

ingly great even in idiots of low grade. Most of his observations have been made upon imbeciles, not upon idiots of a low class, who often present interesting features, but naturally are not easily experimented upon with his reaction keys, kymographs, pendulums, metronomes, and other bewildering apparatus from a psychological laboratory. He has given us a detailed description of the mental history and attainments of nine cases of idiocy, some of them too carefully posed to be characteristic. The author has used praiseworthy diligence in compiling his results and computing his averages. He presents at the end a very full collection of the recent literature of the subject, which will be most useful to those who seek to follow in his footsteps.

WILLIAM W. IRELAND.

Studies on the Defects of Perception [Studien über Merksdefekte].
(*Monatss. f. Psychiat.*, Feb., 1905.) *Boldt.*

In making these investigations, Boldt has availed himself of the methods used by Ransburgh, described in the ninth volume of the *Monatsschrift*. He has arranged his inquiries under seven heads: first he applied tests to the memory of heard words, in the second to the recollection of persons, in the third to that of colours, in the fourth to the position of figures, in the fifth to the memory of isolated words, in the sixth to that of names, and in the last to the recollection of numbers. Dr. Boldt experimented with forty persons, thirty-five of whom were insane patients, comprising general paralytics, senile dementers, cases of brain disease, alcoholic and epileptic dementia and imbecility. Dr. Boldt observes that the faculty of memory depends on perception and reproduction. The first step is to ascertain if the patient is able or willing for the necessary attention, and then if he has reached the correct apprehension of what is to be remembered. In normal persons the exercise of memory seemed to improve the answers received. Next day, with the patients contrary results were obtained. Where the mental capacity was but little impaired the greatest defects of memory were found in cases of insanity following drunkenness. One patient had the form of insanity described by Korsakoff, in which aberrations of memory is the most prominent symptom. Instances in which the loss of memory surpasses other mental symptoms are not common. The deepest impairments of memory were found in general paralysis, senile insanity, and arterio-sclerotic degeneration. In the single imbecile examined, a lad æt. 15, the memory was good, though there was a grave deficiency in the intellectual capacity. Dr. Boldt finishes his paper by presenting, in a tabular form, the outcome of his thirty-five patients as to their capacity for recollecting and keeping in memory the exercises used under his seven heads.

WILLIAM W. IRELAND.

2. Etiology of Insanity.

The Relation of Tertiary Syphilis to Tabes and General Paralysis [Ueber die Beziehungen der tertiären Syphilis zur Tabes Dorsalis und Paralysis Progressiva]. (*Neurol. Cbl.*, Feb. 1st, 1905.) *Hudovernig und Guszman.*

Although most physicians who have studied the question are satis-

fied that tabes is of luetic origin, there are others who are still much dissatisfied with the evidence and oppose statistics of their own to those of Fournier and Erb. Gläser found that amongst 759 persons infected with syphilis there was only one case of tabes, another in which it was suspected, and a third of spinal paralysis. In these 759 patients there were six cases of general paralysis. Matthes found in the medical clinique of Jena records of 568 cases of secondary and 130 cases of tertiary syphilis. Of these 160 persons were already dead. By diligent inquiries he so far succeeded in following the rest that he ascertained the proportion of these luetic patients who became victims to tabes to be no more than 2 *per cent.* with the men and 3.5 with the women.

In this state of the controversy, Drs. Hudovernig and Guszman determined to take advantage of the extensive material in the dermatological clinique attached to the University of Buda-Pesth to make a searching inquiry into the neuropathic sequelæ of syphilis. Rejecting all doubtful cases, they obtained information regarding fifty cases in which tertiary symptoms were noted. They accepted Mauriac's estimate that from 5 to 20 *per cent.* of syphilitic patients pass into the tertiary stage.

All these tertiary cases had suffered from syphilis for at least three years. Twenty-four of them were men and 26 were women, in age varying from 24 to 64 years; 23 of them had never had antiluetic treatment, in 15 the treatment was imperfect, in 6 it was more careful, and in only 6 it was thorough. Of these 50 patients there was hereditary tendency and nervous affections in 36 *per cent.*, the incidence of tabes and general paralysis reached 59 *per cent.*, while of the 64 *per cent.* who had no such proclivity only 41 *per cent.* were so affected.

The result of the whole inquiry is summed up in the following table :

Nervous system unaffected in 22 patients	. . . . .	<i>i.e.</i> 44 <i>per cent.</i>
Combined symptoms of :		
Spinal disease in 1 patient	. . . . .	2 "
Suspected cases in 4 patients	. . . . .	8 "
Tabes dorsalis in 12 patients	. . . . .	24 "
General paralysis in 7 patients	. . . . .	14 "
Tabo-paralysis in 4 patients	. . . . .	8 "

The authors consider that these statistics leave no doubt of the intimate connection between syphilis, tabes dorsalis, and general paralysis. But whether syphilitic infection be the sole cause of these two nervous affections, or whether they be distinct diseases or special manifestations of the luetic poison, are questions which cannot at present be decided. It is clear from their observations that heredity plays an important part as a predisposing cause. WILLIAM W. IRELAND.

Syphilis and General Paralysis. [*Prog. Med.*, April 29th, 1905].
Christian.

