

orientation; that is to say, a confusional state, frequently hallucinatory. The reason of this is owing in great part to the existence of mixed states; forms intermediate between the two types. Maniacal incoherence and confusional incoherence have been for a long time confounded. It would appear to be well established to-day that pure mania consists in a simple agitation with pseudo-incoherence; that is to say, superabundance or flight of ideas, and that mental confusion, true incoherence, is a disorder, an essential chaos of thought not due to a superactivity at all.

2. *Alienation in Trypanosomiasis*.—The author has observed six cases of mental alienation in sixty cases of sleeping sickness. The most frequent mental symptoms are confusion with incoherence and sometimes a furious delirium. Cases are sometimes seen with ideas of grandeur and a form with delusions of persecution has also been observed. All cases of mental alienation on the west coast of Africa should be examined for the *Trypanosoma Gambiense*.

3. *Hypothermia in Epileptics*.—Report of two cases of subnormal temperature in epileptics. In one case the temperature fell to 26° C. the day before death; in the other to 25.8° C. the day of death.

4. *Congress of Legal Medicine*.—A short report of the papers which will not bear further abstraction. The discussions were largely in relation to the question of attenuated responsibility.

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1. Atypical Paresis. P. NAECKE.
2. Influence of Meteorological Phenomena upon Epileptics. K. HALBEY.
3. The Family Care of the Insane in the City of Leipzig. H. MUELLER.
4. Mental Disturbances in Lepers. J. MOREIRA.

1. *Atypical Paresis*.—General paresis is in many respects a protean disease and many cases come under observation in which the diagnosis remains uncertain unless cleared up by the autopsy. Since the introduction of the Wassermann test we are provided with an additional diagnostic criterion, though the author is not willing to subscribe unqualifiedly to the dictum of Plaut "without previous syphilis no paresis" and thinks especially that in some cases following severe trauma there develops a condition which clinically at any rate cannot be distinguished from general paresis. While by far the most important cause is syphilis we cannot deny the activity of other causes, both endogenic and exogenic. Hereditary predisposition to nervous disease the author thinks is far more frequently present than has been generally admitted. As atypical paresis he considers such cases as differ from the usual picture in somatic or psychic symptoms, or in both, to such an extent as to make a diagnosis difficult or impossible. He divides these cases into: (1) Cases which closely resemble general paresis, but as shown both by serodiagnosis and by histological findings, are not instances of this disease; (2) cases which show resemblance to general paresis, but are so variable that without serum tests the diagnosis may waver to the last. This is the largest group and contains the whole class of pseudo-pareses. (3) The cases which run their course under some entirely different diagnosis until more or less certainly shown to be general paresis either through serodiagnosis or on the post-mortem table.

As examples of atypical general paresis he gives at some length the histories of five cases, three of which belong to the second, the other two to the third class.

The first case while at the start presenting both somatic and psychical symptoms suggestive of general paresis, showed so many of the symptoms of katatonia that the diagnosis remained in doubt almost to the end (it was observed before the day of the Wassermann reaction). In addition there was persistent hallucinosis. The anatomical examination, post-mortem, showed, however, the characteristic lesions of general paresis.

The second case is of special interest as occurring in a deaf-mute under preponderant hallucinations. The autopsy in this case also disclosed the characteristic changes of paresis.

The third case is of interest as an instance of a traumatic psychosis—coming on after a fall on the head—in which though the symptoms at no time suggested general paresis and even the gross anatomical changes did not speak for this disease, the microscopic examination disclosed the changes regarded by Alzheimer as characteristic of it.

The fourth case in some respects resembled the third, the symptoms having come on shortly after a fall in which the head was wounded, though not severely. At the start there was tremor speech disturbance, inequality and sluggish reaction of the pupils, exaggerated patellar reflexes, Romberg, some exalted ideas, disorientation, etc., and the diagnosis of paresis seemed little doubtful. The picture then changed, so that at the time of his admission to Hubertusberg the mental symptoms in connection with some atheroma of the superficial arteries and signs of rather premature decay were thought to indicate a senile or presenile psychosis. There was no microscopical examination of the brain, but the gross changes were those of a chronic meningo-encephalitis. It is remarkable that though on account of the atheroma of the surface vessels the brain changes had been thought to be dependent upon arteriosclerosis, the cerebral vessels were free from atheroma.

The fifth case showed a preponderance of hallucinations and was diagnosed as hallucinatory paranoia, in the absence of a history of syphilis, the symptoms at no time suggesting general paresis. In this again there was neither serum diagnosis nor microscopical examination of the brain. The gross anatomical findings, however, scarcely admit of any other diagnosis than that of general paresis. The subject is exhaustively treated and by those specially interested should be consulted in the original.

2. *The Influence of Meteorological Phenomena upon Epileptics.*—The influence of weather conditions upon people in general being well grounded in the popular mind and being sustained by actual observations the author had the idea of studying the relation, if any, which the number of attacks of epileptics bore to weather conditions. For his observations he selected ten male epileptic inmates of the Ückermunde Asylum.

