

groups of symptoms and varieties of disease is greatly puzzled when he seeks for definitions of the psychoses and finds no one ready to give him what he wants. Fagge was a precise thinker, and having no intimate personal experience of insanity he made a *précis* of what had been written and what was comprehensible to him, so that instead of being dissatisfied we should take it for granted that in this book is represented what an outsider thinks of us and of our speciality, and if this is not flattering we must look to ourselves.

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 Handbook of Clinical Psychiatry.

This is the third edition of the work on Clinical Psychiatry, or Pathology and Therapeutics of the Insane, in the series edited by Prof. v. Ziemssen. We have in a former number of the Journal reviewed at some length Dr. Schüle's "Manual of Mental Diseases," and if we were disposed to criticise its style as too flowery for a treatise of this kind, we did not fail to recognise its substantial merit. The present work is really a new book, although a revised and adapted edition of the "Manual of Mental Diseases" above mentioned. We consider that the treatment of the subject, upon which the author has evidently bestowed much labour, is worthy of the reputation which he deservedly enjoys, not only on the Continent, but in this country.

As the classification of mental diseases is occupying fresh attention at the present moment from the action taken by the late Antwerp Congress of Mental Medicine, with a view to obtain an international *consensus* on the subject, we shall reproduce that adopted by Schüle.

I. Psychoses of complete organo-psychical development.

1. Psychoses of the healthy brain (Psycho-neuroses in a restricted sense).

(a). Melancholia }
(b). Mania (partial) } with secondary forms.

2. Psychoses of the feeble brain (Cerebro-psychoses).

(a). The severe forms of Mania : Furor, Mania gravis.
(b). Insanity in its acute, chronic, and attonic forms.

- (c). Acute primary dementia. Variety, stupor with hallucinations.
- (d). Hysterical, epileptic, and hypochondriacal insanity. Varieties: (a) Periodical circular and alternating Psychoses; (b) mental disorders following non-cerebral bodily affections (febrile, puerperal, &c.), together with those from intoxication.
- 3. Pernicious conditions of brain-exhaustion.
 - (a). Acute brain-exhaustion of a dangerous character. Acute Delirium.
 - (b). Chronic brain-exhaustion of a destructive character (Degeneration)—the classical General Paralysis.
- 4. Psychological cerebral disorders. Psychoses following sub-acute and chronic organic affections of the brain (diffuse and local)—modified General Paralysis.
- II. Psychoses of defective organo-psychical constitution.
 - (a). Hereditary neuroses. Variety, transitory psychoses.
 - (b). Simple hereditary insanity—the insanity of imperative conceptions (*Maladie du doute et du toucher*). Variety, litigation insanity (*Querulantenwahn-sinn*).
 - (c). Delusional Insanity (original *Verrücktheit*).
 - (d). Degenerative hereditary insanity—moral insanity.
 - (e). Idiocy.

Melancholia comes first in order of description, and the analysis of the symptoms, the disorder of the feelings and will, the main types, the sensory hallucinations, the vaso-motor, trophic, digestive, and respiratory derangements, &c., are enumerated. The treatment follows. Paraldehyde is favourably regarded, having the merit of safety, even with long use. The author begins with 45 grains, and increases the dose, if needful, to 90 and 120 grains, the larger dose being often divided into two portions, 60 grains at bedtime and 30 grains in the night. Our own experience confirms this proceeding. The disappointment some experience in its use arises chiefly from using a stale article; it is necessary to make it up frequently. Schüle prefers paraldehyde to 15 to 30 grains of chloral, for although the latter may be more powerful, its prolonged use paralyses the vessels. In old feeble melancholiacs with weak heart, camphor is found to be a valuable hypnotic. As in very acute cases sleep at night is not enough, and brain-rest in the day must be ensured at any price, opium or morphia as the great,

cerebral sedative, and bromide as the spinal sedative, are administered. Opium is declared to be the "König der Heilmittel," commencing with 12 to 15 minims of the tincture,* given very early in the morning. A second dose is administered at bedtime, and if indicated a third or even a fourth is given in the twenty-four hours according to the painful intensity of the daily exacerbations. Stress is laid upon the necessity of giving sedatives before the accession of a paroxysm, in order to ensure safe and effectual treatment. Experience shows that a small dose administered at the *right* time is much more effective than a large one at the *wrong* time, *i.e.*, at the height of the paroxysm. It is a mistake to rest contented with having produced quiet once, for this must be followed up with continuous effect. If the foregoing doses are not sufficient, they must be increased by 5 or 10 minims as required, rising to 50, 60, 80, or even 100 minims of the tincture, without any inconvenience beyond constipation, which is easily relieved. "The object of treatment is ever the greatest possible cerebral rest; temporary diminution or removal of the depressed feelings; toning down the thoughts, so that the supremacy of the one idea becomes relaxed, and the normal state of the perceptions is restored. But this must be continuously carried out, if the wounded nerves are to be healed. The skilful opium-rest is the plaster-of-Paris band of the disordered nerves. According to our experience, in the *methodical* application of the opium treatment lies at once its secret and utility" (p. 42). Continuous injections of morphia are favoured by our author, especially in recent cases of melancholia agitata, the indications being the necessity for prompt action, neuralgia, and the opposition of the patient to taking medicine. Cases of paroxysmal anguish are especially benefited by morphia-injection. Special indications are here particularly needful, and the application must be made as early on, in the case as possible. He begins with $\frac{1}{8}$ of a grain of morphia, increases the dose to gr. i, or even higher, and has seen very satisfactory results therefrom. Bromide ("the spinal opiate") is valuable in cases in which neurasthenia is the basis of melancholia, or sexual excitement is suspected, as well as in hypochondriacal and hysterical melancholia.

