then, upon continued testing, steadily increased. If a pause in the testing was made the excursion returned to the initial value, and again increased. Galvanization of the leg had no effect upon the reflex.

8. *Hematomyelia.*—A man of sixty-eight had loss of the tendon reflexes in the legs, and there was also a complete anesthesia from the level of the tenth dorsal spine. There was paralysis of the bladder and rectum. At the autopsy there was found a bronchial carcinoma in the left lung, with metastasis to various parts of the body. Upon examination of the hardened specimen a huge hemorrhage into the substance of the spinal cord was found, extending from the second dorsal segment to the lumbar region, where it surrounded a metastatic nodule. Below the lumbar region there was diffuse bloody infiltration of the cord. Curiously enough there was no distinct secondary degeneration in the cord, although there was some swelling of the axis cylinders. The blood vessels were normal. It appears, therefore, that the hemorrhage was due to the metastatic nodule.

**SAILER.**

---

**Allgemeine Zeitschrift für Psychiatrie**

(Vol. LXII., 5 and 6, 1905.)

5. Late Epilepsy in the Course of Chronic Psychoses.
6. Korsakov's Psychosis, with Marked Improvement in the Severe Polyneuritic Symptoms. Tegtmeyer.
8. The Relation Between Involution Psychoses and Juvenile Dementia. Lomer.

1. Heinrich Laehr.—Two obituary notices to the late Dr. Laehr, who died at the age of eighty-five years, on Aug. 18, 1905.

2. Heinrich Laehr.—Two obituary notices to the late Dr. Laehr, who died at the age of eighty-five years, on Aug. 18, 1905.

3. **Symptomatology of Dementia Praecox.**—The author examining the material admitted to the Treptow Asylum from April, 1900, to April, 1904, finds among 693 admissions, 202 cases of dementia praecox, or 29 per cent. He has chosen these carefully, according to Kraepelin's standards, leaving out all doubtful cases, and gives here an analysis of their time of onset, symptoms and termination, grouping them under the three forms, hebephrenia, katatonia and dementia paranoides. His figure, 29 per cent. of total admissions, as against 14 per cent. of total admissions given by Kraepelin, he explains as mainly due to the difference of material in a provincial asylum and in a university clinic, but also partly to racial differences. The percentage for males alone was 28 per cent.; that for females alone 30 per cent. Hereditary tare was present in 56 per cent. of his cases.

As to forms of dementia praecox, there were hebephrenia, 56 cases (30 males, 26 females), or 8 per cent.; katatonia, 64 cases (29 males, 35 females), or 90 per cent.; dementia paranoides, 82 cases (28 males, 44 females), or 12 per cent. An external exciting cause was found in only 4.5 per cent. of his cases. Criminal offences were committed by 18 patients (9 per cent.), 53 per cent. of the cases began before the age of twenty-five years. The onset was marked by depression in 55 per cent. of the cases, by mania in 10 per cent., undetermined in 34 per cent. A depressive first stage was commonest in katatonia, less frequent in dementia paranoides, and rarest in hebephrenia. Few of the cases presented simple mental failure. In the great majority there were more or less pronounced hallu-
cinations, illusions, delusions and katatonic symptoms, and the different forms were shaded off by almost imperceptible degrees into each other. In only 2 per cent. of the cases was there complete recovery. In 17 per cent. there was recovery with defect, 48 per cent. ended in a moderate grade of dementia, 33 per cent. in deep dementia. When recovery occurred it was always within the first year.

4. Rhythmic Accentuation in Insanity.—Rhythmic accentuation is present naturally both in man and in the lower animals. In walking we nearly always accentuate—more or less unconsciously—the swing of one foot, on hearing the ticking of a clock, the throbbing of an engine, &c., we accentuate alternate or further removed beats, while in dancing and in playing music we have marked examples of rhythmic accentuation. On the whole the tendency seems a natural and physiological one, which, originating in a voluntary act, has become fixed and hereditary. That rhythmic accentuation is not normally present in speech is due to the fact that we early learn to accentuate according to sense and connection, the natural rhythmic tendency being suppressed by the active exercise of attention and will. Now when attention and will are more or less in abeyance as in certain mental diseases, the natural tendency to rhythmic accentuation is no longer suppressed, but makes its appearance, in the verbigeration, stereotypy, negativism, and automatic movements characterized especially as katatonic. These are hence to be looked upon as symptoms of defective control ("Ausfallsymptome").

