

vascular obstruction. But a vascular lesion may occupy a somewhat longer time in development—a few hours or days. In acute and subacute inflammation the symptoms come on in the course of a few hours, a few days, or a week or two. Chronic inflammation occupies from a few weeks to a few months. Degeneration, in which there is no adequate evidence of any inflammatory process, occupies many months, or it may be years. The symptoms produced by growths or simple pressure (traumatic causes excluded) are never sudden or very acute, and rarely, if ever, very chronic, the time occupied by the development of the symptoms varying, according to the nature of the cause, from a fortnight to six months."

Our experience fully corroborates Dr. Gowers'—that "in the majority of cases of locomotor ataxy—*i.e.*, of primary posterior sclerosis—there is a history of syphilis." We no less think with him, that the current description of symptoms of anæmia of the cord, hyperæmia of the cord, and reflex paralysis are contributed by a vigorous scientific imagination.

Finally, we could not pass unnoticed Dr. Gowers' remarks in regard to the subject of the nomenclature of diseases of the spinal cord. "We must endeavour," he very properly says, "to substitute the idea of morbid processes for that of definite diseases. . . . We have only to combine the terms indicating the place and the lesion to have a system of terminology already partly in use, and which will altogether suffice for our present needs. Thus we may have a columnal or a cornual myelitis, hæmorrhage, sclerosis, degeneration, or growth."

A series of typical cases, as examples of diagnosis, closes the book, which is illustrated with very fine, well-executed plates. In one word, the contribution is certainly a most valuable and complete outline of the intricate subject of Diseases of the Spinal Cord.

A Treatise on the Theory and Practice of Medicine. By JOHN SYER BRISTOWE. Third Edit., 1880. Smith, Elder & Co.

We congratulate Dr. Bristowe on the success which attends his treatise, as indicated by the appearance of a third edition. It is a work on which much conscientious labour has been bestowed. The chapter treating of Insanity is clear and

truthful, and well adapted for the general class of medical readers for whom it is intended, being neither too scant nor too full. Dr. Bristowe acknowledges the assistance he has received from Dr. Savage, both in the preparation of the article and in the clinical information obtained during visits to the wards of Bethlem Hospital, which, it is not too much to say is, at the present moment, the acknowledged School of Medical Psychology in this country.

We have scarcely a criticism to make, but there is just one we cannot omit. Dr. Bristowe says at p. 1099, "The reasoning powers are doubtless impaired in all cases of insanity." Yet we read at p. 1104, "It is a fact that the patient may never pass beyond the stage of affective insanity." Again, he admits Hypochondriasis as "a form of melancholia, in which there is mental depression without necessary delusion or impairment of the reasoning powers"—properly a *folie raisonnée mélancolique*. On cases also in which there has been a partial recovery after acute mania, in which, however, "the sensibilities are blunted," and the patient "has lost all the higher and holier impulses," &c., so that there is "a profound change" mentally, Dr. Bristowe remarks, "he retains his reasoning powers," and "he can perhaps reason as acutely as ever" (p. 1116). The passage cited from p. 1099 is doubtless an oversight, and we hope it will be omitted in subsequent editions as incorrect, and certainly inconsistent with the succeeding paragraphs quoted, which are true to nature.

H. T.

The Lunacy Blue-Books.

Thirty-fourth Report of the Commissioners in Lunacy.

The Commissioners in Lunacy here present us with a Report which, as usual, affords unmistakable evidence of a year's painstaking and successful work. It has, however, unfortunately still to chronicle a steady increase in the total number of persons of unsound mind brought under their supervision. And limited consolation only can be derived from the statement that this increase has been altogether confined to pauper patients—the number of private patients showing a considerable diminution—for as the accommodation for patients of the private class who can pay only low rates is very limited, many who would otherwise be main-