

*A Case of Intracranial Tumor With Localizing Eye-Symptoms: Position of Tumor Verified at Autopsy.* By CHARLES A. OLIVER, M. D., of Philadelphia. Reprinted from *Archives of Ophthalmology*, Vol. XX, No. 1, 1891.

In this case there was gradual development of right hemiparesis, with some anæsthesia of the same side, right-sided convulsions without loss of consciousness, and right hemianopsia, with impairment of vision and contraction of the visual field on the other side. Diagnosis of gross left-sided lesion in the region of the left pulvinar. At the autopsy a glioma was found involving the left optic thalamus and the posterior two-thirds of the corpus striatum. The left optic tract was flattened by pressure.

*A Case of Brain Tumor Without Characteristic Symptoms.* By GROS. R. TROWBRIDGE, A. M., M. D., Assistant Physician State Hospital for Insane, Danville, Pa.

The patient, a man, aged fifty at time of death, had suffered for thirteen years from epilepsy, during the last three of which he had been an inmate of the hospital. There was nothing peculiar noticed about his convulsions, which were controlled, to some extent, by the usual treatment, and his mental state presented no unusual features. Death from dysentery. At the autopsy two cysts were found, occupying the anterior thirds of the second and third temporo-sphenoidal convolutions and the gyrus uncinatus. There was also a hard tumor, the size of a hickory nut, in the anterior part of the latter convolution, and the anterior third of the first temporo-sphenoidal convolution was softened. The author is confident that there was no impairment of the patient's hearing during life, and no symptoms were noted to arouse suspicion of a gross lesion.

*Ninety Cases of Paretic Dementia.* By the same author. Reprinted from the *Alienist and Neurologist*, April, 1891.

Of 3,518 admissions to the Danville Hospital for the Insane, 90 were cases of paretic dementia, 13 being females; 55 males and 11 females were whites of American birth, and 2 males were negroes. Intemperance was assigned as a cause in a larger number of cases than any other, syphilis ranking next. The average age at death was 44 years 3 months. The oldest patient, a male, died at the age of 65; the youngest, a female, at 26, having been attacked at 21.

*The Diseases of Personality.* By TH. RIBOT, Professor of Comparative and Experimental Psychology at the College de France, and Editor of the *Revue Philosophique*. Authorized Translation. Chicago: The Open Court Publishing Company. 1891.

When the white light of future generations is turned back upon the pathway that marks the history of thought, our age will be remembered as that in which philosophy for the first time had its dwelling place elsewhere than in the clouds. The fathers of philosophy were too little schooled in inductive thinking to comprehend its possibilities, and the mediæval mystics dwelt so

high in air that they scarce remembered they were earth-born. Sacred allegory tells us of the instability of houses founded on the sands; what, then, shall we expect of dwellings having no foundation better than a cloud? Yet within their air-castles these mystical thinkers sat intrenched, and believed that they possessed within themselves data for the solution of all the philosophical problems of the ages. If any venturesome spirit, aeronautically inclined, approached their dwelling, he would find the doorways barred with cobwebs, which blinded his own vision if he strove to enter. Little wonder that the *a priori* theories that issued from these cloud dwellings were shadowy, vague, contradictory and indeterminate. How unreal and misleading such subjective musings were likely to be, alienists, whose life work brings them in daily contact with similar thinkers, can best comprehend.

"Have you built your castle in the air?" asks one of the prophets of this century: "that is the place for it; but now put a foundation under it." And the philosophers of the present age, as if mindful of this admonition, are building a foundation beneath the philosophical air castles of their predecessors. Whether this foundation rests upon the sands or on a rock, the future must decide; but at least it finds its footing on the earth, and is building upward instead of striving to build downward from the skies. Its builders have learned, if nothing more, that the human mind is a receptive and plastic effect far more than it is a creative cause. So they are getting data from the objective world; and psychology is coming, as someone has said, to be "no longer the biography of minds, but a history of the mind."

In the forefront of the ranks of that large and growing body of thinking observers who are adding to the edifice of the New Psychology, is Th. Ribot. With that clearly discriminative judgment which is distinctively modern, he has struck out certain fields of observation for himself, and with rigid self-discipline he compels himself to delve for facts within his own bounds. "The Diseases of the Will" and "The Diseases of Memory" are among the results of these labors. To these works the present one is complementary. It manifests the same critical acumen, the same capacity for concentration the others have taught us to expect. It is a book worth the reading, not so much because it contains a great deal that is new, as because it systematizes and arrays for examination much that has only been old since yesterday. The main thesis of the book is the essentially modern doctrine that "personality is from without inward." "As the organism, so the personality," we are told; and again, "The preponderating state of consciousness constitutes to the individual and to others his personality." A patent enough fact, it would seem; but one that escaped many generations of thinkers. The old castle-dwellers thought that the personality remained ever the same, but that at times a demon entered and dispossessed it.

M. Ribot nowhere demonstrates his critical acumen more clearly than in the nicety with which he avoids discussion of alluring but indefensible hypotheses. He is after facts, not fancies. Having summed up his knowledge of a subject, he says (once explicitly, and often in effect), "Upon this subject we could not say anything more without falling into repetitions, or without accumulating a number of hypotheses." And, unlike some equally well-meaning but less rigidly self-denying writers, he is as good as his word.

Having nothing more to say on a topic, he says nothing more about it. Such forbearance is little less than startling, but it is eminently refreshing. Of course it is not to be understood that our author altogether ignores theories. One could not be human and do that. But he avoids them where he can, and at most speaks of them with humility. Even when he departs somewhat sharply from his usual rule to firmly, if mildly, combat the fascinating but scarcely philosophical doctrine of dual brains, he still speaks with the respectful reserve of the true scientist. He must have a clear reason for the faith that is in him ere he will allow himself to become wedded to that faith.

In the main, the work is analytic, treating in turn of the specific disorders of the organism as a whole, of the emotions, and of the intellect proper. But in conclusion, the author glances at his subject synthetically, and brings together the scattered materials of his analysis. The discussion leads up to the question as to the unity of consciousness. And here again the scientist obliges the philosopher to answer with circumspection. "Does there exist a perfect unity? Evidently not in the strict mathematical sense. In a relative sense it is met with rarely and inadvertently." But this problem is, "in its ultimate form, a biographical problem." You must turn to biology with your question. And biology will answer—if it can. There must be no air-castles without solid base for M. Ribot.

H. S. W.