

PSYCHOLOGICAL FACTORS IN DEMENTIA PRÆCOX: AN ANALYSIS. A. A. Brill (Journal of Abnormal Psychology, September-October, 1908).

In this extremely interesting article Brill analyzes a case of dementia præcox according to the methods of Freud and Jung. Fifty-six associations were employed and the repressed complexes which dominated "the ego complex and influenced all thoughts and actions" were brought to the surface. Thus the mental symptoms were no longer meaningless, but had a definite significance and related to undercurrents of the mental life of the patient. To quote the author: "Following the Zurich school an attempt has been made to analyze this case in accordance with Freud's methods. We have shown that just as in the normal dream the elements in the patient's crises seemed at first senseless, incomprehensible and disconnected, but were readily explained by psychoanalysis. Little attention was paid to diagnosis. It makes but little difference whether we call this case catatonic, paranoid, or hebephrenic, the problems remain the same. What interest us most are the psychogenic mechanism of the symptoms. To be sure it is not always possible to penetrate the mind of dementia præcox, and indeed I dare say that considerably more might have been elicited had we succeeded in obtaining the patient's collaborations, but enough has been unravelled to show at least some of the relations between cause and effect and the part played by the repressed complexes."

This article should be read in the original. It is the first of its kind in English and, indeed, Dr. Brill ought to be congratulated upon having made this excellent contribution to Anglo-Saxon psychiatry.

M. J. KARPAS (Vienna, Austria).

A. REMARKABLE CASE OF CRANIAL HEMORRHAGE AND DISTURBANCES OF CIRCULATION IN A LOCALIZED BRAIN AFFECTION. M. Lewandowsky and E. Stadelmann (Journal für Psychologie und Neurologie, Band XI, Heft 6).

A healthy young married clerk of 27 became sick without apparent cause. The disease began with headaches and visual disturbances and within eight days he was admitted to the hospital. He suffered from symptoms of severe cranial pressure. He was somnolent and frequently vomited. With the exception of a slight right facial paresis no facial signs could be found. There was no history of lues or alcoholism. Four days after admission a lumbar puncture was done. The fluid was clear, the pressure was 98 cm. and showed distinct respiratory and pulse fluctuations. On drawing 2 c.c. the pressure came down to 60 cm., and on drawing 3 c.c. more it came down to 33 cm. Pupils reacted promptly, but there were choked discs on both sides. His general condition deteriorated within the next six days so that it reached to complete topor. A Neisser puncture was then made over the region of the left occipital lobe, and after the needle penetrated to a depth of  $3\frac{1}{2}$  cm. 60 c.c. of a chocolate brown fluid were removed which was found to be pure old blood. Following the puncture there was a distinct improvement, in two days the sensorium was clear and nine days after the puncture he requested his discharge. It was then ascertained that he had a right hemianopsia. Three weeks after puncture the patient left hospital still showing the hemianopsia. Six months later he was perfectly well.

The remarkable points in this case are: (1) The spontaneous appearance of a cranial hemorrhage in a healthy young man of 27, who suffered from no other disease and was never ill before. (2) The hemorrhage

was in the brain and not dural, as the blood was not reached before the needle penetrated  $3\frac{1}{2}$  cm. (3) The gradual development, there being no trace of a stroke or disturbance of consciousness, and (4) the diagnosis and cure by the Neisser brain puncture. It is the first case of its kind in the literature.

In testing patient's intelligence the authors found special disturbances in calculation which could be referred to neither the general disturbances of intelligence nor to any speech disturbance. It was characterized by a general retardation in finding the results, by frequent errors, and total inability to do simple sums. These mistakes were due to a lack of impressibility for figures, to a perseveration of some and escapement of others. There were certain analogies to the speech disturbances especially as seen in Wernicke's aphasia, but there was no doubt that here they were independent of any speech disturbances. It was then questioned whether these arithmetical defects were not connected with the disturbance of optical reproduction of figures which was demonstrated in this patient, and this gives rise to the question whether the arithmetical disturbances were not due to the fact that the morbid process was localized in the left occipital lobe. The occipital lobe is the optic sphere, and that the left is more important than the right is shown from experiences with psychic blindness and allied states. The authors think that it may be possible by studying similar cases to find a lawful relation in the sense of localization of the optical components of calculation in the left occipital lobe. Besides this case authors examined four other cases where the disease processes were in the occipital lobes, two were in the right and two in the left lobes, the former showed no traces of disturbances of calculation while in the latter they were present.

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COMPARATIVE ANATOMIC INVESTIGATIONS OF THE POSTERIOR SPINAL ROOTS IN THE MAMMAL AND A FEW REMARKS ON THE TABETIC POSTERIOR COLUMN DISEASE. Julius Bauer (Arbeiten a. d. Neurologischen Institut an der Wiener Universitat, XVII. Bd., I. H., 1908).

Bauer, following the work of Levi, investigated mainly the relation of the glia connective margin in the posterior roots in the mammalia. Levi found in men this margin to be intramedullary in the cervical region, at the periphery in the dorsal, and extramedullary in the lumbar and sacral regions in a cross-section of the spinal cord. To the peculiar position of the glia in the last Levi ascribes the predisposition of the lumbar region to tabes. Bauer found that the glia connective tissue zone in the mammal is also extra-spinal in the cervical region, and a similar position of the glia was demonstrated in cervical tabes. Bauer agrees with Levi that this peculiar relation of the glia connective zone in the lumbar and sacral area is an important predisposing factor in the production of tabes.

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THE STRUCTURE OF THE MIDDLE ZONE IN THE SPINAL CORD. Z. Reich (Arbeiten aus dem Neurologischen Institute an der Wiener Universitat, Bd. XVII., Heft II., 1909).

Reich made a careful study of the comparative anatomy of the middle zone of the spinal cord with special reference to the middle cells. The author rejects Waldeyer's view regarding the grouping of cells in the middle zone, and proposes to name all the cells in the middle zone, with