Prescott, Stirling, and Bergeroth, who have added so much to the history of the Spanish kings. He adopts the ingenious ("geistreich") hypothesis of Lorenz that the origin of the neurosis of the Spanish dynasty came from John of Gaunt through his daughters, the half-sisters Philippa and Catherine, who, he says, were drunkards. This is perplexing, for neither John of Gaunt nor his father, Edward III, was insane. John took for his second wife Constance, the daughter of Pedro the Cruel, of Castile, through whom the neurosis may probably be traced back to Pedro II, of Portugal (1357—1367). Catherine, the daughter of Constance, was married to the Prince of the Asturias, afterwards Henry III, king of Castile. John of Gaunt was thrice married, yet none of his descendants by his English wives seem to have been insane, though Henry IV, his eldest son, became epileptic towards the end of his life. The derangement of Henry VI of England was probably derived from his French mother.

Dr. Stradonitz gives us some additional information concerning the mental weakness of the Spanish kings Philip III and Philip IV, and their brothers and sisters. He neglects to take into consideration their illegitimate descendants, of which kings generally have plenty. These, not being the offspring of consanguine unions, are more healthy than the legitimate children, and often escape the ancestral taint. There is a strain of insanity and nervous disease in every royal family in Europe, and the only way to regenerate them is to prohibit close marriages, and to make the members marry into healthy stocks.

WILLIAM W. IRELAND.

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4. Clinical Neurology and Psychiatry.

Potential Criminality and Homicidal Obsessions [*La criminalità potenziale e le ossessioni omicide*]. (*Arch. di Psichiat., vol. xxiii, fasc.* 4, 5, 1902.) *Mariani.*

This is the report of a case of homicidal obsession developing as a result of nervous exhaustion in an individual of the so-called criminal type.

The patient, an unmarried woman æt. 27, with slight hereditary nervous taint, after a series of emotional shocks and a prolonged attack of uterine hæmorrhage became subject to intense homicidal obsessions with præcordial anxiety. She suffered also from periodical migraine, from occasional attacks of vertigo, and from recurrent fits of depression. Under tonic treatment with hypnotism the obsessions were removed.

The anthropometric examination of the patient showed the existence of a considerable number of the characters assigned by the Italian school to the homicidal type—relative over-development of the arms, prominent supra-ciliary ridges, large orbital fossæ, square voluminous maxilla, virile physiognomy, sensory and motor sinistral predominance, etc.

In the author's opinion, the development of homicidal rather than of suicidal obsession under the influence of nervous exhaustion is to be

attributed to the latent criminal disposition of the patient, this disposition being shown by the somatic and functional stigmata, and by the existence of symptoms of probably epileptoid character.

W. C. SULLIVAN.

On the So-called Polyneuritic Psychosis [*Sulla cosidetta psichosi polinevritica*]. (*Il Manicomio, anno xviii, No.* 2, 1902.) *Esposito.*

In this paper, the author reports two personal observations which presented a combination of mental disturbance with symptoms of peripheral paralysis, and in connection therewith enters at some length into a critical examination of Korsakow's disease.

In the first case, the patient was a man 41 years of age. The mental symptoms consisted in a short prodromal phase of insomnia and malaise, followed by vague, unstable illusions and hallucinations with profound disorder of attention and memory, the memory defect taking the form of immediate amnesia for recent events with good recollection of past events. On recovery, the amnesia for the period of the attack persisted. The accompanying somatic phenomena included a moderate degree of paresis and anæsthesia in the lower limbs, more marked distally, with some exaltation of the patellar reflexes. No electrical examination was made. These symptoms, in the author's view, justify a diagnosis of multiple neuritis. The only ætiological factor was alcoholism.

In the second case the patient, æt. 35, presented somewhat similar symptoms of confusional insanity—mobile hallucinations with vague delirium of persecution and motor agitation—ending in recovery within two months. The memory defect consisted in very rapid amnesia for recent impressions with less marked loss of recollection for past events. On recovery the salient incidents in the period of the attack could be evoked. The chief somatic symptom was a paralysis of the right internal rectus, apparently from a nuclear lesion. The onset of the attack was marked by vertigo and titubation. In addition to alcoholism, syphilis and malaria were noted in the patient's history.

