

sclerosis (very slow ataxic execution), in one case with peculiar mistakes; senile dementia (awkwardness with attempts at correction), is compared with ordinary senile tremor; delirium tremens. With the states of confusion, epilepsy, mania, catatonia, paranoia, etc., the arrangement and the contents of the writing become more and more characteristic as compared to the mere form.

The book aims to keep aloof from all graphological discussion. In the preface Sommer advises not to formulate the type of disorder dogmatically, but to make the findings appear as part of the general diagnostic task in definite cases. He especially draws attention to the absence of any changes which are supposed to be characteristic of anxious agitation. A brief introduction by Köster gives a survey of the literature.

No investigation with analyses by curves are given.

It is quite evident that samples of writing are extremely important documents, but that they should be used merely as part of the material in the entire clinical setting, and not for snap-diagnoses.

A. M.

Die Sprache der Geisteskranken nach stenographischen Aufzeichnungen. Dr. med. ALB. LIEBMANN, und Dr. med. MAX EDEL.
Vorwort von Prof. Dr. E. MENDEL. Halle, a. S., C. Marhold, 1903.

Much more than Köster's book, this work raises the question of the value of symptomatological analysis on ground of principles extraneous to the issue of the establishment of evidence of distinct types of abnormal working. Morselli's *Manuale di Semiotica delli Malattie Mentali* (Milano, 1884 and 1894), a monument of zeal and good observation, is probably the most extensive effort at a description of what may occur in insanity, and may be grouped according to essentially logical principles: expression, external aspect, attitude, physiognomy and mimic, language, writing, conduct (general and special dyspraxias); then the analysis of consciousness, intellect, sentiment and will. Many text-books have an introductory 'general psychopathology' with an order borrowed from various psychologies; Kraepelin, and still more Ziehen, give such systematic presentations of symptom types. The question naturally arises, What is the advantage of an analysis which splits up events according to the mere appearance of detail? Symptoms mean something as part of a whole clinical complex or as evidence of the abnormal working of part of our biological regulations or mechanisms. The lengthened descrip-

tion of a special symptom means nothing or is directly harmful by distraction, if it does not advance either our knowledge of the working of a definite mechanism, or some relation in a whole complex, whether we know all the details about the working of the mechanism or not. Between these extremes, the evidence of elementary disturbances and the evidence of more or less roughly empirical characterizations, there are innumerable forms in which language or any other reaction may enter into the course of events without playing an intrinsic part, and to accumulate material on these fruitless fields is to accumulate raw material, probably without any value unless presented in its entire setting.

The authors study spoken language, for mechanical changes of sound formation, sound connection, sound sequence, tempo, and character and strength of voice, and for formal changes (odd contents, queer expression, deviations of syntactic and grammatical forms), and as a frame they use the nomenclature of the Prussian statistical bureau. Statistical classifications are bound to be compromises and what is put under one heading here is apt to be viewed quite differently by most alienists. The groups are :

I. Simple psychoses, divided by the authors into melancholia, mania, acute hallucinatory confusion, chronic paranoia psychoses of adolescence (dementia præcox, hebephrenia, catatonia, stupor), secondary dementia, senile dementia, and a few organic disorders — multiple sclerosis, and cerebral syphilis.

II. Progressive general paralysis.

III. Psychoses with epilepsy and hysteria and with imperative concepts.

IV. Imbecility and idiocy.

V. Intoxication psychoses: alcoholism, especially delirium tremens; morphinism and cocainism.

Under each heading a brief summary of the cardinal symptoms of each disease form is offered, extremely schematic and fragmentary. Special disorders of language are then referred to, naturally without any reference to distinctions not implied in the vague definition, with instances and opinions selected from various writers; and this is followed by stenographic samples of utterances of various patients. They are introduced with the most meager statements; only in a few cases are the general setting of the conversation and the course of the disease indicated. The general statements are mostly anthologies from the literature, and the really well chosen and frequently interesting stenographic samples of utterances, are practically without analysis,

and the many questions to which they give rise in one's mind are not answered.

Liebmann is a specialist for disorders of speech, obviously without any but local psychiatric interests; Edel, the physician of the institution in which the records were taken. Their book is, I believe, the best instance of work on symptomatology as it ought not to be. For a general discussion of psychiatric symptomatology, symptom-complexes in the light of course and outcome, *i. e.*, empirical entities, should be the starting point; any abstract, however systematic the psychological scheme, splits the facts into merely formal elements, and the same holds for an isolated consideration of speech alone, or writing alone. The value of all detail work depends on whether it is in line with a natural setting. For this, neither the modified Prussian scheme of classification nor the splitting off of spoken language from the rest of reactions of a patient proved to make a favorable and sound ground. Had the writers given as good a summary of the setting of each case instead of the unnecessary abstract of definitions of obsolete general terms, the book might have gained much.

A comparison with Wernicke's 'Krankenvorstellungen' shows that even the technique of presentation of the talk of the patients is far from being equal to existing samples. A. M.

Le langage intérieur et les paraphasies. G. SAINT-PAUL. Paris, Félix Alcan, 1904.

The results of over twelve years of attention to the speech-mechanism of thought is here put together. Largely with the questionnaire method, the writer has collected records of types of thought forms. As was to be foreseen, the types are varied and numerous: of 240 returns, he found 31 auditory (type Egger), 15 motor (type Stricker), 14 visual (type Galton), 98 auditory-motor (78 of which belong to Saint-Paul's motor type with secondary auditory reaction), 41 visual-motor, 3 auditory-visual, and 38 non-determined or indifferent. The author follows very closely a very simple scheme of localization and connection of the various centers: the visual, auditory, graphic and verbo-motor centers are connected with one another and with a 'center of ideation.' In the discussion of paraphasia he distinguishes paraphemic with or without realization of the blunders, the former an interruption between the Broca-center and the psychic centers or the leading center to which the motor center may be subordinated; the second form with an alteration of the connection between Broca-center and the incito-motor and motor centers