Dr. Macpherson well points out that education is no safeguard against insanity, at least that "smattering of a variety of different kinds of knowledge" which is supposed to be education. He quotes Sir J. Coxe as insisting that education "in knowledge of a man's own body, and of the relations in which he stands to the moral and physical world round him," is a power for checking the spread of the disease.

Great interest is taken in the training of nurses, and we make the following extract from some excellent remarks thereon:—

> The enthusiasm with which nurses and attendants in the present day asylum have thrown themselves into this new scheme of reform (and nowhere has this enthusiasm been more freely manifested than in this asylum) is an excellent sign that the standard of asylum nursing has risen, and will continue to rise with increasing aspirations. When the fashion in nursing changes, as all fashions do, and when people begin to perceive that ministering to a diseased mind is a higher mission than that of ministering to a diseased body, then we may expect the highest type of nursing to have its location in our hospitals for the insane, and the reproach of centuries of neglect and cruelty to be at least partially expiated in the gentle alleviation of the fearful and painful sickness of the mind.

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2. *French Retrospect.*

Ph. Chaslin on Cerebral Sclerosis.

Contribution à l'Etude de la Sclerose Cérébrale. "Archives de Médécine Expérimentale," Tome iii., p. 305.

More recent methods and investigations must be held to modify some of the results of this observer. His paper deals, directly, only with the particular form of cerebral sclerosis frequent in epileptics. In some of these the lesions were visible to the naked eye, some convolutions being atrophied, indurated, rough or smooth; and the cornu ammonis and medulla oblongata were also more or less affected. One part of an altered gyrus contained some abnormal nerve-cells, and between them neuroglia fibrils; another part was formed solely of overgrown neuroglia. The point of departure of this overgrowth appears to be the spider-cells.

He uses a histo-chemical reaction or test, suggested by Melassez, to show that, in these cases, the proliferated material, as well as being morphologically, is also chemically very different from connective tissue.

In milder degrees of change there is thickening of the superficial or neuroglia layer, forming a close network; in the next subjacent layer are fibrils of neuroglia, some of them described as traversing the protoplasm of spider-cells. The change is to a less embryonic state of the neuroglia, approaching that of the spinal neuroglia, and is entirely different from that found in general paralysis.

He asserts that the neuroglia and connective tissue come from different sources, and that the proliferation, in the cases forming the basis of his paper, is of neuroglia of ectodermal origin. (On

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these two points partial correction is necessary. See article in "Brain," by the abstractor).

Klebs, taking his stand on the structure of glioma, believed that the neuroglia in these cases is of nervous nature. Others hold the neuroglia, or in morbid cases the proliferated material, to be true connective tissue. Yet in syringomyelia and in Friedreich's disease there is pure neuroglia proliferation, quite distinct from true connective tissue or its proliferation. Both forms may co-exist, yet remain separate, *i.e.*, without reciprocal encroachment, in some diseases of the spinal cord, as, *e.g.*, tabes. Achard also showed in the optic nerves two forms of sclerosis, namely (*a*) Pure neuroglia sclerosis, and (*b*) Connective sclerosis.

Firstly, denying, therefore, the connective nature of the sustentacular tissue of the nervous centres; he concludes, secondly, that the lesion he describes in the brain of some epileptics is not an actual chronic inflammation; and, thirdly, that this particular proliferation of neuroglia is set up by a disorder in the development and evolution of neuroglia, usually due to a congenital defect or vice.

For this so-called "pure neuroglia sclerosis" he also proposes to specially retain the name "gliosis;" thus marking its special character; its approximation, perhaps, to the formation of glioma (but whether so or not); its constitutional and hereditary nature.

The term cerebral sclerosis he uses in his paper as affecting the cerebral grey cortex only, there being in all cases proliferation of neuroglia, either with or without palpable induration.

Proliferations of the neuroglia (or scleroses) he divides into two classes, the inflammatory and non-inflammatory. Among the former, or inflammatory, he places insular sclerosis; many or most cases of general paralysis; simple encephalitis or meningo-encephalitis, toxic or infectious; infantile hemiplegia (or polio-encephalitis); the sclerosis following cerebral injury, etc.

Among the latter, or non-inflammatory scleroses, are gliosis (used in the sense as above); hypertrophic or tuberous sclerosis; that secondary to arrested or lessened nervous development, or to disuse, or to senile involution, etc.

These two classes may be mixed in a given case.

He *concludes* that in the pathologically affected grey cerebral cortex the fibres and bundles found (other than the nerve-fibres) are not of connective tissue. They form at the expense of the neuroglia a sustentacular tissue of ectodermal origin (see previous criticism).

The cerebral sclerosis in epileptics is a variety of cerebral sclerosis attributable to a defect or vice of development. To that he more specially reserves the name gliosis, as being an alteration ordinarily hereditary and constitutional, and approaching gliomatous formation.