Discussing the recent literature of the polyneuritic psychosis the author notes a tendency to apply the term indiscriminately to all cases where confusional insanity is associated with any sort of peripheral paralytic symptoms. He would maintain, on the contrary, that to justify the retention of Korsakow's disease as a nosological entity it should be shown that the two orders of symptoms are in some essential connection, and that the mental condition has in it something distinctive. He holds that neither of these propositions is true: multiple neuritis frequently occurs without mental symptoms; the mental symptoms described by Korsakow are often seen without any evidence of neuritis; and the special disorder of memory, which has sometimes been regarded as pathognomonic, is met with not uncommonly in all toxi-infectious psychoses, and may be absent in cases of insanity with multiple neuritis.

The author publishes his cases as examples of the fortuitous coexistence of the mental and somatic phenomena.

W. C. SULLIVAN.

The Nature and Pathology of Myoclonus Epilepsy. (*Amer. Journ. of Insanity, vol. lix, No.* 2, 1902.) *Pierce-Clark, L., and Prout, T. P.*

After an introduction and historical sketch of this rare and interesting disease, the authors give a detailed analysis of the recorded fifty-seven cases as to ætiology, symptomatology, prognosis, diagnosis, and treatment. The ætiology rests largely upon a family predisposition of degeneration, *plus* a transient and slight excitant of the character of a toxic or autotoxic agent. In the development of the disease epilepsy appears first a few weeks to several years in one half the cases; in rare cases the epilepsy ceases in later life. The epileptic attacks are usually *grand mal* in character, preceded by myoclonic spasms. For a greater or longer period of time after the fits the patient is free from his myoclonus. The myoclonus is often atypical in degree and character. There is usually much mental impairment attending the development and end of the disease. The prognosis is poor, yet life is often prolonged for years, the patient dying finally of inanition, pulmonary congestion, and premature senility. The children begotten of myoclonic epileptics usually die early of an intercurrent affection, yet they in turn may live to develop the disease. The disease has been found in many cases indirectly as well as directly transmissible. The disease is largely one of the family type of neurosis. The authors place emphasis upon the fact that faulty diagnosis is the result of laying too much stress on single symptoms of the disease. The treatment, while largely palliative, must be undertaken with great care in the proper use of large doses of sedatives. Bromides rank in first place. The hypochlorisation adjuvant principle is highly recommended. Cases not benefited by bromides are decidedly in the minority. Chloral in connection with bromides is recommended in stubborn cases. Care of the diet, general hygiene, and a non-stimulative country existence are found to give best results. The authors present three new cases, which, in addition to one previously reported by Clark, constitute the only cases of the association disease at present in the English language. A study of the cortex in one case under ideal conditions of methods was made, and lesions found were in the second and third layer of cells, those of sensory and motor type. The changes in the second or sensory type are those which the authors have previously urged as the characteristic lesion of epilepsy, while those in the third or large pyramid cell are charged to the myoclonus. The lesions as demonstrated by *camera lucida* drawings were a destruction of the intra-nuclear network and its replacement by a granular substance. As a consequence of this change in the cell, body abstraction of the nucleolus occurred easily and frequently in making the sections. The exhaustive lesion of chromatolysis was shown over the entire cortex. The pathogenesis of the association disease appears to be an intoxication or auto-intoxication of motor and sensory cortical cells, probably brought about by a faulty chemotaxis of such because of their inherent cellular anomaly.

Imbecility and Asexualism [*Imbecillità ed asessualismo*]. (*Il Manicomio, Anno xviii, No.* 2, 1902.) *Angiolella.*

This is a report with full anthropometric details, and illustrated by two photographs, of a somewhat uncommon case of sexual abnormality with arrest of mental development.

The patient, a youth 18 years of age, presents the general physical characters of infantilism; no trace of the testes can be made out; the scrotum is represented by a slight cutaneous prominence with a median raphe, above which is a rudimentary penis—an appendage 1 cm. long and about ½ cm. in diameter, traversed by the urethra, but showing no differentiation of a glans and no trace of a corpus cavernosum. There is slight gynæcomastia, and general absence of secondary sexual differences. Mentally, the patient's level is that of a rather dull child. There is a total absence of sexual feelings and instincts, whether in normal or abnormal directions. The patient's parents are both weak-minded, and there is an indefinite history of some operative interference on the occasion of patient's birth.