5. Late Epilepsy in Chronic Psychoses.—While late epilepsy is not in general so rare, the author has found its association with chronic psychoses altogether exceptional, and addressing inquiries to other psychiatrists in Germany and France, learns that their experience in the main coincides with his own. On this account he has collected and analyzes here the histories of 13 cases. Of these, 7 were males, 6 females. The attacks began in one case in the twenty-fourth year, in 13 between 35 and 40, in 2 between 41 and 50, in 4 between 51 and 60, and in 3 beyond the 60th year. While the diagnosis of the original psychosis is not easy to give with certainty, the majority of the cases belonged to the dementia praecox group, especially to the paranoid variety. Two cases were probably periodical psychoses, while one was considered as true paranoia. The first epileptic attack occurred in one case after "several years," in three, after four or five years; in two, after six to ten years; in four, after ten to fifteen years; in two, after sixteen to twenty years, and in one case, after fifty-seven years. The attacks were infrequent in most cases, though in four cases they occurred in groups of repeated attacks. Status epilepticus, vertigo, or Jacksonian attacks were not met with. The attacks were both light and severe. They were largely nocturnal. Whether the epileptic equivalent was present or not, the author finds it hard to decide, but thinks that it was, in several cases. That the onset of the attacks exercised any seriously deleterious effect upon the psyche, he could not see. Also direct danger to life he finds small as the attacks are in the main infrequent, and status does not occur. As to the pathology of late epilepsy he can say nothing more definite than that it probably depends like ordinary epilepsy on "epileptic brain alteration." Treatment does not differ from that of epilepsy in general.

It will be noted that seven of the author's thirteen cases had passed the fifty-first year. He gives no detailed information as to their physical condition except to mention in one case that the radial arteries were tortuous and that another died of rupture of the heart. This last case coming to autopsy thickening of the Sylvian artery was found while in the only other case, which had died, there was an area of vascular change in the frontal lobe. Senile epilepsy, usually of arteriosclerotic origin, has not been found so very infrequent among the chronic insane in this country.
The author perhaps means to exclude from his consideration this class of cases; but if so, he does not make the fact very clear.

6. Korsakow's Psychosis.—After quoting a number of authors as to the scope and clinical picture of Korsakow's psychosis the author reports the case of a man forty years old who after addiction to alcohol for some years, became afflicted with intense polyneuritis affecting chiefly the limbs, which caused him to become bedridden, while at the same time he presented severe mental disturbance characterized by loss of memory, especially for recent events, and tendency to confabulation, disorientation and some loss of power of receiving and storing away impressions. ("Merkfahigkeit.") After a somewhat over two years' stay at the Göttingen Psychiatric Clinic he had so far improved as to be able to walk about and use his arms, only some atrophy of the extensor muscles of the hands and feet and of the small hand muscles persisting. His mental condition had also improved so much that he was oriented, could read the papers, and remember what he had read, and the tendency to confabulation had disappeared. For the period of his illness and the year before that, however, his memory was defective, and he held fast to some of his delusions.

7. Psychoses in Children.—Report of a case of severe hallucinosis in a child, probably as a late sequel to a fall with concussion of the brain. The child when he came under observation, was ten years old. The fall had occurred at the age of seven, and the resulting illness had lasted several weeks. During the next year the boy's memory seemed poor, and he made little progress at school, but in the following year his work was again satisfactory. A year later he was noticed to be 'often haughty,' but the definite outbreak of the psychosis is placed in the following year, over two years and a half after the accident. The child then began to have periods of excitement, with hallucinations of terrifying character, alternating with dulness, ran away from home, climbed on the roof, threatened to jump into the pond and showed such a fondness for playing with fire that two months later he had to be interned at the Roda Asylum. Observation of the case showed the presence of a varied array of hallucinations of sight, hearing and common sensation, often of a terrifying and threatening character, with periods of excitement, memory defects and tendency to confabulation. At no time were there convulsive attacks or other symptoms of epilepsy. After four months at the asylum recovery, which has lasted for two years.

