Meissner are probably altered, but their condition has not been demonstrated. Softening of the white substance of the cord has been found in some cases.

Chap. IV. *Etiology.*—By many, the origin of the various cutaneous affections observed in the insane, is ascribed to poverty, improper hygienic conditions, and insufficient food. Climate, season, sex and age, have each some influence, but the real cause is the mental disease. The numerous lesions of the skin in the insane are only external manifestations of a pathological state, of which the origin is in the nervous system.

Chap. V. *Treatment.*—This must be local and general. Baths of various kinds are valuable. Alkalies and sulphur are over-valued, and often give rise to further irritation. In furunculus and allied affections, ointment of calomel is of value, while collodion is useful where the skin is fissured or eroded; but it must not be used over extensive surfaces. Cold water, alkaline and other lotions promote comfort and cleanliness, but are not curative. Lotions of chlorate of potash in ecthyma, and of chloral in atonic impetigo and eczema are useful. If the affection cover a large surface, rest in bed should be maintained. Iron and arsenic internally are often valuable, but are over-praised.

In the general treatment, attention should be directed to the conditions of the physiological functions of the skin. Should secretion be excessive, the kidneys, lungs, and intestines must be acted on; should it be diminished, sudorifics and stimulants of the skin must be employed. Tonics, stimulants, and a generous diet must be supplied. The diet should be varied, and should include fresh fruit and vegetables. Lastly, overcrowding must be avoided, and exercise insisted on.

Tuberculosis in the Insane.

For some years past, to tubercular disease has been due from one-fifth to one-fourth of the mortality at the asylum of Auxerre. Chronic pulmonary phthisis has been the most common form; occasional cases of entero-mesenteric disease have occurred, but the brain and its membranes have never been affected. The patients most liable to these affections are dements and melancholics with stupor, then idiots, and lastly the maniacal. The forms of insanity associated with depression, carry with them conditions which, of themselves, are capable of giving rise to tubercular disease. The nutritive function is altered and diminished, suffering with the others from the asthenia and anæsthesia of the whole nervous system, the nearly total absence of reaction. The period of residence in the asylum of the patients where tubercle has proved fatal, has generally been prolonged. One death occurred after a residence of one year; after two years, three; after five, two; after seven, two; after nine, one; and after twenty-two, one.

In some cases, long residence in an asylum must aid in the production of the disease, for while the hygienic conditions there are, on the

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whole, satisfactory, no allowance is made for individual susceptibilities. In many cases the courses of the mental disease are also causes of tubercle. Among these may be ranked want of food, exposure and excitement. Intercurrent maladies, especially of the lungs, by their slow progress, and the long convalescence, favour the production of tubercle.

Tuberculosis occurring in the insane is due to the weakening of the vital powers of the organism. This weakening may depend entirely on the nervous disease, or partly on that and on intercurrent diseases, external circumstances, and certain natural conditions, still badly defined.

In the insane, the ordinary signs and symptoms of phthisis are generally wanting, until a very late period of the disease. Physical examination is generally unsatisfactory, but the use of the thermometer affords valuable information. As a rule, the development of tubercle has no effect on the advance of the mental disease, and generally appears during the last stage of the latter.

In the paper fourteen cases are detailed, with notes of the post-mortem appearances. In only one of these was a cavity found in the right lung, while the left was nearly always much diseased.

On Remissions in General Paralysis.

In this paper the conclusions arrived at are—

1. Remissions are most frequently observed when the general paralysis has begun with an attack of mania.

2. These remissions are simply the recovery from the mania with persistence of the first symptoms of paralytic dementia. Such also is the case where melancholia or monomania has been the prominent feature of the attack.

3. The frequency of recovery in the maniacal form is explained by the frequency of recovery in simple mania, the mania being regarded merely as a complication. In support of this view, the resemblance between simple and paralytic mania must be observed, as well as the fact that many cases of general paralysis occur in which neither mania, melancholia, nor monomania is developed.

4. In admitting that the various forms of insanity often complicate general paralysis at its onset, the anomaly disappears of a malady, which in its latter stages is so very uniform, offering at its beginning the symptoms and lesions of conditions so opposite as mania and melancholia.

On the Changes in the Heart, Liver, and Kidneys in the Insane.

In this paper Dr. Dufour tabulates his notes of the autopsies made in sixty-one cases, demonstrating the frequency of the occurrence of disease of the thoracic and abdominal viscera in the insane. In 74 per cent. changes were found in the heart, in the lungs in 55 per cent., in the pleuræ in 47 per cent., and the pericardium in 21 per cent. The

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