pre-frontal region, which is obscured by œdema. The lateral ventricles are dilated and very granular; the fourth ventricle is also very granular.

Pupils: right, 5 mm.; left, 6 mm.

Thorax.—Right pleura is firmly adherent at apex, posterior border, and to diaphragm. The left pleura is slightly adherent at the apex and the posterior border. The bronchial glands are œdematous and fibrous. The bronchi contain blood. Right lung weighs 680 grammes; the upper lobe is somewhat congested and fibrous. Left lung weighs 570 grammes; the upper lobe is œdematous; the lower lobe is pneumonic, of a lobar type, and presents a marble appearance owing to presence of blood. The pericardium is natural. The heart is wasted; the ventricles are natural. On opening the trachea an irregular, ragged, ulcerated area the size of a shilling is seen, just at the beginning of the right bronchus. Several rings in this neighbourhood are necrosed. The trachea, larynx, and the bronchi—more especially the left—contain much recent blood-clot, which has practically flooded the lungs. The opening leads forward into an irregular, false aneurysmal sac, which lies below the arch of the aorta and passes forward, upward, and to the right. A portion of the sac projects to the right of the pulmonary artery. The original opening of the aneurysm from the aorta is immediately adjacent to and below the orifice of the left subclavian artery. The portion of the aneurysm commencing from this opening is denser and older than the remainder. The whole thing is the size of a large orange, and contains much laminated and granular blood-clot. The aorta is very dilated and atheromatous.

Abdomen.—Liver 1620 grammes, dense, fatty, small, nutmeg type. Spleen 130 grammes, pulpy. Kidneys, right 120 grammes; left 115. Capsule strips readily. Cortex 4—6 mm., density increased. Renal arteries natural. Abdominal aorta atheromatous. The stomach and intestines contain numerous blood-clots.

Cause of death.—Rupture into the trachea of an aneurysm of the aorta.

The case is one of great interest, as it showed the entire absence of the physical signs and the pressure symptoms pointing to an aneurysm. The patient had been in bed for some time, and the presence of an aneurysm was not thought of until the day before he died, when he developed the "brassy" cough and his attack of dyspnœa.

Occasional Notes.

Alcoholic Insanity.

The report of a special committee to the Glasgow Parish Lunacy Board shows that in the year ending May 15th, 1902,

no less than 259 cases of mental disorder of alcoholic origin had been admitted to the two asylums and the observation wards, one third (33 *per cent.*) of the whole admissions of the year being directly due to alcoholic excess.

This enormous amount of mental disorder does not by any means exhaust the share of alcohol in the causation of insanity. In many cases alcoholic habits, which have ceased, have given a predisposition which later in life leads to mental break-down from other exciting causes; and the children of drunkards yield a considerable contingent to our asylum admissions.

Civilisation is credited with producing an increased amount of insanity, but it is the vices accompanying civilisation that are really to blame; if alcoholic abuse and the spread of syphilis were checked, civilised communities would probably compare very favourably with the most uncivilised peoples in this respect.

This report shows that a large proportion of these alcoholic cases were earning good wages; that in fact they voluntarily reduced themselves to pauperism. This surely is an offence against society that should be duly punished, but what punishment will be effectively deterrent to an individual to whom neither pauperism nor insanity has power to appeal? Such an individual must be irresponsible, and should be dealt with accordingly.

Treatment, and not punishment, is required by those who have recovered from an attack of alcoholic insanity. The case of every such person should be medically investigated and reported on to a magistrate, who should have the power of relegating the individual to a home for inebriates for any period not exceeding three years.

Punishment should, however, be meted out to the *particeps criminis*—to those who have aided, abetted, and profited by the offence against society; and these are the proprietors of the drink-shops. It would be vain to attempt to assess the amount of criminality in any given case, and it must, therefore, be settled in the sum total arising in a given community. This would best be done by levying a special rate on the public-houses of a district to defray the expenses of the maintenance of all alcoholic insane patients in the asylums or inebriate homes, and of their families in the poor-houses. Such a rate would be quite justifiable in face of the enormous profits made from

drink, and the huge increase in value of any house to which a licence is granted, for which the community at present gets no return whatever.

Such special rating of public-houses would probably more than anything else tend to stimulate the proprietors to make their profits from the real needs of the people for refreshment rather than by encouraging and fostering the drink habit, which is now their most profitable way of obtaining business.

It may be argued that all cases of alcoholic insanity do not arise from drinking at public-houses, and this is true; but on the other hand the excessive drinking which their methods of business foster produces much ill-health and poverty apart from insanity, and, as we have pointed out, causes also much insanity which is not ranked as alcoholic.

If the public-houses of the country were specially rated to the extent of a third of the cost of all pauper insanity, they would still be treated with undue leniency. We trust that Glasgow, which is so forward in dealing with lunacy matters, will act as a pioneer in putting some check on the licence for evil of the licensed victuallers.

Voluntary Boarders in County and Borough Asylums.

The extension of the voluntary boarder system to the county and borough asylums has long been felt to be a necessity by all who are interested in promoting the early treatment of the insane. It is, moreover, only just that a provision of the law which is found to be good for the well-to-do classes should be extended to the poor. Dr. Ernest White has done good service in again giving prominence to this great need of the poor, in the recent discussion on the treatment of incipient insanity.

That voluntary boarding was not extended to the so-called pauper institutions in the late Lunacy Law was probably due to the fear that many paupers might prefer to be treated as *quasi*-lunatics in asylums rather than as paupers in workhouses; this would be very likely to be the case, and constitutes a valid objection. The difficulty, however, is so easily to be overcome that it should not be a bar to the adoption of such an important and valuable method of treatment.