In a lengthy and acute discussion of the case the author argues that the psychic neutrality of the patient justifies an inference that the condition is one of total absence or most rudimentary development of the testes, and not of cryptorchidism; and the psychic state, he holds, is to be regarded as the result and expression of the physical anomaly. Moreover the non-development of the related areas of the nervous system reacts on that system as a whole, and is the cause of the arrest of mental growth. The case may accordingly be described as one of asexual imbecility, and classed as a special variety of cerebroplegic (Freud-Konig-Tanzi) or cerebropathic (de Sanctis) idiocy. Its mechanism may be supposed to be in part through the absence of the internal secretion of the sexual glands, in part through the anatomical and physiological effects of the non-development of considerable nerve tracts, and in part also through the lack of the instincts and feelings which are at the root of the social personality. W. C. SULLIVAN.

Suicidal Tendency and Suicide in the Insane [*La tendenza al suicidio ed i suicidii negli alienati*]. (*Il Manicomio, Anno xviii, No.* 2, 1902.) *Gucci.*

The aim of this paper is to investigate the frequency of suicidal tendency in the insane, and the forms of mental disease in which such tendency is more common, and further to determine how often and under what conditions asylum patients find means to commit suicide.

The author takes his evidence on these points from his experience in the Florence asylum. In the section for men in that institution, there were, on the day selected for inquiry, 405 patients, of whom 124 were noted as suicidal before reception, and 8 others were subsequently found to be so. Of these 132 (32·59 *per cent.* of the total number of inmates) the suicidal tendency had persisted in 87 (21·48 *per cent.*), and was regarded as particularly dangerous in 14 (3·4 *per cent.*).

The forms of insanity with most suicidal proclivity were found to be dementia præcox, melancholia, and epilepsy. In the asylum, the suicidal

tendency usually persists, though the attempts gradually become less frequent. The usual method is strangulation.

In the Florence asylum, the number of actual suicides from 1844 to 1901 was 22, being 0·91 per thousand admissions. Relative to the numbers of the inmates, the frequency of suicide has been very much less in the latter years of the period.

The author illustrates his remarks by numerous detailed clinical notes. W. C. SULLIVAN.

Traumatic Astasia-abasia in an Epileptic Child [*Astasia-abasia traumatica in bambina epilettica*]. (*Riv. di pat. nerv. e ment., February*, 1902.) *Gabbi, V.*

The patient was a child of 7 years, of good family history, both direct and collateral. No other members of the family suffered from epilepsy, and there was no evidence of syphilis. Somewhat slow in development, she began to walk and speak in her fourth year. About this time she would fall down with loss of consciousness lasting from five to six minutes. Bromide diminished these attacks, but afterwards marked convulsions developed, without aura or cry, with frothing at the mouth, incontinence of urine, marked prostration, and headache. Further symptoms supervened. On examination the patient was found to be well developed and nourished. Each three or four months she suffers from the convulsive attacks previously described. Percussion of the head causes the following phenomena:—A light blow on the scalp or face without warning to the child causes either an immediate fall or sudden and very marked trembling, and movements in the upper limbs are noticed. These bear no relation to the strength of the blow, and any hurt to the body produces no effect. Methodical percussion over the motor areas does not produce any isolated contraction. There is no difference on the two sides of the cranium. Excitement increases the effects. Anæsthesia of a skin area by chloride of ethyl produces no alteration. Electrical stimulation does not influence the condition. After the fall the child arose crying and agitated, the walk was uncertain and hesitating, the arms being used to balance, and she walked zigzag, as if the power of directing herself were lost—almost like a cerebellar gait.

The author discusses at some length the condition. Astasia, which is in this case the principal symptom, has been variously described and classified, and has been generally held to be of an hysterical nature. Charcot considers that for the execution of the movements in the erect posture and walking we have two centres, the one cortical and the other spinal; and that in astasia-abasia this mechanism is faulty—a form of spinal amnesia. Friedländer considers the centres affected probably cortical. Ballet considers that the symptoms may be produced not by amnesia, but by a fixed idea from subconscious fear of want of power to remain erect.

The child being epileptic, the motor areas are probably a *locus minoris resistentiæ*, and so may be centres for the provocation of morbid phenomena. As the manifestations of epilepsy are spontaneous astasia and convulsive seizures, so hysteria may reproduce an astasia, a rudimentary

form of convulsive attack, the reproduction though incomplete being true. The case is of interest in being traumatic. J. R. GILMOUR.