In regard to forced alimentation, Schüle's motto is excellent—"better too early than too late."

* The strength of the German tincture is one grain in ten drops.

Dr. Schüle proceeds to briefly describe the varieties, viz., Passive and Hypochondriacal Melancholia, Raptus Melancholicus, Melancholia Agitata, Chronic and Senile Melancholia, and Melancholia Attonita. To this we shall return under another head. Mania is fully described. In its treatment the author prescribes baths, prolonged and for a short time, with ice to the head, wine being given during and after the bath as well as rubbing and rest in bed. "*Man vermeide Kopfdouchen!*" Bleeding is forbidden, but a couple of leeches behind the ear are sometimes found useful. The wet pack has in many cases been found very useful with ice on the head, and cold ablution afterwards with friction. This course is repeated daily. Digitalis and ergotin are favourites in cases of violent excitement, while for hypnotics, paraldehyde, chloral, beer, bath at bedtime—a cold one being found of the greatest service in inducing rest and sleep—the bromides, and opium. Hyoscyamin is approved of in grave forms of mania. Dr. Schüle begins with a dose (for women) of not more than $\frac{1}{12}$ of a grain, increasing it to gr. $\frac{1}{8}$ or gr. $\frac{1}{6}$. With men he begins with $\frac{1}{8}$ of a grain and goes up to gr. $\frac{1}{4}$ and gr. $\frac{1}{2}$, with due caution, one dose in the day being sufficient; he finds the drug more potent if administered by the mouth than subcutaneously.

There are given as clinical varieties of mania: mania mitis, gravis, and chronic.

Conditions of mental weakness follow, these being either congenital or acquired. Anergic, erethismic, or torpid and excited forms are given. The torpid variety is subdivided into the intellectual, the emotional, and the psycho-motor, in which acts are performed with an entire absence of forethought or consideration of the consequences. Mental weakness with excitement is similarly divided, and although the opposite of the preceding, is in reality analogous in its result.

True dementia receives separate notice in its apathetic and "versatile" phases, but we pass over these and some other forms to mark the minute divisions of acute hallucinations, of which there are no less than seven types: (a) the acute and peracute form of exaltation (catamenial); (b) sub-acute maniacal megalomania; (c) acute and sub-acute persecution-mania; (d) the double form of depression and excitement; (e) acute uniformly depressed-expansive state; (f) acute hypochondriacal insanity; (g) sub-acute cerebro-spinal insanity.

Then follows attonic insanity—katatonia. This, a form of insanity which can hardly be said to be recognised in England under that name, is defined by Schüle as a special form of mania with acute hallucinations, the essential element of which is motor tension, sometimes continuous, at others somewhat intermittent, the perception of external objects being more or less shut out by overpowering hallucinations. The motor rigidity may retain the physiognomic character which represents a delusion, *e.g.*, the attitude of crucifixion; or it may be purely organic without taking any intelligent form, having a cataleptoid or tetanoid character. The mental condition may accordingly remain either continuously in the dream stage of acute delusional insanity or else sink down to the level of actual temporary mindlessness or stupor without hallucinations. From both phases complete recovery may take place. In the latter the patient passes through a peculiar stage of weakmindedness with occasional katatonic recurrences. The course is cyclic, accompanied by vaso-motor changes, and is marked by exaltation, depression, and rigidity. The several types of katatonia may be diagnosed according to the underlying mental state, according as they are expansive, depressive, or hysterical.

From these divisions we are afresh reminded that German psychologists carry the analyses of mental symptoms to a much greater pitch of refinement than the English school does. It must not be forgotten that many of these distinctions, while representing genuine clinical states, are, to a large extent, but phases of the same essential disorder.

(*To be Continued*).

De l'Alcoolisme et de ses diverses Manifestations, considérées au point de vue physiologique, pathologique, clinique, et médico-légal. Par Dr. F. LENTZ, Médecin Directeur de l'asile d'aliénés de l'État à Tournai. Bruxelles, 1884.

This is the work of a careful observer, a clear thinker, and an able writer. It extends to nearly 600 pages, and treats of Alcoholism in all its ramifications. The author deals in general considerations on the physiological action of alcoholic drinks upon digestion, circulation, the heat of the body, respiration, the blood, the kidneys, and the nervous system. He acknowledges that this last is the most difficult to deter-