mental development, with special reference to the action of bromides in reducing the explosive tendency.

Pathology.—Locus: Cortex cerebri. Condition: (1) an explosive tendency in various cells; (2) a diminution of the influence of inhibitory cells. Consolidation of centres with development of connecting strands (Flechsig) is discussed.

Clinical.—The common feature of the various states is exaggerated action; the symptoms vary with the function of the cells affected. Treatment: dose and administration of bromides, auxiliary medical, dietetic, and motor *régime.* G. A. WELSH.

A Case of Epilepsy coming on after Ovariotomy [*Epilepsie convulsive survenue après une ovariotomie*]. (*Rev. de Psych., Sept.*, 1899.) *Marchand, L.*

A woman, æt. 43 years, was admitted into Villejuif asylum suffering from epilepsy with melancholia.

The history was that, having previously had good health and of good family history (except that her mother had paraplegia), she had double ovariotomy performed at the age of twenty-two years for cysts. During the months following, she felt flushes and heats in the face. Two months after the operation she had her first epileptic fit, and has suffered from them ever since. At first, the fits seemed to be monthly and periodical. At the present time, she has about four per month; they are typical of epilepsy, and she once burned herself during an attack (scars seen). Occasionally she has trembling of the head and a hot feeling in the face before the fit. H. J. MACEVOY.

Atheromatous or "Arthritic" Pseudo-General Paralysis [*La pseudo-paralysie générale arthritique*]. (*Rev. de Psych., Dec.*, 1899.) *Klippel.*

While relying especially on the accompanying symptoms referred to other organs (*i. e.* outside the brain) in differentiating the atheromatous form of pseudo-general paralysis from true general paralysis, the author draws attention to the differences in the signs and evolution of the two diseases, which often, though not always, exist (cf. more frequent association of early slight hemiplegia; less marked delusions due to more marked dementia; absence of infection; infrequency of febrile attacks; closer relation to senile dementia; less marked trophic affections in the terminal period; death more frequently the result of arterial lesion). The pathological lesions in the brain are quite different.

The notes of a typical case of atheromatous pseudo-general paralysis recently observed are given. A shoemaker, æt. 43, admitted under Klippel in April, 1899. At age of 35: syphilis; in 1895: slight temporary R. hemiplegia; in June, 1898: slight L. hemiplegia; progressive loss of memory and general enfeeblement; affection of speech characteristic of general paralysis; slightly unequal pupils; dementia. The associated symptoms were: signs of aortic atheroma and aortic regurgitation. Atheroma of peripheral arteries. Signs of interstitial nephritis (albumen, etc.).

Death was due to cerebral hæmorrhage on Oct. 13th, 1899, and the autopsy revealed cerebral hæmorrhage from atheroma of cerebral

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 ("délire 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