

some and dangerous are confined at home or in the prisons or in the monasteries attached to the mosques. Many are shot by neighbors.

4. *Physiology of Sleep*.—The authors conclude that there exists in the cerebral plasma, the blood, and above all the cerebrospinal fluid of dogs deprived of sleep a hypnotoxic property, disappearing on heating to 65°, which provokes an imperious need for sleep and corresponding cellular alterations localized in the large pyramidal and polymorphous cells of the frontal lobe.

WHITE.

### Review of Neurology and Psychiatry

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1. The Form and Content of the Psychosis; the Rôle of Psychoanalysis in Psychiatry. C. MACFIE CAMPBELL.

2. Epidural Ascending Spinal Paralysis. WILLIAM G. SPILLER.

1. *The Form and Content of the Psychosis*.—It is practically impossible to make a good abstract of this article. It should be read in its entirety. Five cases representative of several types or groups of psychoses, are reported, to illustrate especially that the principles of Freud, formulated by him on the basis of his study of the psychoneuroses, are of value in demonstrating this line of investigation, and of wide application in general psychiatry. The cases analyzed do not present any formulation of results. It is urged by the writer that the popular method of formal differentiation in the study of mental disorders gives only a partial picture of the disorder, and must be supplemented by the method of subjective analysis. The principle of this latter method is a simple one; it amounts to this: "One cannot claim to have thoroughly examined a patient with a mental disorder until one has a complete knowledge, not only of his conscious trends, but also of the subtle underlying forces which are apt to influence mood, and thought, and activity without the individual being clearly conscious of the process." The necessity of such an intimate examination of the patient's inner life appears to be clearly indicated in certain disorders (first group), where mental dissociation plays an important rôle. In such cases the method of examination itself is claimed to be the most efficient part of the treatment. This claim is repudiated by others. The value of this form of investigation is recognized in a second very wide group of mental disorders characterized by a deterioration of healthy interests, a distortion of the mental life, bizarre thoughts and apparently meaningless reactions, and a series of special symptoms (not specified in detail). In this group of disorders, the great defect of the school of formal differentiation is shown. There is a third group in which hardly a beginning has been made in the direction of testing its applicability. The case reported by Jones, of Toronto, in the *American Journal of Insanity*, October, 1910, is illustrative of this group. Jones succeeded in showing that many of the peculiar actions and utterances of the patient were far from being meaningless; they were the expression of deep-seated and disturbing factors in the patient's life. Some of these factors are brought out by Dr. Campbell in the analysis of his cases and he also shows how complicated these disturbing forces may be. The cases belonging to this group present anomalous symptoms. The presence of an emotional factor may not in itself point to any special type of disorder; but the mode in which it is reacted to and

elaborated is what gives to the various types of disorder their special significance. Too much weight may be laid upon a mere demonstration of the presence of certain complexes, and insufficient weight laid upon the reaction to and elaboration of these complexes, which elaboration depends upon those balancing factors in the individual's life, the harmony of which means good mental equilibrium.

2. *Epidural Ascending Spinal Paralysis*.—Spiller reports two cases, one of which at least is apparently unique. In the first case the degeneration of the lateral columns was intense and the paralysis spastic. In the second the degeneration of the lateral columns was slight and the paralysis of the lower limbs flaccid. The lumbar roots were somewhat implicated in the first case and markedly so in the second. The difficulties of clinical diagnosis in these cases of epidural origin is dwelt upon. The first patient, a man of 42, blind from the age of three, presented numbness in the toes, extending later to the knees and showing tenderness in the legs, pain in the lumbar region, and still later nocturnal incontinence of urine, exaggerated reflexes and spasticity in the lower limbs, with preservation of sensibility. There was gangrene of the right hand. The man was unable to walk but could extend his limbs. An intense degeneration was found in the peripheral portions of the cord in the mid-thoracic region, associated with degeneration of the anterior horns of the cervical and lumbar regions and crossed pyramidal tracts and columns of Goll. There was an external spinal pachymeningitis. The external surface of the spinal dura on the ventral aspect was found firmly adherent to the bodies of the vertebrae throughout the spinal cord. The ulnar and peroneal nerves showed a fibrous degeneration and overgrowth. The second patient was a man of 37 who showed on autopsy an epidural sarcoma with some resemblance to endothelioma. The sarcoma was found on the posterior external aspect of the dura, extending from the sacral to the cervical region. Permission had been obtained only for removal of the cord. At the level of the tenth thoracic vertebra, an abscess cavity, spherical, 2 cm. in diameter, containing thick creamy pus, was encountered, and thick creamy pus was found extending throughout the length of the spinal canal, moderately adherent to but not penetrating the dura. Moderate secondary degeneration of the crossed pyramidal tracts and of the lateral periphery of the cord was found. The clinical history had been as follows: Pleuropneumonia in October, 1909, left this patient in ill health. He lost 50 pounds in flesh from November, 1909, to February, 1910, when he died. In the early part of November he began to have pain in the back of the legs and in many of the muscles, and stiffness in the back. The pain gradually disappeared but he became progressively weaker, and a flaccid palsy of the legs set in. The patellar reflexes were weak but obtainable. There were present a double ankle clonus and double extensor plantar response. The abdominal and cremasteric reflexes were lost. There was no atrophy nor marked sensory loss. The control of the bowels was lost, and the man had to be catheterized. The lumbar and thoracic vertebrae were tender to pressure as far as the midthoracic region. The left hand became progressively paralyzed and the right hand weak. The left upper limb showed hypotonicity. The biceps tendon reflex on both sides was exaggerated. All sensations were preserved. The cranial nerves were not affected. The patient died of pulmonary edema. A photograph of the tumor accompanies the paper.

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