This short communication deserves the widest possible circle of readers. It is a protest against the doctrine, now in danger of being raised to the level of a dogma, that general paralysis is a syphilitic affection. This teaching has recently been enforced by the utterances of Professor Fournier at the Academy of Medicine. But Dr. Christian asks for proof. Very pertinently he urges that inasmuch as the partisans of this view rely upon statistics, what becomes of that percentage of

cases of general paralysis in which investigation finds no history of syphilis; and this percentage exists. These exceptions moreover resemble in every respect those other cases in which the syphilitic taint is declared. Syphilis, then, can not be the only cause. Further, what are we to say about cases such as this, which Professor Fournier brings forward, and which describe the contraction of syphilis by a young man, his subsequent thorough medical treatment, his marriage five years later, the persistence of excellent health in himself, and in his wife and children, no taint appearing in these. Such an one after ten years develops general paralysis. Is syphilis, then, incurable? and is this apparent good health a mask? and, in the words of the comedy, must we hold that "cette grande santé est à craindre"? It is a maxim of his student days, Dr. Christian tells us, that "naturam morborum ostendunt curationes," but how does this apply to general paralysis? Admittedly, even for those who hold most strongly to the syphilitic theory, general paralysis is entirely refractory to syphilitic treatment. To meet this *impasse* we are now, on the strength of theory alone, to substitute preventive for curative methods, and henceforward the syphilitic is to be subjected during a period of some ten years to a series of vigorous mercurial courses of treatment—he must be mercurialised and re-mercurialised, and again mercurialised.

And what of the mental condition of the patient who has this sword hanging over his head through these long years? Shall we not look to see an alarming increase in the number of syphilophobes, hypochondriacs, neurasthenics, and even suicides?

HARRINGTON SAINSBURY.

On the Nature of Katatonic Symptoms [*Die Natur des Katatonischen Symptomkomplexes*]. (*Cbl. f. Nervenheilkunde u. Psychiat.*, April 15th, 1905.) *Lunberg*.

Dr. Lunberg lays down from the outset that katatonic symptoms are most frequently met with in cases of dementia præcox. They also occur in idiots, epileptics, and paralytics. He considers that these symptoms may depend upon auto-intoxication following upon insufficient or perverted function of certain glandular organs. He thinks that he can discern a connection between tetanic, epileptic, clonic, and tonic spasms, and that they are the result of disease of the *glandule parathyroideæ*. Dr. Lunberg believes that the function of these little glands is to regulate the neuro-muscular activity. The thyroid glands, on the other hand, have to do with the psychic and certain other conditions, and they are in a measure regulators of mental activity. He rests these opinions upon the experiments of Blum upon dogs deprived of the thyroid. Blum thinks that the toxic matter which the thyroid removes from the circulation comes from the decomposition of the albumen in the intestinal canal. Dogs fed upon milk lived longer after extirpation of the thyroid than dogs fed upon flesh. These animals showed decided psychical symptoms. They were indifferent, stupid, and wandered aimlessly about, seemed to have hallucinations, snapped at the empty air, and pushed against one another. They all died of exhaustion, some in the *status epilepticus*. It appears from the experi-

LII.

II

mental studies of Berger that a small quantity of blood-serum taken from a patient with katatony and injected into the occipital lobe of a dog may be followed by clonic muscular spasms in different parts of the body, also by apathy and other katatonic symptoms. It appears to Lumberg that from the experiment, as well as from several others made by Berger, we have here a poison produced within the economy which may be the cause of katatonic symptoms and muscular spasms, and that this condition is dependent upon disease of the thyroid and parathyroid glands.

WILLIAM W. IRELAND.

3. Clinical Psychiatry and Neurology.

On the Diagnosis and Symptoms of Cretinism. [*Beitrag zur Diagnose und Lehre vom Cretinismus unter besondere Berucksichtigung der Differential Diagnose mit anderen Formen von Zwergwuchs und Schwachsinn.*] Bayon, G. P. (Wurzburg, 1903, pp. 120.)

In this little treatise, Dr. Bayon describes his own inquiries into cretinism, adding an admirable summary of our present knowledge upon this interesting subject. He informs us that the first clear mention of cretinism in its connection with goitre is given by Paracelsus in the beginning of the sixteenth century. Bayon complains that some writers still repeat Virchow's theory that cretinism depends upon an early synostosis of the sphenobasilar bone, which has been years ago shown to be erroneous. Though this malady has attracted many able observers, we have not yet reached a knowledge of its specific cause. Dr. Bayon thinks that it may be due to bacteria. He observes that goitre occasionally comes in epidemics which rise suddenly and disappear quickly. That goitre may be caused by drinking water from certain springs is a belief very widely diffused. Dr. Bayon quotes Thieme that in Manebach near Ilmenau cretinism was endemic. They traced the cause to a source which they called the goitre spring (Kropfbrunnen), which being put out of use there were no more cretins, though there were still some cases of goitre. One thing is now established: cretinism (Athyreosis or Hypothyreosis) is the result of disease or deficiency of the thyroid gland. Thus, in endemic cretinism, goitre is the first stage; in sporadic cretinism, the gland is wanting; in myxœdema, its function is impaired. He considers that the thyroid has a regulating action upon the metabolism of the body, which is impaired by the loss of the gland and promoted by giving doses of the thyroid taken from animals.

The endemic goitre generally has the character of a struma cystica hæmorrhagica or parenchymatosa. Bayon has learned through correspondence that the Kabyles decorate goitres by tattooing, and in the West Indies, they adorn them with medals and bright-coloured silk ribbons as if the tumour was something to be admired.

Bayon graphically describes the symptoms of cretinism—the broad grotesque appearance owing to the short nose, low forehead, thick eyelids, and the general infiltration of the skin, which is of a pale yellow hue. The perspiration is generally small; the development of the skeleton is slow and incomplete. This is well illustrated by two radio-