The Light Reflex studied in the same Patients during the Three Stages of General Paralysis [*Du réflexe lumineux étudié chez les mêmes malades aux trois périodes de la paralysie générale*]. (*Gaz. des Hôp., No.* 30, *March* 13*th*, 1902.) *Marandon de Montyel.*

The author observed 104 general paralytics, but only 30 of these passed through the three stages, the others dying either in the first or second stage; 750 successful observations were made altogether, from which the following important conclusions among others are made by the author. The light reflex is more often abnormal than normal, and the alteration is almost invariably in the sense of diminution. Diminution and abolition were about equally frequent, and mostly the same in the two eyes. Abnormality was found in about one fourth of the admissions. Certain differences in the frequency of abnormalities were found according to the form of general paralysis, and according to the apparent ætiology. In the first two stages of the disease the light reflex was more altered in cases exhibiting motor affection. No clear relation seems to have been observed between alterations of the light reflex and sensory affections, except that diminution of tactile sensation was associated generally with some abnormality of the light reflex or its abolition. While examination of the light reflex, by revealing frequent and early alterations, is useful in the diagnosis of doubtful cases of general paralysis, it is of no assistance in prognosis. H. J. MACEVOY.

The Accommodation Reflex (*Pupillary*) *studied in the same Patients during the Three Stages of General Paralysis* [*Le réflexe accommodateur étudié chez les mêmes malades aux trois périodes de la paralysie générale*]. (*Rev. de Psychiat., No.* 6, *Juin*, 1902.) *Marandon de Montyel.*

Dr. de Montyel gives the results of his investigations on the sixth of the reflexes which he undertook to study in general paralysis. The discrepancies noticed in the conclusions of many other observers are attributed to their studying patients in various stages; in all researches of this nature it is indispensable to follow the only method susceptible of furnishing data which may be compared with one another,—that is, following up and examining the same patients from the onset to the termination of the disease. Out of 104 cases of general paralysis this method was satisfactorily carried out in the case of thirty only, the others having succumbed either in the first or second stage; 680 satisfactory observations were made, and the results of these are carefully tabulated. The following are some of the author's general conclusions:—Accommodation is more often abnormal than normal in general paralysis; exaggeration of the reflex is rare; diminution is twenty-four times more frequent—abolition being slightly more common than simple diminution. The reaction is nearly always equal on the two sides; in a few rare cases one finds normal accommodation on one side and abolition on the other. In the early stage only does one find

normal accommodation more frequent than abnormal; but in the second, and more so in the third stage, abnormality is the rule. Abolition is commoner in the late stage. In more than a third of the remissions there was abnormality. Certain differences in the accommodation reflex are found in the various forms of the disease; it is more often and more profoundly altered with conditions of excitement. As regards the ætiology the reflex was always found abnormal in traumatic general paralysis; next in frequency (*i. e.* after abnormality of reflex) comes the alcoholic form. Alteration of the reflex is common with cases at the extreme ages of incidence of the disease (after fifty and below thirty). Accommodation was more often and more profoundly affected in the first two stages of general paralysis in proportion to the impairment of motor power. The investigation of the accommodation reflex on account of its frequent and early alterations may be helpful in the diagnosis of doubtful cases, but it affords no indication as to the slow or rapid evolution of the disease. H. J. MACEVOY.

Observations on General Paralysis at the Clinique of the University of Moscow [*La paralysie générale d'après les données de la clinique psychiatrique de l'Université de Moscou*]. (*Arch. de Neurol.*, *No.* 81, *Sept.*, 1902.) *Soukhanoff and Gannouchkine.*