At this institution a weather station is maintained, at which a daily observation of maximum and minimum temperatures, barometric pressure, precipitation, etc., are recorded. Eight of the patients selected had been a long time in the institution, two entered during the year. They were kept under the usual regime, only two having continued bromide medication. His conclusions are as follows: (1) The composition of the air, temperature, light hours, sunshine or cloudiness, humidity and precipitation have no influence in the production of epileptic attacks. (2) Variations of atmospheric pressure occurring suddenly seem to stand in direct relationship

to the setting up and frequency of epileptic seizures. The height of the atmospheric pressure has in itself nothing to do with the production of epileptic seizures, sudden variations being active. Possibly this may be due to lack of adaptability to varying pressures upon the part of the blood vessels in the epileptic, but other factors may also come into play. (3) Possibly the electric condition of the atmosphere may have some influence in the production of seizures, but as to this, so far nothing certain is known.

3. *Family Care of the Insane in the City of Leipzig.* Since 1904 the authorities of the Dosen Asylum have been attempting to board out some of their suitable patients in private families. Since considerable prejudice against receiving them was found among the people of the neighboring villages, recourse was had to the adjoining city of Leipzig where fewer difficulties were found. A special physician living in the city, but under the orders of the director of the asylum, was appointed to look after the boarding patients and to direct their management, and the following requirements were laid down:

1. A private room containing at least twenty cubic meters of air space and properly furnished for each person.

2. Good ordinary diet and special diet if ordered by the physician.

3. The patient to be made one of the family, to share the use of the living room and to take his meals with them.

4. Washing and repairing of the patient's ordinary clothing.

In return the institution agreed to:

1. Pay for this care at the rate of 1.50 marks (\$0.375) per diem. Payments to be made monthly.

2. Supply the patient with proper clothing at the start.

3. Renew clothing when worn out, repair shoes, pay for shaving and hair cutting, and for one bath a week, also for drugs needed. The patients remain under the care of the director of the asylum, who retains the decision about all measures relating to them. In relations with the patient composure, friendliness and patience must always be preserved. No scolding or threatening are permitted. The greatest cleanliness and order must be observed both as regards the patient and in the dwelling.

The patient must be kept constantly under observation and employed so far as possible. His labor may be applied to the work of the family. He can only work outside after consent of the physician-inspector and what he may earn under these circumstances is his own. Any change in the condition of the patient must at once be reported to the physician, when necessary, by telephone.

Any change of dwelling or in the family arrangements must be reported beforehand to the physician. A patient may be removed at once from a family when it is found that he is not being properly cared for, or when his condition demands it. Ordinarily, however, a two weeks' notice on either side is required. Patients are paid for up to the day they leave a family.

Upon some of the lesser matters it was found impossible to insist too strictly. Considerable trouble was taken to investigate the families applying for patients as to circumstances and general reputation. At first applications were slow in coming, but at the time of writing 107 families had applied for patients, 88 from the city proper and of these 47 were found suitable.

Seventy-three patients have been placed in families. In general mar-

ried women with few or no children were found the best caretakers and of these preferably former attendants. The man of the house rarely took any part in the care of the patients. The number of patients boarded out (73) formed 6.4 per cent. of the total number in the asylum. Most of the forms of insanity were represented but dementia præcox and imbecility predominated. The males of the latter class were found most intractable and least suited for family care. Forty patients in all had to be returned for one reason or other.

The author gives a number of histories showing both those improved and those found not adapted to family care, with several tables of statistics. On the whole he concludes that family care is a success in a considerable class of patients who however must be carefully chosen. It would seem as if the plan might be given consideration in connection with some of our own problems of overcrowding.

Mental Disturbances in Lepers.—A number of observers have found lepra bacilli in the brain, while others, among them the author, have failed to discover them. As to the forms of mental disturbance observed in lepers and even as to whether or no those cases observed were directly connected with the disease there is also no unanimity. The author, who, as Director of the asylum at Rio Janeiro, has had an opportunity of observing cases of lepra in which mental symptoms have developed, gives brief histories of nine such cases, six of his own and three seen by Dr. Franco da Rocha. According to the picture presented these cases of mental disturbance would be classified respectively as: Delirium, 2 cases; dementia paranoides, 1 case; melancholia, 1 case; amentia, 1 case; dementia senilis, 1 case; manic depressive insanity, 1 case; Korsakow's syndrome, 1 case (had been a drinker); hallucinosis, 1 case. The author concludes:

(1) There is no special form of mental disturbance in lepers. However leprous polyneuritis may be accompanied by Korsakow's syndrome. (2) Nearly all forms of mental disease have been observed in lepers though not very frequently. (3) The possible complications of lepra (tuberculosis streptococci infection, arteriosclerosis) may cause the appearance of mental disease in lepers. (4) The usual mental condition of lepers is variable, depending upon heredity, bringing up and the clinical form of the disease.

C. L. ALLEN (Los Angeles).