

also been responsible for "Convulsive Hysterics," in the *Medical Correspondence* of Madrid (24th February), "Infectious Insanities" (8th May), "Lucid Insanity" (24th October), "Hedonal in certain Forms of Mental Diseases," in *North Medical Gazette* (January), and "Fatal Hemicrania" (May).

New asylums have been constructed at Reus (Catalonia) and Pamplona (Nowarra). In Barcelona the Holy Cross Hospital, the most ancient beneficial institution, founded in the year 1400, has now its lunatic asylum at St. Andrew, one of the suburbs of the great capital. It has been provided with some of the most modern improvements, such as dormitories for the bed treatment of the agitated and maniacal cases, and rooms for the *photo-therapeutic* treatment in certain forms of insanity. Dr. Sivilla, head physician, neglects nothing that can conduce to the well-being and health of his patients. He has advocated with great zeal and strength the open-door system, and is gallantly fighting against an administration which desires no improvement on the old system, which dates from 1850.

The Clinical Hospital of Barcelona, now being completed, will be the seat of a psychiatric clinic. Dr. Giné, of Partagas, a most venerable figure of the speciality and *doyen* of the faculty, is appointed professor. If this proves a success, it will be the first serious attempt to teach psychiatry in Spain.

Epitome of Current Literature.

1. Neurology.

The Plantar Reflexes [*Riflesso plantare: fenomeno di Babinski e riflesso antagonistico di Schaefer*]. (*Ann. di neur., fasc. i, 1902.*) Capriati, V.

In this paper the author discusses at some length the nature and relationships of the various reflexes which have been described in the foot. There are at present very marked differences of opinion among the various authorities as to the value and pathological significance of these reflexes.

The author considers that the normal plantar reflex can be represented by different movements in different subjects, and that the opinion of those who would limit this reflex to the movement of flexion in the toes is sometimes in contrast with the facts.

The method indicated by Schaefer does not produce anything characteristic; normally it does not give rise to a reflex. In morbid conditions, acting as a painful stimulus, it may sometimes produce Babinski's phenomenon, which is a plantar reflex, and which should not be considered as anything different.

J. R. GILMOUR.

Clinical and Histological Facts in Relation to the Softenings surrounding Cerebral Tumours [*Fatti clinici ed istologici in rapporto ai ram-mollimenti che ciscondario certi tumori cerebrali*]. (*Riv. di Pat. nerv. e ment.*, January, 1902.) Pellizzi, G. B.

The author describes a case and the pathological appearances found after death, and bases upon it some considerations regarding cerebral tumours. The patient for years had suffered from a monoplegia affecting the one arm, and was also subject to attacks of epilepsy. There was no headache, no vomiting, no disturbance of vision, and no weakening of the intellect. Twenty-five years after the beginning of these symptoms dementia supervened. At the autopsy, a tumour about the size of a small hen's egg was found in the middle of the right Rolandic region in correspondence with the posterior third of the frontal lobe. The tumour was an endothelioma, rich in cells probably of a sarcomatous nature, and without any nervous elements. The author points out the complete absence for twenty-five years of any mental symptoms is in complete accord with the theory of Bianchi, the unilateral nature of the lesion and the extraordinary slowness of its development giving time for compensation. An examination of the contents of the softening showed that the vessels remained normal; the nerve-fibres were very markedly altered, and the nerve-cells were reduced in number. The permanence of any cortical nerve elements was due to the slowly progressive interruption from the gradual compression and to the absence of any inflammatory process. The softening that surrounds tumours has been attributed by some to the compression of the small vessels, or to a superadded obliterative arteritis caused by syphilis or tubercle, the degeneration of the nervous elements following this. The author regards the extension of the softening to have been caused, not by the pressure of the tumour itself, but rather by pressure of fluid surrounding it. This produces in some cases an increase of tension, to which the white matter cannot offer sufficient resistive power, and hence the degeneration. J. R. GILMOUR.

2. Physiological Psychology.

Theory of Obsession [*Sur la théorie de l'obsession*]. (*Arch. de Neur.*, No. 76, April, 1902.) Arnaud.

In the discussion of obsession the point at issue has been especially the relative importance of the intellectual and the emotional element. Recent experiments apparently establish that organic modifications (muscular or vaso-motor) are anterior to the affective state, and therefore to the idea, and not consecutive.

Arnaud is satisfied with neither the intellectual nor the physiological (peripheral) theory of emotion. It is strongly in favour of the former that an idea becomes obsessive only when there is some mental alteration present; but, on the other hand, there is no fixed relation between the importance of the obsessive idea (as regards possible consequences) and the intensity of the anguish present, and the evolution of the