liver was diseased in 74, and the kidneys in 37 per cent. In some cases the disease of the heart or other organs precedes the mental affection, in others, as the result of prolonged disorders of innervation or of their causes, changes are induced leading to chronic inflammation or fatty degeneration. A mere derangement of the nutritive changes soon gives rise to the more apparent lesions.

In the lungs and pleuræ, inflammation, tubercle, and gangrene are readily developed; more than a quarter of all the cases recorded presenting old-standing pleuritic adhesions. The pericardium is more rarely affected, the fluid being increased in eleven cases; milky spots were present in five cases, and pericarditis in three. Of the lesions of the heart, mitral disease is much the most common, the valve being found simply thickened in seven cases, and atheromatous in twenty-three, and as a rule it is accompanied by disease of the other valves and muscular substance. In fourteen cases the muscular substance alone was affected, the lesion being either fatty degeneration or simple hypertrophy. The right side of the heart rarely presents any abnormality beyond simple dilatation.

The chief changes found in the liver are fatty degeneration with hypertrophy, and, much more frequently, atrophy more or less advanced. The gall-bladder is often distended, and often empty and atrophied. Gall-stones are of frequent occurrence. The bile varies in quantity and quality, being found sometimes semi-solid, and of a blackish colour, at other times nearly white. In thirty-one cases lesions were found in the heart and kidneys as well as the liver; in seven in the heart and liver; and in seven others in the liver alone.

The spleen is often found either extremely soft or much hardened, the capsule being much thickened, and cartilaginous in consistence. The kidneys are found to have been the seat of the various forms of inflammation and of fatty degeneration, and are hard and atrophied or simply fatty.

The diagnosis of many of these conditions in the insane during life is often most difficult, but is of great importance in forming a prognosis; their presence giving rise to a defective nutrition, which not only prevents recovery, but may even produce some form of mental disease.

Periodic Amnesia.

In this paper Dr. Azam relates a case in which he has observed an impairment of memory of a most unusual form. Felida X— was born in Bordeaux, in 1843, of healthy parents. During infancy delicate, at the age of thirteen she was normally developed, and at this period symptoms of hysteria first appeared; while on attaining the age of fourteen and a-half the phenomena about to be noted were first observed.

Having been judged insane by her friends, she was brought under the observation of Dr. Azam, who describes her as of middle height,

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dark, and fairly nourished. In conversation she is intelligent and well informed, but reticent and dejected in manner, often suffering severe pain, and thinking continually of her unhappy condition. Nearly every day she suffers an attack of which the course is much as follows: Seated at work, an unusually severe pain is felt in the head, which falls forward on her breast, while her hands drop by her sides, and she appears to sleep. From this sleep she cannot be roused even by pinching or pricking, but wakes in two or three minutes, apparently a changed individual. She now wears an expression of happiness and gaiety, humming as she continues the work she had dropped, or leaves the house to visit her friends, apparently in boisterous spirits. In this condition she can recollect events which have happened during these attacks and during her ordinary condition, and urges that it is her normal state. In 1858 these attacks occurred nearly daily, and lasted for three or four hours, after which the gaiety vanished, the state of torpor recurred for a few minutes, when she would wake to her ordinary existence. She has then no recollection of the hours she has just spent, of the visits she has paid, or of the work she has done and may have in her hand. At this time a third condition was occasionally observed, characterised by signs of extreme terror, and was probably due to the hyperæsthesia of her special senses. Further proof of the complete separation between her two existences was soon obtained. In her second or happy life she became pregnant; in her normal state she was ignorant of the fact, and suffered a severe attack of hysterical convulsions when informed of it by a neighbour, for in her second condition she feared to make her state known. In the end of 1859 she was confined, and her condition slightly improved, and during the two following years no phenomena of importance were observed, while during the next year the attacks appeared with less intensity. A year later she again became pregnant, and for three years suffered numerous attacks and exhibited all the worst symptoms of hysteria. During the three succeeding years the attacks remained nearly in abeyance, but often recurred during the next six years. During all these years the duration of the attacks gradually increased, most of her existence eventually being spent in them.

In 1876 her condition was as follows: Her intelligence is unimpaired, and she manages a shop. She still regards her normal condition as the abnormal, and complains that she is often perplexed by the complete loss of memory from which she suffers in, to her, the abnormal state. The periods of stupor ushering in each condition have become so short that, except by her husband, they are unobserved. As at the beginning of the disease, during the first period she is diligent and sad, while during the second she is bright and happy, and exhibits greater intelligence.

Dr. Azam, in his remarks upon the case, asks how the condition described is to be named. Is it a case of double consciousness, or

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simply an affection of the memory, the other faculties remaining intact? M. Littré has defined double consciousness as a state in which the patient, whether with the sensation that he is double or without it, has two states of existence, in each of which he is without recollection or knowledge of the other state. Clearly Felida is not such a case, possessing in one of her states of existence the recollection of both lives. Neither is her condition analogous to somnambulism, natural or artificial, nor to the states induced by alcohol, hachisch, belladonna, or opium, and it is easy to conceive how the misery resulting from the loss of memory may result in the depression which characterises the first of her conditions.

If it is right to ascribe all the phenomena of the disease to a periodic loss of memory, then all these phenomena point to the faculty of memory being localised in some one part of the brain. The amnesia is probably due to a temporary or periodic contraction of the vessels distributed to that part where memory is localised, and this contraction may be regarded as dependent on the hysteria from which the patient suffers.

On the Difficulty of Speech in General Paralysis.

After proposing the term "Dysphasia" as a substitute for the usual "difficulty of speech," M. Gallopain proceeds to investigate the seat of the lesion. He adopts the theory that the dysphasia is due to the lingual and labial ataxy, which in their turn result from a lesion of the ganglia in the floor of the fourth ventricle, and more particularly of those from which the hypoglossal and facial nerves take their origin.

Pathological Anatomy.—In every one of sixteen examinations lesions were found in the floor of the fourth ventricle, affecting the membrane, the vessels, and the nervous substance. The membrane which covers the floor is spread over with granulations, more or less apparent, in one case amounting to papillæ. These are formed of connective tissue, and are found in diseases other than general paralysis. The walls of the vessels are thickened, and minute hæmorrhages are occasionally found between the white and grey layers of the floor of the ventricle, while the vascularity generally is increased. The grey matter is nearly always more or less softened and semi-transparent, sometimes gelatinous in consistence, and of a light yellow colour. Microscopically, in the fresh state it is found to contain finely granular amorphous matter, isolated fatty particles, altered blood corpuscles, but chiefly cells of various sizes, round or oval, with homogeneous contents. In the nuclei of the facial and hypoglossal nerves some cells are seen with their nuclei, nucleoli, and processes, but nearly all have lost their shape and are altered in colour. The white substance beneath is generally found softened, but in one case it was hardened.

Labial Ataxy.—In a patient suffering from this affection, any movement of the affected parts, of a determined direction and

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