudo-stupor. As to primary dementia without stupor, it forms a group by itself. It often succeeds a severe attack of typhus or variola and puerperal states.

The form of mental disorder next described is hysterical insanity, under which, after a clear description of the well-known temperament, Schüle sketches hysterical melancholia, mania, delusional insanity, and dementia. The treatment is somewhat fully given, including the Playfair-Mitchell system, in cases complicated with nervous dyspepsia.

Epileptic insanity is described under the two conditions of post-epileptic stupor and post-epileptic excitement with hallucinations, the *grand mal intellectuel* of Falret, both forms ending in the majority of cases in dementia. Minute differences in the symptoms find their place under stupor, whether with profound unconsciousness of short duration and amnesia as to the attack, or with dreamy consciousness and partial memory. Next to stupor follows acute excitement, with hallucinations of a frightful character, and attacks of violent fury, lasting from several hours to from three to fourteen days. Protracted conditions of dreamy consciousness lasting for weeks and months follow, this stupid condition also arising especially from the administration of bromide of potassium. Maniacal excitement, continuing for weeks, months, or even years, and often passing into dementia, is another variety, and a gay form of excitement, associated with mental weakness, is a fifth variety. A sixth is a state of suddenly developed apprehensiveness of a

very marked character, with confusion, irritability, suicidal impulses, and acts of violence, the duration being very short or possibly some days. The seventh variety is the momentary loss of consciousness with automatic acts and complete amnesia. The eighth and last variety is the usual habitual form of melancholia, mania, and delusions, which are frequently presented in their typical form without any modification from epilepsy. In other cases there are associated mental disturbances which recall those of epileptic insanity. The author's love of minute differentiation is here evinced.

Schüle quotes from Fischer the interesting case of severe and deeply rooted epilepsy, converted by an attack of typhus into genuine hysteria, from which the patient eventually recovered.

Hypochondriacal insanity comprises an acute and chronic stage, the latter accompanied with marasmus. Neurasthenia falls under hypochondriasis, the treatment of which calls for a more than usually careful mental and bodily regimen, best secured, the author thinks, in a well-conducted curative establishment. Brain-congestion must be avoided by means of bodily occupation, not completely giving up mental activity, so long as it is not carried to excess. Let the patient, says Schüle, learn the great art of moderation, and of confining himself within proper limitations, and he adds: "The command, 'Thou shalt keep holy the Sabbath day,' has a deep significance in the practical philosophy of life."

We come now to the periodical, circular, and alternating psychoses, the consideration of which extends over some forty pages. No less than five types of periodical mania are given, the last being marked by choreic movements and meaningless gesticulations. Periodical melancholia escapes this minute differentiation. Circular forms of mental disorder comprise successive stages of mania, melancholia, and a lucid interval. Circular stupor has several sub-varieties. Several tables given, noting the actual periods of periodical symptoms through successive years, exhibit valuable records of clinical observation. Under the designation of alternating psychoses are ranged the disorders whose essential character presents a course of regular oscillation between good and bad days. It may be said that the course varies in a typical manner between exacerbation of the fundamental disorder and a lucid interval, both having an extremely short duration, generally one day or part of a day, occasionally from two to three. Cases occur in which there are paroxysms of three days' duration, one being marked by maniacal restlessness, one by melancholy depression, while

the third forms the interval. A sub-variety comprises the catamenial psychoses.

Acute delirium, the next group, is divided into the irritative form, or that of cerebral excitement, and one of inanition or anergic acute delirium. Under the former we have acute maniacal delirium, the acute delirium which, not unfrequently, is associated with general paralysis, and consists of active excitement, ending in incoherence and muscular tremor and strong fibrillar twitching of the facial muscles. Hence rapid collapse. Thirdly, acute melancholy or stuprose delirium or delusional stupor, which is carefully described to its end in chronic mental weakness tinged with melancholy, or in death. Under the form of inanition or mental paralysis the pathological anatomy is carefully given.

Schüle insists upon rest in bed as absolutely indispensable in all forms; it must be carried out by force if necessary. All excitement from without is to be most carefully excluded; isolation in a darkened room with all possible quiet of surroundings is insisted upon, as also ice on the head and frequently held in the mouth. Along with cold applications, tepid baths, under careful observation, are to be employed. A little local blood-letting may be safely practised at the commencement. In the adynamic state, champagne and musk are recommended.

To the foregoing forms of mental disorder follow typical, general, or progressive paralysis, which is described under the heads of psychical, motor, sensory, vaso-motor, and trophic disturbances. Varieties are hypochondriacal paralysis and paralysis with primary dementia. Under the former Schüle recognises a circular form and delusions of persecution with hallucination. In hypochondriasis there is the singular condition known as micromania in curious contrast with the usual symptoms of megalomania.

"Patients with disorders of digestion feel the stomach sewn up and obstructed, their mouth and rectum closed, the body filled with pus; they are reduced in size, refuse to sit at table, because no chair is high enough for them; they feel themselves changed into all sorts of forms, a triangle for example; they have no head, no feet, can eat and digest nothing because the bowels cease to act, because the spoon is too large, and the soup set before them seems to them, in comparison with their diminutiveness, a limitless ocean in which they are afraid of being drowned; while from the umbilicus proceed boxes of Nuremberg toys. These delusions of size may have a melancholy colouring; patients

regarding themselves as the products of hell and of most horrible forms, &c. The sudden change from the expansive to the depressed phase is pointed out by the author as a strong proof of the unreflective character of these morbid conditions. Quite suddenly the patient plunges with his ætherial joys of Heaven into the bottomless deep; first of all he is "Obergott," now he is one of the lost. Both phases may alternate in a single hour, or in the course of the same day; expansive in the morning, depressed in the evening, the latter often bringing with it a desperate suicidal impulse."