Out of a total of 3916 cases of insanity (2493 male and 1423 female) observed at the Moscow Clinique for Mental Diseases between November, 1887, and January, 1901, there were 682 of general paralysis —590 men and 92 women; so that nearly 25 *per cent.* of the male and 6·57 *per cent.* of the female cases were general paralytics. The proportion is larger in recent years than in the earlier years of the foundation of the clinique. The greater number of cases in men were between thirty-six and forty years of age; in the case of women the commonest age is thirty-one to thirty-five years. The authors give notes of three cases of juvenile general paralysis. Various tables of classification dealing with occupation, nervous heredity, alcoholic inheritance, presence of syphilis, etc., are given, and the following are some of the authors' general conclusions:—General paralysis is uncommon or even rare in the case of farm labourers. The importance of heredity is great in the case of general paralysis, as in other psychoses or mental diseases. Syphilis was present in more than 75 *per cent.* of the cases, and in 90 *per cent.* of these there was an interval of from six to twenty years between the date of infection and the appearance of morbid symptoms. Alcoholism is of importance in the ætiology of general paralysis in men; in over 60 *per cent.* there is a marked history of abuse. The demented form of general paralysis was observed in half the male cases, the maniacal form being next in frequency. In women two thirds of the cases were of the demented type, and a quarter of the maniacal. The demented type was decidedly commoner in recent years. Concerning certain symptoms especially noted in general paralysis, the authors found that among men exaggeration of the knee-jerks was present in about half the cases, absence in one fifth; among women exaggeration was found in about 60 *per cent.*, and absence in 15 *per cent.*

As regards the state of the pupils, about one third of the total number of general paralytics presented equality of the pupils, and two thirds inequality; but in nearly four fifths the pupils were either inactive or presented a feeble reaction to light. Apoplectiform attacks were common, and epileptiform attacks rare. H. J. MACEVOY.

Biography of a Fixed Idea [*Biographie d'une idée fixe*]. *Observation of Casper.* (*Arch. de Neurol., No.* 76, *April*, 1902.) *Casper.*

This is the interesting account of a case, mostly the autobiography of the patient, relating the development of an idea of morbid blushing in a boy, which persisted for years, and finally apparently led to suicide, after the victim had at one time seriously contemplated blinding himself on account of his ereuthophobia. H. J. MACEVOY.

Notes of a Case of Hystero-Epilepsy with Distinct Crises, Spontaneous Ecchymoses, and Attacks of Hysterical Fever [*Note sur un Cas d'Hystéro-Épilepsie à Crises distinctes avec Ecchymoses spontanées et Accès de Fièvre hystérique*]. (*Arch. de Neurol., No.* 77, *May*, 1902.) *Multever.*

The case is that of a girl æt. 18 years, who was admitted into the Mulhouse Hospital on January 11th, 1899. She was illegitimate, and her family history was unknown. From the age of eight she had frequent convulsive attacks, occasionally preceded by an aura (visual), during which there was loss of consciousness, frequent biting of the tongue and lips, and injury to the head, and occasional involuntary micturition (no doubt *epileptic*). At the onset of menstruation she had some nervous disturbance. After admission two small bluish spots were noticed on the right knee; similar ones had apparently been present before, and others were observed on several occasions during her stay in hospital. They were painless, and usually disappeared in a few days. During her stay in the hospital she had several apparently typical epileptic attacks. She was treated with bromide of potassium.

On December 23rd, 1900, she was admitted for the second time. While out of hospital, with the exception of an interval of six months' freedom from fits, she had been about the same. On January 5th and the 13th she, however, developed two attacks, differing from the others in the character of the convulsive movements, and in the second she did not lose consciousness; it was followed by a febrile attack without apparent cause. On the 23rd a second attack of fever. During the next fortnight small, almost painless nodules, with redness of the skin over them, appeared on the arm, on the thigh, and on the calf (left side). On February 8th she had another typical epileptic attack, and three weeks later, after other hysterical symptoms, she had an hysterical fit with convulsions.

The interest of the case is especially in the association of true epilepsy with hysterical attacks—hystero-epileptic attacks appearing in

a girl the subject of epilepsy since infancy. The occurrence of the spontaneous ecchymoses and attacks of fever (the latter observed five times during her stay in hospital) without any obvious cause, and not apparently immediately related to the convulsive attacks, leaves no room for doubt that they were in reality hysterical manifestations.

H. J. MACEVOY.

General Paralysis in Twins [*Observation de paralysie générale gêmellaire homomorphe; délire des négations*]. (*Arch. de Neurol., No.* 77, *May*, 1902.) *Keraval and Raviart.*

A. D. Q— was admitted into Armentières Asylum, September 14th, 1888, at the age of 39. His early symptoms began apparently after the death of his wife about four months before; he was depressed, said he couldn't eat, that he was dead, left off working, and stayed in bed. On admission he presented all the signs of general paralysis of the melancholic type, with delusions of negation. The disease progressed rapidly, and he died in January, 1889.

