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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