architecture can be studied from the point of view of the cells, the fibrillæ, and the myelinated fibers. The cell architecture has been studied by Campbell and Brodman. The author studied the position and relations of the myelinated fibers, the myelo-architecture. While the cytological studies divide the brain into 52 fields, the fiber studies show that the frontal lobe alone can be divided into 66 distinct regions. These regions do not always correspond to convolutions. The article is richly illustrated with diagrams.

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1. About Dementia. TH. TILING.
2. Melancholia. O. REHM.
3. Psychoanalysis of a Depression. A. MAEDER.
4. Contribution to the Study of Querrulous Paranoia. MAX LOEWY.
5. The Prognosis of Traumatic Neurosis and its Influence through Capital Adjustment. AUGUST WIMMER.
6. Bloody Perspiration in a Hysteric. ENGE.
7. The Question of Melancholia. A. HOCHÉ.
8. The Clinical Position of Paranoia. KARL WILMANN.

1. *Dementia*.—Tiling maintains that every chronic psychosis terminates in dementia, the nature of which could be determined according to Freud-Jung psychology. A clear understanding of the various forms of dementia is only possible on the ground of differentiating consciousness from the subconscious. The former represents "awake, disposable, fixed spoken imaginations and concepts." On the strength of this definition he gives a brief exposition of the theory of the various forms of dementias. *Dementia præcox*, like general paralysis, is divided into two groups—the sterile and productive. In the latter the consciousness is at work. In *dementia præcox*, hebephrenic and a part of the catatonic types constitute one form and paranoid another. In the latter conscious and subconscious forces are at work.

2. *Melancholia*.—Rehm formulates a symptom-complex of melancholia, which he desires to keep apart from manic depressive insanity. This peculiar state of depression usually occurs in the involution or presenile period—no definite exciting cause could be determined. The onset is usually acute. The bodily manifestations are those of general arteriosclerosis; accentuation of second aortic sound; arteriosclerosis; urine at times contains albumin; weakness of muscles, which is responsible for tremors and ataxic gait; the pupils are often small and their reaction is only within a narrow range; chemical and cytological examination of cerebrospinal fluid is negative; reflexes and sensibility are not affected; the body weight during the disease shows an essential alteration; during convalescence body curve rapidly rises. Mentally, depressed mood is in the foreground. However, it may show some variation and euphoria may often become manifest. The mood is apparently dependent upon the degree of intensity of hallucinations and delusions. The hallucinations are usually restricted to the auditory sphere; visual illusions are of rare occurrence. The false perceptions are of fearful and persecutory nature, and may have a delirious coloring. Towards convalescence the hallucinations may become pleasant; speech incoherent, and remind one of flight of

ideas. Bodily sensations are in the foreground. Attention, memory and retention are intact. Consciousness is perturbed; often time and place orientation is uncertain; often identity is mistaken. The duration of this disease is variable; may last from several months to a few years. Prognosis is uncertain; usually good if an intercurrent disease does not occur. Arteriosclerosis is believed to be the etiology for this disease. He reports two cases, and from them the author deduces a definite symptom complex and formulates a clinical entity. It appears to the reviewer that the disease picture of his cases shows many features of manic depressive insanity (mixed form). It is hardly plausible to keep this form of psychosis by itself, and, moreover, two cases are insufficient to form a group—"One swallow does not make a Summer."

3. *Psychoanalysis of Depression*.—Maeder reports a case of depression which was treated by psychoanalysis with very good results. His patient was 39½ years of age. He came from a family which showed a great predisposition to depression. When 39½ years old, after the death of the father-in-law, patient felt very unhappy and mentally insufficient. He was anxious and feared he might become insane. In childhood he had dreams in which homosexual symbols played an active role. He made the impression of being "feminine," as he himself noticed that in his twentieth year he had difficulty to make friends with the opposite sex, but such was not the case with men. He finally married because others did. At first sexual intercourse was not very pleasant. He was very much fond of his first boy. Gradually he became impotent, and resorted to masturbation. Pollutions were accompanied by dreams of a homosexual nature. With the death of his father-in-law and his beloved son he was deprived of the sexual object. The libido which disappeared from consciousness remained in the subconscious; however, it became manifest in anxious dreams of homosexual phantasy, and during the day in anxiety and oppression. With impotence patient lost ambition and strength. The explanation of his symptoms and the orientation of his sexual life produced a beneficial effect on the patient and recovery was soon established. The case is extremely interesting, and it would repay to read it in the original.

