

anastomoses, it forms induration in the connective tissue of the back of the neck resembling a phlegmasia alba dolens. Thrombosis of the longitudinal sinus produces symptoms resembling those of meningitis; delirium passing into stupor, hemispasm followed by paresis, epileptiform attacks, etc. Thrombosis of the petrous extending to the cavernous sinus and the veins of the fundus of the orbit produce: disturbances of the senses, exophthalmos, venous hyperemia and œdema of the eyelid and the neighboring portions of the face. The stages of cerebral abscess are two: the latent with disturbances of mind, headache, vomiting, vertigo, which may persist for a longer or shorter time, but with characteristic free intervals, and the second stage, the manifest period, the transition occurring from a blow, a fall or an exacerbation of the ear disease. The pulse is reduced in frequency, to forty or under, a progressive hemiplegia of the side opposite to the affected ear sets in with disturbances of speech. A reliable diagnostic symptom of cerebellar abscess is not known. It is a great rarity in children. In obscure cases of cerebral disease, trial trepanation is not only permissible but indicated.—*Hygiea*, Nos. 5 and 6, 1893. F. H. P.

PSYCHOLOGICAL.

Criminal Anthropology.—(*Edinburgh Med. Jour.*, February, 1894). Sir Frederic Bateman, M.D., LL.D., F.R.C.P., endeavors to show upon what a slender basis of facts this new science exists. He says that to say the least, if not true, it is a very dangerous doctrine; and, as society is at present constituted, it cannot afford to have a class of criminal automata, and to have every rascal pleading guilty grey matter in extenuation of some crime. He considers the subject especially important at the present time, when attention is so widely directed to the mysterious connection between matter and mind. Unhappily, instead of solving the question, he believes the study of criminal anthropology tends to shroud it as a still deeper mystery and shows that the *vis viva animi* justifies the eloquent language of a recent writer when he says, "Mind is, indeed, an enigma, the solution of which is apparently beyond the reach of this very mind—itself the problem, the demonstrator, the demonstration, and the demonstrand." A. F.

On the Nature of Dreams.—Samuel Wilks, M.D.,

LL.D., F.R.S. (*The Medical Magazine*, February, 1894). There are learned men, who, while not admitting that they regard dreaming as a mystery, still imply that the brain has some remarkable powers during sleep, denied it in the waking state. Organs are constantly varying in their degree of activity and this depends upon the amount of circulating blood; thus when the brain is full of blood it is active, and when anæmic, it is in a state of repose. It is now generally admitted that during sleep thought may continue, or, as it is styled, unconscious cerebration. Reliable persons maintain that where some difficult questions have been on the mind before going to sleep, they have found these questions solved in the morning, which proves that although consciousness is suspended the brain remains at work.

With regard to dreaming, the accepted theory is that the brain or mind is at work as in the waking state, but that being cut off from all the usual surroundings and consciousness being absent, it is unable to correct itself or its impressions and so wanders on in an endless maze. This may be better understood by remembering what we do, when in doubt as to the character of our thoughts. We are, for example, sitting over the fire and darkness begins to surround us, lost in contemplation we fall into a reverie and are altogether in a state of abstraction. We start up, ascertain where we are, discard the mental vision and are ourselves again. In sleep we cannot do this and the vision becomes a reality, which, when we awake to consciousness, we call a dream. Whatever the dreamer sees or hears in his dream is of his own creation originating in himself, and when he argues a question with another person, he is dictating the speeches of both. If it be true that the dreamer did all the things which he relates, then there would be something of a supernatural kind taking place during sleep. The only possible solution of his difficulty lies in the denial of the dreamer's assertion that certain events did happen during his dream. If we dream we are flying through the air, we fully admit our dream was a nonsensical one. In other instances the illusions may not appear to be so grossly impossible, yet probably they have been fabricated in the same manner. A dream cannot be anything more than a picture formed in the mind during sleep and the solution of it is the interpretation. This explains why in an exceedingly short space of time, one may have what appears a long dream. We conjure up a picture

made up of parts, it may be rapidly formed, but the description of it takes time. If we introduce into it the figure of a German professor, he speaks his own language perfectly, although the dreamer when awake is unable to speak a word of German. In the case of a man who has a dream made up of consecutive parts, terminating appropriately with the sound of church bells, where during the progress of his dream a bell has actually been ringing in the sleeper's room, which eventually wakes him, does it not appear highly probable that this very sound originated the whole chimera? The dreamer merely forms a mental picture and the *description* of it he calls his dream.

A. F.

THERAPEUTICAL.

The Effects of Hyoscine Hydrobromate.—Gordon Sharp, M. B., Edin. (*The Practitioner*, Jan., '94). Although hyoscine is an isomer of atropine and hyoscyamine, it is believed to differ widely from them in its physiological effects, and many cases have been reported of its beneficial action as a motor calmative, cerebral sedative and hypnotic in delirium. The clinical effects of the drug, however, in my hands, resembled in every way those of atropine, and differed from those recorded in many published accounts.

CASE I.—A man with delirium tremens was given $\frac{1}{8}$ gr. He did not sleep any during the night, and the next morning the same dose was repeated. Half an hour after the injection the pupils were widely dilated. The respirations went up 40. It is generally stated that hyoscine does not affect the respiratory centre as atropine does. The throat appeared to be dry. He became partially comatose, but no sleep was obtained. He was unable to speak, and could only make a gurgling noise. He was also unable to swallow fluid, evidently owing to partial paralysis of the muscles of deglutition.

CASE II.—A man with delirium tremens was given $\frac{1}{8}$ gr. hyoscine. In fifteen minutes the pupils dilated. The pulse rose 130 and the respirations to 48. The speech became an incoherent mumbling. The throat was evidently dry and he could not swallow even half a teaspoonful of fluid. Later, uræmic-like seizures followed by fatal coma, developed. Death appeared to be hastened by the great stimulation of the circulation and of the respiratory centre.

CASE III.—A woman of 45, for intense headache and