

IV. Causes that produce hereditary alcoholism, especially among the descendants of drinkers, are not occasional or apparent. The seeming and chance causes that produce such direful results are by no means the important factors we have been led to believe. The only true cause is that *heredity* creates the predisposition, the desire, together with the intellectual and moral state that renders the individual powerless to resist.

HOW WHOOPING-COUGH IS TREATED IN SPAIN.

"L'Union Médicale" (March 6, 1890) gives the following, from the report of the Scientific Congress of Barcelona: Carreras advises in whooping-cough an application of resorcin to the pharynx and to the vestibule of the larynx. He also gives large doses of chloral to allay the excitability of the superior laryngeal nerves. Guerra y Estapé also approves of resorcin locally, and when the cough becomes non-convulsive finds benefit from balsams. Calatreveno employs belladonna, inhalations of benzoate of soda, and insufflations of powdered roasted coffee and sulphate of quinine mixed. He also gives doses of anti-pyrin, one-hundredth of a grain for every month the patient has lived.

L. F. B.

A CASE OF ALEXIA (DYSANAGNOSIA).

In the January number of the "Archives of Ophthalmology," Dr. Swan M. Burnett, of Washington, reports the history of the following unique case: The patient was a clergyman, eighty-two years of age. Some weeks before, while assisting his servant in watering the grass, he staggered, but did not fall, and, feeling uncomfortable, went into the house. He passed a comfortable night, and came down-stairs the next morning as usual, read the service, and had the customary family devotions. Soon afterward, however, he complained of feeling bad, was taken up-stairs, and almost directly went into strong general convulsions. Of these he had three during the afternoon and evening, and afterward passed into a condition of stupor, from which he could be roused with difficulty and for only a moment. At the end of three days he became conscious, but was very weak. On the fourth day, in the evening, he read some from the prayer-book, but was very much fatigued thereby. On the next morning he attempted to read again, but found he could not.

On examination he failed to name any letter of Snellen's test-type correctly, even the largest. The refracting media were unusually clear for a person of that age, and the fundus

of the eye did not present anything sufficiently abnormal to account for such a marked deterioration of vision as seemed to be present.

It was not that he could not see the individual letters of the word, or the word itself, but that they failed to convey to him the same ideas they had for the last seventy or seventy-five years. He was unable to read anything correctly. A word here and there might be properly called, but the sense of even the shortest sentence would be ridiculously misinterpreted.

For example: The morning paper was lying on the table, and he was asked to read aloud: "Judge Thurman will formally open his campaign at Port Huron to-day." This he read as follows: "John, John then the hatter his hat going to be h—green."

No. 12, of Jäger, reads thus: "The keys and he began playing a sad and infinitely lovely movement." His interpretation of it was: "Was told to be and haying a a was to be ing in mo on when he was crydt."

Even these attempts at reading were made slowly and hesitatingly, and often with the necessity of an effort to decipher a word by spelling, just like a child learning to read.

Having been a close student and constant reader all his life, he was himself aware of this being the veriest nonsense.

His trouble is confined entirely to an inability to interpret the meaning of printed or written words by means of the impressions they make on the retina. When anything is read to him he understands it perfectly, and can repeat it accurately; and his memory of things he has read before is unimpaired, and all other impressions made on his retina are properly interpreted.

He can even read numbers correctly, and can tell the amount of a check, though unable to tell to whom it is drawn or by whom.

And not only are the Arabic numerals recognized without difficulty, but he is able to interpret correctly the Roman numerals also. All the letters he can distinguish individually with ease except the letter "s." To look at this is always disagreeable. The word "the" is seldom or never misinterpreted. All kinds of pictures he understands and enjoys. He can write either originally or from dictation, but is as unable to read his own writing as he is that of any one else or printed matter. It is necessary, however, that he write continuously. If interrupted, he cannot go back and begin where he left off. Yet it is possible for him to

break a line in writing if he is not interrupted in his own line of thought.

His memory for what he has read before is not impaired.

The notes in this case were made nearly a year ago, and the patient succumbed to an attack of pneumonia on January 20, 1890. There was no autopsy. His general mental faculties remained unusually clear and bright to the last, and his bodily vigor was as it had been for many years past until seized with the prevailing influenza.

The author agrees with Nieden in the opinion that the term "dysanagnosia" is etymologically more correct and scientifically preferable to either "alexia" or "dyslexia," the two latter being hybrids of Latin and Greek, whose adoption in our nomenclature should not be encouraged.

W. M. L.

FRONTO-FACIAL ASYMMETRY OF THE INSANE.

Dr. R. Roscioli (*Il Manico*, 1889, v., p. 27), having in mind the earlier works of Lasègue, Amadei, Venturi, etc., on the importance of an asymmetric formation of the frontal bone and the facial cranium, examined most carefully 388 insane persons of the most various shapes, etc., and 100 sane persons. Entirely symmetric skulls he only found in about thirty per cent. of the insane and in sixteen per cent. of the sane subjects.

He does not ascribe any value to asymmetry of a slight degree, not even for the showing of a predisposition to insanity. The higher degrees of obliqueness of the skull are found in epileptics, but also in those suffering from other mental diseases, and in sane persons also; they, however, are to be regarded as a sign of degeneration, and are the more frequent the more distinct the group of diseases in question are to be regarded as a degenerative psychosis. Striking asymmetry would be able to essentially obscure the prognosis of a case of mania or melancholia progressing apparently favorably. Sommer, in his examination of skulls of the insane, has nearly always found cranial asymmetry present (*Virchow's Archiv*, Bd. 89 und 90); only 3.5 per cent. were symmetric. In agreement with Zuckerkandl, Meynert, Dohrn, and others, he thinks persistent asymmetry may not rarely be traced back to mechanical shifting of the cranial bones (*intra-partum*). 3.5 per cent. asymmetric skulls corresponded to the 3.6 per cent. breech-presentations, etc., while the first cranial position corresponds to a flattening of the left parietal and frontal region, and the