4. *Paranoia*.—Loewy reports two cases of querulous paranoia, and offers the following conclusions: There is true querulous paranoia, which has no relation with manic depressive insanity in the sense of Specht or with cyclothemia. The querulous delusion in his cases is a subform of Wernicke's "overvalued" ideas, and to these belong "the circumscribed autopsychosis." This querulous delusion originates from an experience—on account of his affective constitution, peculiarities of character or of external circumstances,—which the patient cannot digest, and hence forms the central nucleus of the morbid idea. This querulous delusional formation is closely related to a neurosis—it belongs to psychopathic diseases. There are transitions to querulous paranoia; two important factors are at work: (1) psychogenic element, and (2) psychopathic constitution. The active role of these forces varies in different cases. In certain instances the cause does not lie in the external conditions, but rather in the character of the individual.

5. *Traumatic Neurosis*.—Wimmer discusses the prognosis of traumatic neurosis and its influence through capital adjustment. A statistical study is offered.

6. *Bloody Perspiration*.—Enge reports a case of bloody perspiration in

a hysteric. The appearance of spontaneous bleeding in hysteria is still not a settled question. Biswanger differentiates two types of the so-called cutaneous hemorrhage in hysteria, bloody vesicles, which at first are watery and then bloody, and later burst. The latter, according to Biswanger, are extremely rare, and he has not seen a true case of cutaneous hemorrhage, and he regarded them of a metabolic origin occurring in complication with other organic diseases. The author's patient was a hysteric who suffered with bloody perspiration. Mechanical irritation or metabolic disease could not be demonstrated, and the cause for this symptom was ascribed to hysteria. He offers the following arguments for this theory: (1) Each time the paroxysm-like attack (cataleptic rigidity, with *flexibilitas cerea*) made its appearance; (2) the localization of bloody perspirations on zones, which showed definite hyperalgesia; (3) the simultaneous observation of other angioneurotic or secretory and trophoneurotic anomalies, which are peculiar to hysteria. Here belong the vasomotor blushing, herpes labialis, transient edema of the face and hyperhidrosis. Enge's patient has not recovered—why hurry to report an unfinished case with little data and meager observation? The question may be still asked, Are we really dealing with psychogenic bloody perspiration?

7. *Melancholia*.—Hoche maintains that melancholia is not related to manic depressive insanity, and is not a disease entity by itself. He wishes to regard it in the adjective form, "melancholic." It is worthy of note that melancholia shows a great predisposition to periodicity. However, the adjective "periodic" should be reserved to such cases in which periodicity during life is manifest. We must remember that a tendency to periodicity usually implies a psychopathic condition. However, it is not known if this is a constant feature in all cases. The fact is that melancholia has a close relationship with normal psychic processes, is modified by age, sex and individual temperament much more than any other mental aberration, and therefore it shows the peculiar coloring of the involution period.

8. *Paranoia*.—Wilmanns divides all psychoses into three main groups: (1) Organic brain diseases—to this belongs imbecility, genuine epilepsy, cerebral lues, general paralysis, arteriosclerosis, senile psychosis, and juvenile dementia; (2) acute and chronic intoxication, alcoholism and morphinism and their psychoses; (3) degenerative psychic states—on the contrary this group embraces the psychic malformations, the inferior variation of nature. The degenerative psychic states through many transitions are associated with the normal types. Paranoia is placed in this group. Paranoic reactions in the degenerates show that their mechanism is identical with that of paranoia. On the ground of his studies he concludes that true paranoia and querulous delusions of Kraepelin are not manifestations of an organic alteration of the brain, but are due to degenerative conditions, and are determined by affective complexes. He does not agree with Specht that paranoia is related to manic depressive insanity group.

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