8. Involution Psychoses and Juvenile Dementia.—The author, struck by the identity of certain symptoms observed in the psychoses of the climacteric with those found in dementia praecox, has collected a series of twenty-eight cases, all females, in whom the disease had begun beyond the age of thirty-six years, and gives the result of the analysis of their symptoms. Constructing a curve to show the relative frequency of onset at different ages from thirty-six to sixty, he is struck by the regular rise of figures at four-year periods, beginning at forty-six, and ending at fifty-eight years, states that he has found a similar fluctuation in dementia praecox, and suggests that there may be a rhythmic swell in "physiological pathological function," of whose nature we are ignorant, but which may have to do with periodically increased liability to mental disturbance. Hereditary predisposition was present in only 28.5 per cent. of these patients. Comparing this with his figures for dementia praecox (90.86 per cent.), he suggests, that where heredity is decided, there is early outbreak of the mental disease, while where it is less strong the outbreak may be postponed until the next critical period—the climacteric—43 per cent. of his cases had strong suicidal tendency. The clinical picture was in the main a mixed one. In twenty of the twenty-eight cases there was a strong sexual element shown by talk, hallucinations and delusions. There was refusal of food in ten cases, negativism and mutism in eleven cases, verbigeration and stereotypy in ten cases. Hebephrenic and paranoid symptoms were observed in a few
instances. All of these cases proceeded more or less rapidly to dementia, some within a year. Considering the prominence of sexual symptoms the author thinks the involution psychosis probably due to a "pathologically altered internal secretion of the sexual glands." He has already in another article expressed a similar view as to the causation of dementia praecox.

9. Melancholia and Depression.—A criticism of Kraepelin's position in classifying melancholia as a special involution psychosis to be distinguished from the depression of manic depressive insanity, from which latter group the author thinks its separation is not justified by the facts at our disposal. For a fuller statement of his position he refers to a work, "The Manio-Depressive Psychosis," published by him (in Danish) in 1902.

10. Capacity of the Cranial Cavity.—According to this author, brain weight alone without determining its relation to the capacity of the skull gives insufficient information upon which to base an opinion as to pathological processes.

From a number of examinations he has found that normally the skull capacity in cubic centimeters is 12 to 14 per cent. greater than the weight in grammes of the brain, and has accustomed himself to consider a difference of 20 per cent. or over between skull capacity and brain weight as indicating pathologically low weight, while conversely a difference of 5 per cent. or less indicates pathologically excessive weight of the brain. The brain may at times become actually enlarged, gaining as much as 200 grms. without noticeable edema, and the author thinks that there is ample ground for believing that this enlargement may play a rôle in epileptic attacks, sunstroke, concussion of the brain, and in some cases of sudden death of persons apparently in full health. On this account, not only in nervous and mental diseases, but in all important autopsies, both accurate brain weighing and measuring the capacity of the skull should be a routine procedure. As a simple, quick and fairly accurate process he recommends the following:

The most important step is the sawing of the skull accurately in a horizontal plane, best in that passing about 2 cm. above the root of the nose, and the same distance above the external occipital protuberance. This can be laid off on the skull after separation of the soft parts by application of a steel band fastened by a suitable clamp, and can be marked in paint or pencil and accurately followed by the saw, the body being turned as needed. The brain is removed as usual, the medulla being cut at the pyramidal decussation, the dura removed from the posterior fossa, avoiding injuring its attachments around the foramen magnum. The skull is then placed so that its base is in a horizontal plane, and a little water being poured into it, more is added from time to time, until the level of the liquid in the foramen magnum remains constant. The skull is then filled with water, this allowed to settle, emptied quickly and filled again from a measuring cylinder, the quantity needed being read off each time. In order to get an accurate figure this should be repeated from six to ten times, or until the reading is constant. The calvarium is placed on a tripod levelled, and its capacity measured in the same way. The two figures obtained added together give the capacity of the skull in c. c. Should leakage through the foramina persist they may be plugged with non-absorbent cotton. The author has found this method accurate to within 50 c.c. He thinks that statements as to brain atrophy are of little value without determination of the relation between brain weight and skull capacity, and calls attention to the fact that in paretics especially there is often microcephaly, though he has also found in this disease a difference of as much as 40 per cent. between brain weight and skull capacity. Careful mensuration and weighing consistently carried out may also, he thinks, give important information upon the subject of intracranial pressure.