less to himself and others, and of exciting, frequently, new impressions which lead to beneficial diversion of thought. It is in this manner that travelling is so advantageous at the beginning of the disease. It is necessary, however, to remember that confinement is not equally useful in all cases. It is true that the isolation, the change of surroundings, the discipline and regularity have brought about a rapid improvement which is evident, pretty often, from the day following admission, in a certain number of patients; whilst in others, the care which has been bestowed upon them, the constant supervision of which they have been the object, and which they have erroneously interpreted, have only strengthened their ideas of grandeur and ambition, when these have not become complicated by delusions of persecution. In these latter cases it is impossible to leave at large the unfortunate patients who are generally subject to violent impulses, which the too easy indulgence of the relatives cannot restrain.

We find in hydrotherapeutics powerful adjuvants to medical treatment, if they are employed intelligently. A bath of too short duration is, generally, without any influence upon the lunatic. The patients, according to Brierre de Boismont, should remain six hours and more in their baths. It is impossible to give any precise indication as to the duration, which should be left to the discretion of the physician. It is not unusual to find that in Germany patients remain a whole day in a bath. Great care is necessary that the temperature be constant; it should range from 28° to 32° cent. To avoid congestion, we would strongly recommend the application, to the head, of a sponge soaked in cold water, which must be frequently renewed. Vapour baths have been found more hurtful than useful, and inapplicable in cases where there is a special predisposition to congestion. It is chiefly in lypemania that good results follow the use of the shower bath. It is less useful in cases of mania.

Hallucinations, which are inseparable from "délire des grandeurs," disappear occasionally under the influence of baths, opium, chloroform, belladonna, and stramonium. For some months we have employed, with success, chloral and cannabis indica. In the treatment of insanity, these drugs should be employed in much larger doses than in other diseases. Indeed, it is not unusual to see the innocuousness of these agents upon lunatics, whilst they cause all the symptoms of poisoning in those in a state of health.

On Locomotor Ataxy. By J. M. Charcot, Physician to the Salpétrière, &c., &c.

This small treatise is composed of four lectures, and forms the first part of the second series of Professor Charcot's "Lectures on Diseases of the Nervous System." It cannot be said that it contains much that is new, but the information is conveyed in a pleasant, easy style, and is up to date.

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The first lecture is devoted to the consideration of the pathological anatomy of locomotor ataxy. He adheres to the usual opinion that the symptoms are due to an affection of the posterior columns of the spinal cord. It cannot be denied that, formerly, in undoubted cases of the disease, observers failed to detect any lesion of the parts mentioned; but Dr. Charcot very rightly attributes such failures to imperfect methods of observation, and he maintains that, at all periods, well marked degenerations may be detected if looked for in the right places and proper manner. Only time, care, and the application of a special method are required to yield the most convincing results. Examination of the cord by the unaided eye is of no value whatever. Besides alterations of the posterior columns, microscopic investigation has revealed atrophy of the posterior roots, posterior spinal meningitis, and atrophy and grey degeneration of various cerebral nerves.

Opinions still differ concerning the real origin of the disease. We know that it depends on sclerosis or grey induration of the posterior columns of the spinal cord. This process is accompanied by hypertrophy with fibrilation of the neuroglia, causing atrophy of the true nervous tissue. The spinal meningitis, which co-exists so frequently with sclerosis of the posterior columns, and which in such cases is entirely limited to these parts, would appear to furnish a new argument in favour of the irritative nature of the alteration. But where does this irritative lesion begin: in the neuroglia, or in the nervous element? Without pronouncing a definite opinion, M. Charcot is strongly inclined to the belief that the parenchymatous irritation is primary, and that the interstitial change is secondary.

In general locomotor ataxy, a degeneration of a special portion of the posterior columns is, as pointed out by the author and Vulpian, the characteristic and essential lesion. It is known that, in cases of this kind, there is to be observed, in addition to the sclerosis of the fillets of Göel, which is almost always present, two slender grey bundles. These, viewed on the surface of the cord, appear to occupy the posterior lateral fissures, and the most internal sensory roots appear to emerge from them. Degeneration of these bundles is, then, the special characteristic of the disease under consideration.

The second lecture is devoted to a description of the disease, special notice being given to the lancinating pains in the limbs and the *crises gastriques*. It is believed that the true significance of these gastralgic attacks has never been perceived.

The third chapter treats of the affections of the eye which occur in the course of locomotor ataxy. Although all the cranial nerves may be more or less affected during various stages of the disease, the optic nerves deserve special attention on account of the frequency with which changes occur in them. The disorders of sight may be classed in two divisions—1st, disorders of accommodation, diplopia, dependent upon lesions more or less transitory; 2nd, visual disorders due to a special degeneration of the optic nerve. M. Charcot describes the

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lesion of the optic nerve under the name of progressive grey induration, and distinguishes it from sclerosis *en plaques*, on the one hand, and optic neuritis on the other. The symptoms are somewhat similar, but should never be confounded, as they are essentially distinct. Progressive grey induration of the optic nerves is indicated during life by certain ophthalmoscopic characters, which correspond to what is usually described as progressive atrophy of the papilla. He, with some others, considers these appearances almost proof of the existence or probable development of locomotor ataxy. He says that the great majority of women who are admitted into the wards of the Salpétrière suffering from amaurosis, present, sooner or later after their admission, more or less marked symptoms of locomotor ataxy.

To the naked eye, the alteration of the optic nerve appears in the form of a grey hardening. It begins, as a rule, at the peripheral extremity of the nerve, and then gradually extends towards the central parts. When examined microscopically, it is found that the degeneration which constitutes the grey induration, resembles what occurs in the spinal cord.

It is unnecessary to dwell at any length on the concluding lecture. It refers chiefly to the changes which occur in the joints of the ataxic. To convey a correct idea of M Charcot's observations on this subject, it would be necessary to prepare a rather lengthy abstract, and we do not feel called upon to do this at present.

These lectures contain several references to the works of English writers on locomotor ataxy and other nervous diseases, and give an excellent account of all that is essential and interesting concerning this disease.

La Tempérance. No. 1. 1873.

The French appear to be now acutely alive to the evils of drunkenness. Societies have been formed for its suppression, and the publication before us is the official organ of one of them—the *Association Française contre l'abus des Boissons Alcooliques.* It must not be imagined that this society resembles in any respect, excepting their common object, those which have flourished in this country for a number of years. Although much good has been done, it cannot be denied that the temperance cause has suffered greatly at the hands of its so-called friends, who, by their fanaticism and intolerance, have prevented many able men from lending their aid. Some distinguished men of science and leading ecclesiastics have countenanced the movement; but these, as a rule, have only tended to exhibit, by their more enlightened and judicious views, the folly of their co-workers.

The subject of temperance is beyond our province, except in its relations to insanity. We are, therefore, obliged to leave unnoticed much that might greatly interest those who study the temperance

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