

arteries and of pia mater. No lesion or inflammatory encephalitis. Degeneration of arterioles and nervous elements without signs of diapedesis. Negative bacteriological examination.

H. J. MACEVOY.

*A Case of Post-operative Mental Confusion [Relation d'un cas de confusion mentale post-opératoire]. (Arch. de Neur., Oct., 1899.) Fenayron.*

In view of the great divergence in opinions concerning the ætiology and characteristics of post-operative insanity, the author gives full notes of an interesting case occurring in a pedlar, aged 60 years, born of an unstable and alcoholic stock, and himself at one time addicted to drink. Eight days after ligature of his left axillary artery for aneurysm—the operation being complicated with septicæmia and high fever—he became incoherent, excited, confused, and went through an attack of mental confusion, with periods of excitement and depression, and a morbid dream-like state (“*déire onirique*”). As the confusion of ideas disappeared, some intellectual impairment and slow ideation persisted. After nine months, recovery took place with mental enfeeblement. Infection here seems to have been the determining cause of insanity in a predisposed subject; but the author does not admit that there is any special type of psychosis which can be termed post-operative.

H. J. MACEVOY.

*Fixed Idea [L'idée fixe]. (Arch. de Neur., Aug., 1889.) Keraval, P.*

Notes of fifteen cases are given, exhibiting the presence of fixed or dominant ideas in various forms of insanity, with their characteristics and the part they may play in the evolution of the disease. Two are cases of melancholia. In eight cases the fixed idea occurs in degenerates; often for a time this apparently constitutes the sole delusion, but sooner or later there are added delusions, and chronic delusional insanity is the result. The others are cases of chronic delusional insanity. Here, the fixed idea is a picture at the base of an edifice of errors, although the execution in its architecture appears correct. Many of the cases correspond to what has been called monomania or partial insanity. Some hallucinations may be the starting-point; more commonly the disorder is in the intellectual sphere, and the fixed idea is the primary initial pathological phenomenon. The fixed idea—unreasonable, insane, sudden,—is, as a rule, related to the patient's own self, who is victimised or about to be. Hallucinations frequently follow. Wernicke's cases of *prevailing* idea culminating in systematisation belong to this class.

H. J. MACEVOY.

*Psycho-motor Hallucinations (Verbal) in Alcoholism [Les hallucinations psycho-motrices verbales dans l'alcoolisme]. (Arch. de Neur., Nov., 1899.) Cololian, P.*

The notes of four cases are recorded presenting this symptom (rare in alcoholism) in association with hallucinations of hearing and sight. In one case it is a voice, inarticulate, without quality, which is nevertheless heard by the patient, and which answers the questions put by the voices heard from outside—thus constituting a singular