A table of classification of cerebral sclerosis and a plate complete the contribution.

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Puerperal Insanity.

Idanoff ("Annales Médico-Psychologiques," May, 1893) found infection to be certainly present in 70 per cent. of his cases, and this to be the chief ætiological factor. Heredity existed in 56 per cent. Nearly half were primiparæ (45 per cent.) Emotional disturbance was a factor in 26 per cent.

Menzies ("American Journal of Insanity," October, 1893) includes the cases of puerperal insanity, properly speaking, together with those connected with pregnancy, with parturition, and with lactation. This does not entail clearness when we compare his cases with those of others. He insists upon self-intoxication as the important factor, and the result of a pathological deviation of the processes attending the above-mentioned physiological periods or crises in some persons. The mental symptoms, in this view, arise from the resultant toxæmic state, and the perverted processes attending it, as, *e.g.*, cessation of the lochia. A number of clinical types are described.

The matter, of which the following are brief abstracts, we borrow from Dr. F. Peterson's report on "Psychiatry" in a recent number of the "New York Medical Journal," the original sources not being at hand.

Narcolepsy.

Böhm (Inaugural Dissertation, Berlin, 1893) gives histories of four cases of narcolepsy. Three were females, aged 11, 12, and 31 years, and one was a male, aged 18. Hysteria was marked in all the cases. Two of the girls had hystero-epilepsy, and one of these had also exophthalmic goitre.

Traumatic Psychoses.

Jacobson ("Nordiskt. Med. Arkiv.," No. 13, 1893) disbelieves in a traumatic psychosis, but admits that the mental symptoms following cranial injury often present resemblances in a series of cases. Usually there is mental confusion, "and this may be hallucinatory, maniacal, or stuporous, or even a chronic dementia with or without motor paralysis." He does not say that the head-injury was the cause of the general paralysis of the insane in any of several cases in which it preceded the latter; and if there is a previous syphilitic infection the part played, ætiologically, by the injury is doubtful.

The Bactericidal and Toxic Action of the Blood of the Insane.

D'Abundo ("Rivista Sper. di Freniatria," etc., Vol. xviii).—The toxicity was determined by the injection of the defibrinated serum of the blood of the insane into the auricular veins of rabbits; the bactericidal power was tested on the anthrax bacillus. Ten c.cm. per kilogramme of blood kills rabbits by acute intoxication. He found the toxicity and bactericidal power of the blood increased in all forms of insanity except in the depressed conditions, in which, on the contrary, it was lessened.

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Folie à deux.

Arnaud ("Ann. Méd. Psych.," May, 1893) divides cases of *folie à deux* into three groups:—

1. Imposed insanity, in which the second makes unusually small resistance to the first person affected.

3. Simultaneous insanity, in which natural proclivity, environment, and corresponding causation affect the two persons in like manner.

3. That in which there is doughty resistance by the second person affected, and only overcome by the exhaustion of a long conflict.

Common to all forms of induced insanity are three factors, namely, a similar predisposition; great and protracted intimacy of the two persons; and lastly, a plausibility of the delusional notions. Hence most of the cases are examples of persecutory paranoia.

Dr. Peterson ("Alienist and Neurologist," Jan., 1890) had previously expressed the same view as concerns the intimacy of the affected persons and the plausibility of the delusions, and that on this account *folie à deux* was more apt to occur among sisters, and that delusions of a suspicious and persecutory nature, because more readily given credence to, were more easily induced in a close associate.

A Psychopathic Epidemic.

Ssikozski ("Universitelskija Iswjctstija," 1893, "Neurol. Centralb.") observed this in Kiev, Russia. The originator of the pseudo-religious movement was insane, and the majority of his followers, mostly peasants, presented morbid nervous and mental symptoms. They believed their leader's assertions, such as that he was Christ; and, becoming exalted and joyful, sold their possessions and gave up work, saying no one would die, and work was not necessary, as God would take care of them all. Eighty per cent. of them had sensory illusions; most of them had hallucinations of smell. They perceived extremely agreeable odours, which they described as pertaining to God and Heaven, or the Holy Ghost. "Many had the feeling of remarkable bodily lightness, as if floating in the air. Some heard the voice of God, the whispering of the Holy Ghost, saw heaven open before them, and so on. Many were taken with convulsions, manifestly of an hysterical character. The congregations were always noisy and exalted, many falling to the earth, others jumping, striking themselves on the breast, shouting inarticulately, the women undressing themselves and becoming erotically excited." Some spoke in incomprehensible, senseless sounds, which they took to be a language spoken somewhere. Some had complete analgesia during ecstatic conditions. Most of them were anæmic and emaciated. The authorities broke up the "epidemic" by dispersing the subjects of it.

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