These descriptions of the exceptional symptoms occurring in general paralysis are among the many indications of the careful clinical observations of the author.

Of the tendon-reflexes Schüle observes that their reaction is variable, being frequently increased in the early stage, and certainly so in lateral sclerosis. If there is an accompanying affection of the posterior columns, the tendon reflexes are absent, as in some other cases; however, the deficiency appears to occur in the first instance in the majority of cases. Although, certainly, absence of patella-reflex warrants the diagnosis of spinal disease, its persistence does not accord with the kind and intensity of the anatomical brain changes in general paralysis. Schüle also holds that the occurrence of electrical reaction of the nerves and muscles in this disease is too uncertain and inconstant to be worth much, hitherto, as a help to diagnosis. Not unfrequently electrical reaction of the nerves is weakened in proportion to the preceding increase thereof. More frequently a difference in the quantitative electrical excitement of both sides of the body is observed, especially in the peronei muscles. Qualitative changes of excitability in general paralysis occur only when there is associated with it lesion of the anterior cornua or anterior roots of the cord.

As to the pupils the author's experience is to the effect that in at least half the cases of general paralysis their reaction is sluggish, and that they are unequal. Often the outline varies, sometimes for a long period, and sometimes for only a few hours. Marked mydriasis may occur suddenly, the pupil returning to its natural state after the subsidence of the excitement. Reaction to light may fail, while that to accommodation remains, but the reverse may hold good, reaction to accommodation failing while that to light remains, as in lesion of the oculo-motor fibres in the median peduncle. In many cases myosis is observed with failing reaction to light. In one of the author's cases this remained the one symptom after entire disappearance of the others.

Want of space will not allow of more reference to the chapter on general paralysis, which contains a pathological section very fully given. We may, however, add that according to Schüle's observation the duration of the disease is from two to three years in the majority of cases, exceptional instances, lasting from five to six years, being mentioned. Probably he has met with cases of much longer duration.

Next follow what are termed psychical cerebropathies or modified paralyses, under which meningo-periencephalitis, pachymeningitis, primary atrophy of the brain, encephalitis, with disseminated sclerosis, cerebral tumours, spinal complications (tabes, spastic paralysis, myelitis, &c.), and syphilitic disease of the brain are included. Under primary cerebral atrophy are grouped (1) atrophy without symptoms of excitement, of which there are four types, the first marked by melancholy or hypochondriacal characters, the second by hallucinations based on obscured mental perception and profound depression termed by the author "nihilistic." Primary chronic depression followed by deep mental stupor constitutes the third type of brain atrophy, whilst the fourth usually presents the form of primary dementia. Pathologically it is indicated by chronic ependymitis of the ventricles, which are distended with fluid. Then follows (2) primary brain atrophy with marked symptoms of excitement, but not ideas of grandeur as in the classical form of general paralysis. As a pendant to these two forms of primary cerebral atrophy are cases with local softenings or capillary apoplexies with miliary deposits or with multiple sclerosis. There may be primary dementia with progressive paralysis with intercurrent hemiplegia and apoplexy; apoplexy with secondary dementia; dementia with general progressive paralysis complicated with local paresis; or, lastly, monomania of persecution with hallucinations, connected with magnetism and imaginary rheumatic pains.

Following primary brain-atrophy is encephalitis with disseminated sclerosis which forms a natural transition to syphilitic insanity, tumours of the brain, and gross lesions of the cord.

Once more, comment is inevitable on the wonderful power possessed by the Germans of dividing and subdividing mental disorders. However interesting and useful these may be for the advanced investigator, we are not prepared to recommend their adoption by the student or general practitioner.

For those, however, entering upon the special study and practice of psychological medicine, and for those who are

actually engaged in the care and treatment of the insane, such an analysis of mental disorders must be invaluable; and in those instances in which the division between minute shades of insanity does not appear to be necessary, the suggestion excites observation and interest, and sharpens the faculty of diagnosis in subtle phases or varieties of mental disorder. Definitions and classifications, which nature may seem at times to abhor as much as a vacuum, are at least pegs on which to hang knowledge as it is freshly acquired, although in many instances only provisional until a further and fuller collection of clinical facts authorizes a better, because a more simple and natural classification.

This work does credit to, and is very characteristic of, the German School of Psychiatry. It is clear that the Germans have more convolutions or cerebral cells than we have. No better man could have been chosen than the author for the preparation of a scientific work suited for the medical series edited by Prof. v. Ziemssen.*

Compendium der Psychiatrie. Zum Gebrauche für Studirende und Aerzte. Von Dr. EMIL KRAEPELIN, Docent an der Universität, Leipzig. Leipzig, 1883.

This compendium, although designed for the German student in psychiatry, cannot fail to prove useful to the English medical psychologist. It treats of the general pathology of insanity, including ætiology, symptomatology, the course of the disorder, the diagnosis, and the classification of the psychoses. The last subject is one which at the present time attracts much attention, and is widely discussed both in Europe and America. An English psychologist finds it necessary to know the conclusions arrived at by a nation—or, at least, its psychologists—having such a singular aptitude for delicate psychological distinctions, and in this work and in the much more extensive treatise of Dr. Schüle, which we have noticed, he will find what he desires to learn. Under the "German Retrospect," the reader will be be able to follow Dr. Kraepelin's classification in some detail.

* In a future number we shall, in the "German Retrospect," complete the enumeration of the various forms of mental disorder given by Schüle.