ing from the disease and during convalescence than they had been before they were attacked, some of them being rendered permanently worse. In most of the fatal cases the lungs were affected by pneumonia, pleurisy, or bronchitis, with pericarditis coming on secondarily. Five of the cases who died of indirect effects either developed consumption or, having it previously, got worse and died soon. The very interesting and important question of why the staff, sane and strong as they were, took the disease in nearly three times the proportion of the patients—10·5 per cent. against 30·3 per cent. of the total numbers of each class—was not one to be dogmatized about in such a report as that. It was one about which different opinions had been expressed. His own belief was that it was owing to the staff going into town, and going about generally, and so breathing the infection in the open air at different places, while the patients were necessarily obliged to breathe a more localized air."

SURGICAL TREATMENT OF HALLUCINATIONS.

(*Gazzetta degli Ospitali*, No. 92.)

Dr. Burckhardt has subjected six cases of insanity to operative treatment. Twice he made it his object to intersect the paths of association which, according to him, transmit the pathological impressions coming from certain sensory parts and certain ideogenic parts of the brain. To effect this, he removed portions of the frontal and parietal lobes before and behind the ascending convolutions. In one of these cases the result was very satisfactory; in the other, which is still under treatment, the improvement was only partial. In the remaining four cases there were hallucinations more or less acute, and the indication was to suppress and to reduce the hallucinations of sound more or less. Burckhardt believes that verbal hallucinations can only be produced in a brain in which the logogenetic paths are intact; for the centres, through whose injury sensory and motor aphasia are produced, are indispensable to all genesis of verbal hallucinations. To cure the hallucinations he attacked these centres, and excised parts of the first temporal and of the third frontal, on the left side. The result was satisfactory, though it may be that the improvement will not be permanent. In case of relapse Burckhardt proposes to return to the charge. The fourth patient died of vascular paralysis six days after the operation, which no doubt was the cause of his death. These results Burckhardt considers to be encouraging; he has continued to pursue this line of treatment for two years.—Wm. W. Ireland, M.D., in the *Medical Recorder*.

SCHEME FOR A PATHOLOGICAL INDEX.

We would draw the attention of the members of the Association to a reprint of an article by Dr. Howden (Montrose) in the February number of the "Glasgow Medical Journal." We have no doubt that its general adoption would be the means of rendering a vast amount of pathological material available, which is at the present time practically buried. An index book, to be obtained of some well-known medical publisher, should be prepared for each asylum or hospital.

FIRE AT NORTHGROVE, HAWKHURST, KENT.

We regret to have to record that this Asylum, the property of Dr. Harmer, was destroyed by fire on the 4th December, 1890. The fire broke out in the linen room at about 9 a.m. The room was cased round with pine, with pine ceiling; the fittings were of pine, and the whole was in a few minutes in a blaze.

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