

order to secure general agreement, he does not give them explicit endorsement in the classification which he suggests. This classification, in the form in which the congress finally accepted it, is as follows :

1. Congenital psychoses :—Arrests and deviations of psychic development, phrenasthenias, moral insanity, sexual psychopathies.
2. Simple acute psychoses :—Maniacal states, melancholic states, amentia, sensory frenzy (hallucinatory psychosis).
3. Primary and secondary chronic psychoses :—Paranoia, periodic psychoses, senile psychoses, states of dementia, (i) primary juvenile ; (ii) secondary.
4. Paralytic psychoses :—Classic general paralysis, paralytic dementias from syphilis, alcohol, cerebral softening, etc.
5. Neurotic psychoses :—Epileptic, hysterical, neurasthenic, choreic, etc.
6. Toxic psychoses :—Alcoholic insanity, morphinic, cocainic, etc. ; pellagrous insanity.
7. Infective psychoses :—Post-influenzal, typhoid, syphilitic, etc. ; acute delirious mania.

It is explained that in this list "amentia" is given as a comprehensive term for the confusional psychoses ; a separate entity is, however, allowed to those forms where the psycho-sensorial disturbance is recognised as antecedent to the delirium or confusion ; they rank under the rubric of "Frenosi sensoria." The term paranoia is retained for chronic cases only, including Magnan's *délire chronique*. The scheme does not appear to have excited much enthusiasm in the congress.

W. C. SULLIVAN.

Report of a Case of Dementia Præcox. (Amer. Journ. Med. Sci., Jan., 1902.) Duntou, W. R.

As dementia præcox is not well known in America the following history seemed to the writer to have sufficient points of interest to warrant publication.

The case is that of a married woman, æt. 31 years on admission, the mother of three children, the youngest being eighteen months old at that time, who was under the author's observation for over two years. The family history was negative. The only history of serious illness was one of chronic bronchitis after the birth of her last child, from which, however, she had entirely recovered. The clinical notes are then set forth at length, the physical characteristics of the disease being more fully noted than the mental, partly, the author explains, because he was not sure of certain phases apparently shown by the patient, and partly to avoid making the report too long.

He then quotes Kraepelin at some length as to the symptoms of dementia præcox, and mentions the characteristic symptoms given by Tromner and by Christian.

A summary of the case he here reports shows that the patient was mentally depressed. There was an exaggeration of the tendon reflexes, a weakening of the heart's action, cyanosis, and a decrease of weight while taking nourishment well. At one time she refused food, and had to be fed ; later she took nourishment well. Simple perception of external

ideas was not interfered with, but there was fallacious sense perception, as was evidenced by the early complaints of street noises, etc. Negativism, while present, was not especially marked. (Negativismus, or negativism, Kraepelin defines as the senseless struggling against every external influence. It is shown in the mutism or the senseless dumbness, as well as in the complete inability to influence the patient.)

There was disturbance of her emotional life, as was shown by her periods of depression and attacks of boisterousness. Stereotypy and verbigeration were shown on several occasions. Katatonic rigidity was also present.

The author is of opinion, from the symptoms, that this case is one of the katatonic form of dementia præcox.

The age, thirty-one years, at which the onset is noted, is somewhat uncommon, being beyond the period of puberty, which Christian has placed between the ages of fifteen and twenty-five. Kraepelin found (and illustrated by a diagram in his *Text-book of Psychiatry*) that 60 *per cent.* occur before the twenty-fifth year, but over 10 *per cent.* occur before thirty-five years. Tromner has placed this diagram side by side with one showing the occurrence of the maniacal-depressive forms of alienation (mania, melancholia, stupor) in the same periods of life. It shows very strikingly that dementia præcox is not so essentially a puberty psychosis as was supposed, and that the maniacal-depressive forms are more common in early life than was generally thought.

The condition of tonic muscular contraction shown by this patient has not been much studied. It occurs without accompanying mental symptoms, but the correlation between the two is practically unknown. The author hopes that physicians may become interested in this condition, and by reporting cases, either with or without accompanying mental symptoms, add to our knowledge of the subject.

A. W. WILCOX.

5. Pathology of Insanity.

Clinical and Anatomo-pathological Studies upon Idiocy [*Studii Clinici ed Anatomo patologici sull' Idiozia*]. (*Ann. di Freniatr.*, vol. xi, fasc. 4). Pellizzi, G. B.

In this number Dr. Pellizzi finishes a series of papers on the pathology of idiocy, which he has since published in book form. He devotes most attention to sclerosis of the brain, a rare form of idiocy, at least in Britain. He reproduces at great length twenty-two observations of Bourneville and others, to which he adds three of his own (filling forty-seven pages). He lays down some interpretations of his own which are *valde probanda*.

The rest of Pellizzi's work comprises a diligent study of divers papers in various languages upon cases of insanity, idiocy, etc. He deals mainly with what is seen through the microscope, touching very slightly on the clinical side. He devotes fifty-two pages to an attack upon the classifications of idiocy used by some writers, and advances a new one.