

have been published, we see much that is to be highly commended in the author's presentation of epileptic insanity, and especially in the forceful delineation of paranoia.

The chapter on idiocy and imbecility is undoubtedly the best that has been given us in any work of recent date upon mental diseases. The photographic illustrations of this part of Dr. Peterson's work leave nothing to be desired.

JELLIFFE.

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The first number of the *Bulletin* from the Ohio Hospital for Epileptics was evidence of good work done in that institution, and the volume before us now confirms the favorable impressions created by the first appearance of the periodical. Dr. Rutter, the manager of the hospital, writes a short and interesting analysis of the statistics of the hospital since its opening, in 1893, to the present time, but the book is essentially the work of the pathologist, Dr. Ohlmacher. Anyone familiar with the details of pathological study will recognize at a glance that these papers are the result of much careful work, of thought, of long hours spent with the microscope, and of extensive reading. While, therefore, we may not all be prepared to accept Dr. Ohlmacher's views, we may read his statements with respectful attention, and with the willingness to be convinced.

Dr. Ohlmacher has been in charge of the pathological laboratory of the hospital for a little over two years, and during this time necropsies have been held on twenty-five epileptic patients. A valuable pathological material has thus been collected. The lymphatic constitution, from his studies, acquires an importance in epilepsy that it has not previously received from the pen of any other writer. When his first report on this subject was published, not quite two years ago, he was unable to find any reference to similar observations. Dr. Ohlmacher approaches this subject in the spirit of a scientist. He says: "I am willing to have all these observations received with scientific conservatism, or even skepticism, if need be."

Let us look at what Dr. Ohlmacher has really demonstrated. He has reported five additional cases (three previously published) of genuine grand mal with prominent evidences of the lymphatic constitution. These were the most typical examples of "idiopathic" epilepsy in nineteen epileptics examined after death. The remaining fourteen cases included examples of secondary epilepsy, epileptiform convulsions of idiocy, infantile paralysis, etc., not to be included with primary grand mal; and of genuine epileptic insanity with death after gradual wasting, where, presumably, the once present adenopathies of the lymphatic dyscrasia had atrophied and disappeared. The most prominent anomaly in these five cases was a persistent thymus, with other evidences of the lymphatic constitution; in three of these cases signs of rachitis, and in four of thyroid disease, were present.

Dr. Ohlmacher has attempted to convince the most skeptical that the morbid anatomy of the lymphatic constitution is associated with idiopathic grand mal in the majority, if not all, cases which exhibit the typical characteristics of this form of epilepsy, but he does not attempt to explain to us the nature and origin of this lymphatic constitution and the manner in which it acts. He admits that in his former paper the liberty of speculation with only three cases as support for his conclusions may have been abused; now that he has the pathological findings in eight cases, his opinions have more basis. He desires to show a morphological

and clinical resemblance between genuine epilepsy, rachitis, eclampsia infantilis, thymic asthma and thymus sudden death, tetany, and possibly exophthalmic goiter; and the common basis of these affections is the lymphatic constitution. We do not find any distinct statements in regard to the cases of petit mal. Are these also dependent on the lymphatic constitution? The inference would be that they are, as in many instances petit mal later develops into grand mal. According to Ohlmacher, the anomalies of the lymphatic constitution may disappear in some cases of idiopathic epilepsy, either by the growth changes of maturity, or by the wasting from prolonged debility.

It is important to have clearly in mind the essential features of the lymphatic constitution; these are, the persistent and enlarged thymus, the general lymphadenoid hyperplasia, the arterial hypoplasia, evidences of old rachitis, the involvement possibly of the bone marrow, and possibly the alteration of the thyroid.

This seems to be a clear and correct presentation of Ohlmacher's views. Has he shown any relation of cause and effect between the lymphatic constitution and idiopathic epilepsy? It seems merely that in eight cases which he regarded as the most typical of idiopathic epilepsy this constitution was present. Back of this constitution there may be still another cause which produces both the lymphatic constitution and the manifestations of idiopathic epilepsy. This possibility was evidently present in Dr. Ohlmacher's mind, as he employs the words "associated with" in speaking of the constitution and the epilepsy. His main attempt has been to emphasize the association of the morbid anatomy of the "status lymphaticus" and epilepsy.

Ohlmacher's studies will awaken interest in the subject he has so ably presented, and we shall not wait long for confirmation or refutation of his views. Epilepsy, unfortunately, is widespread, and the necropsies are not very rare. We shall doubtless have some further observations from pathologists on the lymphatic constitution in epilepsy, and the findings in a larger number than eight cases will permit more certainty in forming conclusions.

In another paper we have the description of two cases of cerebral tumor. Ohlmacher enters into a discussion concerning the relation of the lymphatic constitution to cerebral glioma. His words are so striking that they are quoted: "\* \* \* \* \* this would mean that gliosis and glioma are the neuroglial tissue changes induced by a lymphatic poisoning (in which the thymus perhaps plays the dominant rôle); that the gliosis of epilepsy, and in consequence epilepsy itself, are to be referred back to a similar autotoxic cause." This is interesting speculation, but so far as we know it is not fact, and Ohlmacher does not present it as such. Are we quite prepared to accept this hypothesis? We need more than the occurrence of the lymphatic constitution in a "goodly percentage of cases of idiopathic epilepsy where gliosis in one form or another is also present."

In one of the cases of cerebral glioma ptosis of the left eyelid was found. This condition has been seen before in cases of cerebral tumor, and Ohlmacher's case, like the others, does not satisfactorily explain the phenomenon. In the same paper the close resemblance sarcoma may bear to glioma is clearly illustrated.

A few shorter papers are found in this number of the *Bulletin*, together with the description of an interesting case which has been described as a "pathological museum," and which is familiar to the readers of the *JOURNAL OF NERVOUS AND MENTAL DISEASE*.

SPILLER.