or ought it rather to be considered as a return of the miasmatic fever from which the patient had suffered so long during the preceding year? We believe that the second supposition is the more probable; 1st, because the attacks which presented this character returned with a certain periodicity, at first every fourth, then every third day; and, 2nd, because they were not slow in disappearing under the influence of sulphate of quinine.

When we ceased the observation of this case (15th January, 1872), the child had been calm for several days; she had a good appetite, and natural sleep, with normal sensibility everywhere. The gait and all the movements were easy and confident, although the limbs of the right side were still relatively feeble. The pupils were slightly dilated and the right slightly larger than the other. The condition of the intelligence and memory is very satisfactory. Reine, who only knew Flemish when she entered the asylum, can now speak and read French very fairly.

On Alcoholism, &c.

At a meeting of the French Med.-Psych. Association in May, 1872, M. Auguste Voisin made some interesting observations on:—

1st.—The influence of the various alcoholic drinks upon the form of mental derangement.

In the acute state, the delirium was caused in four cases by wine alone, and it assumed the form of lypemania; in one case by brandy, mental symptoms, those of lypemania; in two cases by absinthe alone, one of these was a melancholic, the other had symptoms of pride, &c.; in two cases by brandy and wine, they were melancholics; in two cases by wine, brandy, and absinthe they were cases of mania with ideas of pride, &c.

In the chronic state the symptoms of alcoholism were caused in three cases by wine alone; one of these was amnesic and aphasic, another was demented, and the third had ideas of grandeur. In six cases it was caused by brandy alone; in two of these the symptoms were those of dementia; in three stupor was present; and in one an extraordinary mobility was observed. In eleven cases absinthe was the only cause; of these five were sad, &c.; one was melancholic; one suffered from stupor; two from "abrutissement;" one had ideas of grandeur; and one was morally insane. In the case of alcoholism produced by wine and absinthe, amnesia and aphasia were present. In two cases due to the use of wine and brandy, one suffered from dementia, and one from lypemania. Of the three patients whose illness followed the use of all kinds of drinks, one suffered from amnesia, one from irregularities of character, and one from dementia.

2nd.—On Conception during Drunkenness.—As the result of seventeen cases which were fully examined it would appear that wine, brandy, and absinthe exercise an almost identical influence upon the

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products of conception. Epilepsy, convulsions in childhood, and chronic myelitis are the possible consequences of conception during drunkenness, whatever the intoxicating agent may be.

3rd.—On Conception during Chronic Alcoholism, without Drunkenness.—In the eighteen cases observed, there were born eight idiots and ten epileptics.

Of the eight idiots, four were the issue of fathers who indulged in wine, two of brandy drinkers, and two had mothers who drank brandy.

Of the ten epileptic children, five had fathers who drank brandy and wine, three who consumed only wine, and two who intoxicated themselves by absinthe.

On the diagnosis of general paralysis and alcoholism, M. Voisin makes the following remarks:—

Writers appear to me to be entirely mistaken when they recognise a general paralysis of alcoholic origin. I maintain, from what I have seen, that the lesions of alcoholism completely differ from those of general paralysis.

Autopsies of alcoholic cases, which I have made, have shown me that the characteristic cerebral lesions of these cases consist in fatty and atheromatous degenerations, in dilatation of the arteries, in sanguineous exudates in the vascular sheaths and in the nervous substance, in cerebro-meningeal congestion, in œdema, and that there does not exist hypertrophy of the connective tissue, or proliferation of nuclei; that is to say, that alcoholism leads to degenerative lesions, and not to inflammatory changes. We observe, indeed, opacities, milk-spots upon the meninges, but they are not due to adhesions to the brain; exudative lesions are observed at these spots, but none inflammatory. It will be objected that inflammatory lesions are observed in professional drunkards, in the serous membranes, and specially in the pleura. But these truly inflammatory lesions are due not to the primary action of alcohol, but to chills to which drunkards are exposed by remaining stretched for hours upon the ground to cold and to rain.

As to the neo-membranes of the parietal arachnoid found in certain cases of alcoholism, and which might be brought forward as demonstrating the possibility of lesions of a hyperplasic and inflammatory nature, nothing proves that they are the product of primary inflammation of the arachnoid, as Virchow, Vulpian, and Lancereaux wish to show.

I believe, on the contrary, that they are the consequence of hæmorrhage from the dura mater, consecutive to vascular changes; the hæmorrhages cause irritation of the membrane, and consequently secondary inflammatory lesions.

An observation by Luys is very remarkable in connection with this. In a quite recent case of arachnoidean hæmorrhage, Luys found on the surface of the clot tangled laminated fibres, patches of fibrinous ap-

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pearance, stratifications in which he saw some new embryoplastic fibrils, and he noted a complete absence of vessels.

It must be added that, if sometimes the neo-membranes of the arachnoid contract adhesions to the brain, these adhesions are partial, and that the cerebral inflammation is a seeondary lesion due to the irritation produced by the neo-membrane, and it is not a primary alteration due to alcoholism.

On the whole matters under discussion M. Voisin's conclusions are :—

1.—The character of the alcoholic beverage has no special influence upon the form of mental disease, and that absinthe does not lead to symptoms differing from those produced by other liqueurs or drinks.

2.—A certain beverage does not lead to the development of this or that disease, or degeneration, in the children of drunkards, whether they have been conceived or not during drunkenness of the parents.

3.—Delusions of grandeur, riches, &c., are present in acute and chronic alcoholism, and they cannot be considered as distinctive of general paralysis.

4.—General paralysis cannot be produced by alcoholic drinks, and the anatomical changes of that disease and alcoholism are essentially different.

5.—Liqueurs d'absinthe are not peculiar in producing epileptic attacks.

On Cysticercus of the Brain.

In connection with one case which came under their notice, Drs. Bécoulet and Girand have written a short paper which is specially valuable as giving numerous references to the foreign literature of this rather unusual disease.

The following are the chief facts of the case :—Nicolas V., æt. 28, was admitted into the Maréville Asylum on 11th April, 1871. He was a soldier in the Light Infantry, and made the campaign to Mexico, where he remained six years. Unfortunately, information as to his antecedents is very incomplete. It is known, however, that on 28th May, 1867, he re-engaged for seven years, but on 9th December of that year he was certified as suffering from lypemania, and as suicidal, having attempted to destroy himself by hanging. He was cut down in time, and animation restored.

He was sent to the military hospital at Metz, where he was under treatment for a month. M. Herman described his condition as follows :—V. entered the hospital to be put under treatment for an affection of the nervous centres. He labours under lypemania, characterised by a state of divergation, accompanied by weeping and habitual depression. All the other functions are normal. Various lauded remedies having been employed without any beneficial result, he was transferred to Maréville on the date already mentioned. Dr. Bonnet, who examined him at this time, gave the following certifi-

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