no recollection of certain acts they peformed while ill, such, for instance, as in typhoid fever making a will and giving minute directions about it, he adds the following passage as a matter within his knowledge:—

"On July 14th last, about 1.45, a tremendous explosion resounded throughout Paris. The percussion cap manufactory at Vincennes exploded . . . . . In a house which contained fifty lunatics a curious fact was observed. The maniacal, melancholic, demented, and imbeciles all obeyed their instinct of self-preservation by hastening to look out for the safest place, and for several hours only thought of this terrible event. The projectiles, shells, &c., had struck the house in five places; the roof had been pierced by a shell which had not burst, and which had been put into some water; the necessary precautions were taken, and the asylum had to be watched because of the constantly recurring explosions. The next day a very intelligent lady, who had witnessed the whole affair, was found to have *no recollection whatever of the occurrence.* A great emotional disturbance may then, in a state of health, be effaced from the memory."

Diagnosis of General Paralysis.

Dr. Drouet, one of the staff of the new asylum for Paris, at Ville-Evrard, says that since the opening of the asylum in January, 1868, of the 1,400 patients admitted 159 have been cases of general paralysis, and he has written a paper on the difficulties of the diagnosis. He says that in 42 of the 159 there were errors of diagnosis.

He thinks that mistakes may arise in the following conditions:—

1. In certain cases of epilepsy, hysteria, and locomotor ataxy.
2. In some cases of mania, acute and chronic, simple or complicated, with ambitious ideas.
3. In dementia, simple or senile, with motor affections.
4. In some cases of general paralysis with lypemania, or ideas of persecution.
5. In a great number of cases of chronic alcoholism.

https://doi.org/10.1192/bjp.18.82.235 Published online by Cambridge University Press

The following are also sources of difficulty:—

1. Some cases of paralytic dementia following cerebral hæmorrhage, tumour of the brain, or chronic encephalitis.
2. Cases of lead poisoning with mental symptoms.
3. Cases of progressive muscular atrophy, spinal meningitis, with delirium.
4. Paralytic pellagra.
5. Paralysis from phosphoric or arsenical poisoning, accompanied by intellectual disturbances.

This makes a formidable list; but it shows how shadowy are our notions even on such a common disease, that so many uncertainties or differences of opinion should be possible.

PART II.—REVIEWS.

The Theory of Practice, An Ethical Enquiry. In Two Books. By Shadworth H. Hodgson. Longman and Co.

This is far from being an ordinary book. It is replete with deep thought and metaphysical lore. Mr. Hodgson is a metaphysician of the first order. He traces every branch of knowledge to its root in the mind. He shows that every department of physical science has its metaphysical aspect, and must, in ultimate analysis, be tracked to its home in consciousness; or, in other words, must be subjective as well as objective. The highest generalization arrived at by the men of physical science is that which regards matter as ultimately reducible into atoms pervaded by force. Among these enquirers it is usual to consider that when they have arrived at atoms they stand face to face with the knowable least. Mr. Hodgson contests this opinion, and maintains that they have not analysed their object so far as it is possible to do so, but that even atoms and force have also a subjective side which is inseparable from their objective one. This leads us to the idealism of the author.

It must be understood that Mr. Hodgson is an idealist of the Hume-Mill School. While holding idealistic views every bit as rigid as those of Ferrier, he differs from Ferrier in being given more to induction, analysis, verification, and less

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