J. V. Q—, his twin brother, was admitted on November 3rd, 1896, at the age of 47. Five months before he had "cerebral congestion," and became queer in his head; six weeks before admission he presented very definite symptoms of insanity; refused food, thought he was dead, and kept to his bed. On admission he was depressed, scarcely answered questions, often cried, and had marked delusions of negation ("all is lost," "it is no use eating," "he is dead," "has no legs," etc.). The physical signs of general paralysis soon appeared; he became more and more demented, and died in a condition of paralytic marasmus in May, 1899. (His *wife* died of general paralysis in January of the same year.) The most interesting part of this observation is the appearance of the same type of general paralysis in twins, without any definite cause, such as nervous heredity, alcoholism, syphilis. It was not folie à deux; the two brothers were married, and lived apart from each other, and the affection appeared in one eight years after the other. Of course, one must not lose sight of the fact that J. V. Q—'s wife died of the same disease, so that, perhaps, syphilis could not be excluded for certain. H. J. MACEVOY.

On Agrammatism following Inflammation of the Brain [*Ueber Agrammatismus als Folge von Herderkrankung*]. (*Zeits. f. Heilkunde, Heft* 2, 1902.) *Pick.*

In a reprint from this journal Professor Pick describes the case of a woman æt. 41 years, who after confinement showed symptoms of mental derangement. She was much excited and tore her clothes; speech was much disordered. When admitted to the clinique at Prague she was found to speak indistinctly, slurring over some consonants. The same deficiency was found in her writing, which scarcely recalled the words she was supposed to signify. She could understand reading, and what was said to her, though her intelligence was notably impaired. After a

short stay in the hospital she was discharged, but was brought back eight months after in a much worse condition. In her writing, both to dictation and spontaneously, she only reproduced a few letters, though she copied correctly. There was paresis of the right side. The mental power went on diminishing, and the speech getting more unintelligible, till she died of pneumonia ten months after admission.

On examination, there was found a distinct diminution in the lower portion of the second and third frontal gyri. This extended to the top of the left temporal lobe. There was also atrophy of the same parts on the right side, but less marked. The left hemisphere weighed 408, the right 430 grammes.

Microscopic examination showed degeneration of Broca's convolution and the whole temporal lobe on the left side. This was thought to be the sequel of acute encephalitis.

Dr. Pick observes that one cannot say whether the morbid process, which in the end involved the whole speech zone, affected the whole tract at once, or began with the temporal lobe, thence spreading to the frontal gyri. In the first case the paraphasia might be regarded as the first stage of the complete aphasia; in the second case it would be consonant with the view previously illustrated by Dr. Pick that agrammatism is the result of lesion of the temporal lobe. Déjérine and his school hold that agrammatism may be simply a stage in a degenerative affection of Broca's convolution. This view has been recently supported by Bernheim in his treatise *De l'Aphasie motrice* 1901. On the other hand, Pick assures us that he has studied the whole literature on the subject, and has constantly found that this affection of speech is associated with lesions of the temporal lobe. This holds good even with the cases cited by Bernheim. In no clinical cases is the possibility of the implication of the temporal lobe excluded, and in all the cases which came to examination after death the temporal lobe was found to be involved. Pick remarks that the independence of thought from words is now admitted even by some philologists, and he quotes the recent treatise on *The Psychology of Thinking*, by Benno Erdmann, that the real conception which is intertwined with words in formulated thought is not produced, but only indicated through speech.

WILLIAM W. IRELAND.

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5. Pathology of Insanity.

The Pathology and Pathogenesis of the Acute Confusional Psychoses [*Studi sull' Anatomia Patologica e la Patogenesi delle Psicosi Acute Confusional*]. (*Riv. di Pat. Nerv. e Ment., July*, 1902.) *Camia, M.*

This number is wholly occupied by a paper on this condition. The author has already in previous numbers described seven cases, and he now records fourteen others, in addition to which he has collected from various sources over fifty cases.

Dr. Camia tabulates the various alterations in the nerve-cells in the nerve-fibres both in the brain and cord, and also the chief alterations noted in the organs throughout the body. Certain of the cases without complications presented a picture with slight alterations of the chromatic