

were degenerated. Conversely all the fibres in the left inferior cerebellar peduncle were degenerated, except the tract crossing from the right olivary body.

W. H. B. STODDART.

6. Pathology of Insanity.

Melancholia and Epilepsy from Softening of the Left Frontal Lobe
[*Melancholia ed epilessia di rammollimento del lobo frontale sinistro*].
(*Arch. di Psichiat.*, vol. *xxi*, fasc. *vi.*) *Burzio*.

The patient was first admitted to the Turin Asylum in 1879, æt. 39 years. A maternal aunt had committed suicide. Patient had been addicted to drink. For some time before admission he suffered from persistent headache, and from vertiginous attacks occurring every two or three months: he had latterly developed mental symptoms characterised by emotional depression with a certain degree of apathy, interrupted by crises of anxiety and agitation. For these symptoms he was sent to the asylum, where his state on reception was noted as one of melancholic depression; general health very indifferent; pupils dilated, irregular, and sluggish in reaction. With brief intervals of provisional liberation, he remained in the asylum till his death, in 1898, from pleuro-pneumonia supervening on generalised arterio-sclerosis. During the last ten years of his life he had a few epileptic fits of classic type, occurring at long intervals.

The autopsy showed an extensive area of softening occupying the greater part of the cortical and subcortical substance of the left frontal lobe, bounded by the superior and ascending frontal convolutions and the island of Reil; this condition was evidently of old standing. The carotid and the cerebral arteries of medium and small calibre presented sclerotic changes. The heart was hypertrophied, the liver cirrhotic, and the other viscera more or less diseased. Microscopic examination of the cortex adjoining the softened area showed no marked changes.

The author considers that the epilepsy and melancholia must be attributed solely to the lesion of the frontal lobe, as the arterial changes outside the softened area were not of great gravity. He points out that the dependence of melancholia upon such a lesion would be quite in accord with previous clinical and experimental evidence, which tends to connect the pre-frontal region with the higher psychic functions.

W. C. SULLIVAN.

A Research on the Condition of the Vagus and Sympathetic Nerves in General Paralysis of the Insane. (*Arch. of Neur., Lond. Co. Asylums*, 1899.) *Wakelin Barratt, J. O.*

This research was undertaken at the suggestion of Dr. Mott with the object of ascertaining if any changes were recognisable in the pneumogastric and sympathetic nerves in advanced general paralysis. Ten cases were examined (method given in detail), the sections being contrasted with other sections obtained from non-general paralytic cadavera.

Dr. Barratt's results were negative. No evidence of degeneration of medullated nerves could be obtained in the ten cases investigated (with the exception of a single fibre, presumably, therefore, accidental). Nor did the non-medullated fibres or the surrounding connective tissue show any abnormality. This research confirmed Dr. Mott's opinion, expressed in his report of 1897, that fatty degeneration of the heart and other muscular structures could not be accounted for by recognisable degenerative changes in the vagus and sympathetic nerves. Dr. Barratt illustrates his paper, the drawings being of his usual neat character.

J. R. LORD.

7. Treatment of Insanity.

On the Hypnotic and Sedative Action of Hedonal [*Sull' azione ipnotica e sedativa dell' hedonal*]. (*Riv. sperim. di Freniat.*, vol. xxvi, fasc. ii, iii, 1900.) Biancone, G.

Hedonal is one of the newer products of the urethane group, it being combined with higher alcohols than the other members. It is a white crystalline powder with an aromatic odour and taste. Slightly soluble in water, it is readily soluble in any organic fluid. It is said to be fully oxidised in the system. Given in doses of $\frac{1}{4}$ to 2 grms. (7 to 30 grains) it has a sedative action on all nerve-cells. It has little effect on the temperature, lowering it only about 0.3° C.; the pulse is lowered from six to twelve pulsations per minute; the blood-pressure decreases by from 10 to 15 mm. of mercury—evidently a vaso-dilator effect. There is a notable increase in the total quantity of urine excreted, but without increase of the total solids. In nervous insomnia it produces sleep, generally of some hours' duration, in from half to two hours, without dreaming or bad after-effects. It proved of value in a case with gastric crises. Excellent calmative results were obtained in the excited state of melancholia and of *folie circulaire*. It has no effect in reducing the number of fits in cases of epilepsy, but is of value in the excited stage following them. In many cases it succeeds when sulphonal, trional, chloral, and even morphia are only partially successful.

J. R. GILMOUR.

Upon Rest in Bed in the Treatment of the Acute Forms of Mental Disease, and the Modifications which it may necessitate in the Service of Asylums. (*Arch. de Neur.*, Oct., 1900.) Korsakow, S. S.

In a well-reasoned, very temperate article on the above subject, Prof. Korsakow insists upon the value of rest in bed as a definite *system of treatment*; but whilst recognising bed as the essential therapeutic element in this treatment, he urges that it must be used by persuasion, and the suggestive influence of the surroundings, and not by forcible restraint. He considers, however, that there may be exceptional cases where the patient must be kept in bed by force as the lesser evil, in the same way that in surgical cases even the no-restraint system may require the strait jacket. In like manner the use of cells