

we, as specialists, require four groups of data. These are with regard to—

1. Male and female insane with heredity.
2. Male and female insane without heredity.
3. Male and female sane with heredity.
4. Male and female sane without heredity.

Allied spheres of investigation are those with regard to the criminal, neurotic, epileptic, and certain classes of paupers and vagrants. These should be rigorously excluded in gathering normal data.

Blood-pressure in the Insane. By MAURICE CRAIG, M.A., M.D.Cantab.,
M.R.C.P.Lond. (*Lancet*, June 25th, 1898.)

In this paper the author records the results of a series of sphygmometric observations which he has made upon a number of insane patients at Bethlem Royal Hospital, and discusses some of the many interesting questions which these results suggest. He appears to have established several facts of considerable clinical and pathological importance, and his thoughtful and guarded interpretation of their significance leaves little room for criticism. We can scarcely give a better idea of this important piece of work than by reproducing (in a slightly abbreviated form) the summary of his observations with which the author concludes his paper:—1. The blood-pressure varies in different forms of insanity. 2. It is raised in persons who are depressed or who are suffering from melancholia. 3. It gives varied results in persons suffering from melancholia with motor excitement—so-called agitated melancholia. 4. It is found to be normal upon the recovery of a patient whose blood-pressure has been raised during the period of depression. 5. It is lowered in persons suffering from excitement or acute mania. 6. It is found to be normal after the excitement has passed off and the patient has recovered. 7. It tends to fall as the day advances, hence melancholics tend to improve and excited patients become more excited. 8. The depression following upon an attack of acute mania is not necessarily an active depression, but rather more exhaustive in type, and the blood-pressure in these cases may remain low until it finally returns to normal upon recovery. 9. The blood-pressure is probably raised in stupor. 10. It is not always altered in delusional insanity, except in those cases where there is also some emotional disturbance. 11. In healthy, active, and excitable persons it is low as compared with healthy but apathetic individuals. 12. From this it would seem that the blood-pressure is chiefly affected in emotional or affective insanities, in contradistinction to the effective or ideational forms of mental disorder. 13. It is raised in general paralysis of the insane when there is depression, whereas in the excited types of this disease it is low, as it is also in the later stages of all types of this disease it is low, as it is also in the later stages of all may in certain individuals induce mental aberration, but it is so far not complete enough to enable him to state definitely that mental disease is usually caused by altered blood-pressure. 15. The altered

blood-pressure in different forms of insanity suggests the line of treatment which may be adopted in the various kinds of mental diseases. 16. The feeling of weight and pressure upon the top of the head, so common a symptom in melancholia, is apparently vascular in origin, and is lessened or disappears when the blood-pressure is lowered. 17. Certain depressed patients improve with nitro-glycerine, but there is difficulty in keeping the blood-pressure down with this drug, as its action is so evanescent. 18. The action of erythrol tetranitrate is more prolonged and reliable, and is more powerful in lowering the blood-pressure in melancholia. 19. The prolonged bath raises the blood-pressure, and hence is of more value in the treatment of excited patients.

Conseil-Général de la Seine—Rapport, 1898.

This is the report issued by the Commission delegated by the General Council of the Department of the Seine to make a detailed and exhaustive study of the question of the treatment of the insane in England and Scotland, and to make a comparison between institutions for the insane in the United Kingdom and those of their own country. The Commission was composed of MM. Emile Dubois, President of the General Council; Navarre, President of the Third Commission; Paul Brousse, Reporter of the Alienist Service; Pelletier, Chief of the Alienist Service; and Edouard Toulouse, Medical Superintendent of the Asylum of Villejuif (Reporter).

The Commission visited all the principal asylums in the United Kingdom, including, among others, those of Claybury, Morningside, Derby, Barony, Gartloch, Larbert, and Murthly; and give in their report detailed descriptions of the construction, administration, organisation, and special methods of treatment of these several institutions, making at the same time a minute point-by-point comparison between them and the asylums of the first rank in France. This comparison is on the whole eminently favourable to our asylums, and the Commission avow that France has much to learn from Britain in the matter of the treatment of the insane. They place special emphasis on the system of the "open door," so much practised in our leading asylums, and are even now, since their return home, making strenuous efforts to introduce it into French asylums, notwithstanding the very determined resistance with which they are being met at the hands of many of their countrymen. On one point, however, they claim to have the advantage over us—namely, in the matter of food. After a minute comparison of the number of meals, the kind, quality, and quantity of food, beverages, &c., given to patients in the asylums of the county of London on the one hand, and those of the Department of the Seine on the other, the Commission come to the following conclusion:—"We conclude, then, from this short discussion that food is more abundant in the asylums of the Seine than in the asylums of London. This may explain the reason why the rate of alimentation is comparatively so low in the latter."