

validity for conclusions drawn from the study of so special and limited a field, but he is disposed to think that the facts warrant a good deal of scepticism as to the probable results of the asylum treatment of the habitual drunkard. He believes that after care, involving exclusion of the moral and material influences which make for intemperance, is likely to be of more effect than prolonged treatment in inebriate reformatories.

W. C. SULLIVAN.

*The Bed Treatment of Insanity [Le Traitement par le Repos au Lit en Médecine mentale]. (Arch. de Neurol., May, 1901.) Paris, A.*

Dr. Paris confirms by his testimony the value of rest in bed in the treatment of the insane. He also points out that it does not really raise the expense of maintenance appreciably, for if, on the one hand, it necessitates an increase in the staff of attendants, it obviates the cost of the destructiveness of the maniacal patient, and the greater and more prolonged consumption of sedative medicines, etc. Another aspect of this question is the lessened call for surgical treatment which rest in bed brings with it; thus the metrorrhagias, wounds, and fractures are much less in evidence, and one accident in particular is of much less frequent occurrence, viz. hernia.

Dr. Paris finds it necessary that the bed treatment should be practised in separate rooms (not isolation cells) as the treatment in dormitory is not successful.

HARRINGTON SAINSBURY.

*Statistical Consideration of a Series of Gynæcological Observations at the Asylum of Ville-Evrard in 1899 [Considérations statistiques sur le Service d'Observations gynécologiques de l'Asile public de Ville-Evrard en 1899]. (Arch. de Neurol., Aug., 1901.) Picqué et Febvre.*

In this paper, the authors point out the frequency with which gynæcological troubles are found associated with mental perversions, and they insist upon the dependence in many cases of the latter upon the pelvic mischief. According to the traditions of asylum practice in France a pelvic examination is only performed after the consent of the relations has been obtained. At the asylum of Ville-Evrard, with 400 to 450 beds, this consent was obtained in sixty-six cases only. Excluding, for reasons, five of these cases, there were found gynæcological troubles in fifty-nine out of the remaining sixty-one cases. With this enormous proportion in view, and the frequent ætiological relationship between this form of disease and mental aberration, the refusal of the relations to allow the necessary examination of patients who are themselves not able to act on their own behalf becomes a very serious matter, and the authors ask whether society, which takes upon itself to commit a patient to an asylum and by law to administer and protect the property of the individual, cannot take better care of that other form of property—health. True, in cases where symptoms are urgent we may take it upon our own consciences and act then and there as we deem best for the patient, but, as MM. Picqué and Febvre insist, where does urgency begin in matters medical and surgical?

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