eliminated or actively destroyed. Against this liability to self-poisoning we are protected in great part by the liver and the natural digestive secretions of the alimentary canal. When the functions of these organs are imperfectly carried out, we get various morbid states of the blood, such as anæmia and chlorosis. Sir Andrew Clark, as is well known, ascribes the blood-change in the latter disease to retained fæcal accumulations.

Dr. Thomson believes that hysteria is due to perverted and disordered intestinal digestion, and finds good results from repeated purgation and the administration of intestinal antiseptics. Migraine, he thinks, is due to imperfect digestion, and he is of opinion that most of our reputed remedies for this form of headache, act by virtue of their antiseptic qualities.

Now that chemistry is asserting her claims to be heard, the stomach and bowels have regained much of the importance which they held in the minds of the old physicians as centres of the processes of life and disease. The old teaching that the origin of feelings, emotions, and moral characteristics is in the bowels, is confirmed in a way by Dr. Bland Sutton, who says that "he is convinced that the spinal cord and brain of vertebrata have been evolved from what was originally a section of the alimentary canal; in other words, the central nervous system is a modified piece of bowel!"

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3. *French Retrospect.*

By Dr. T. W. McDowall.

Annales Médico-Psychologiques, 1887.

(Continued from Vol. xxxv, *page 105.)*

Professional Intoxication of Wine and Liqueur Tasters. By Dr. Donnet.

The author is inclined to believe, from observation and information otherwise obtained, that men employed as wine and liqueur tasters are specially subject to alcoholic poisoning, although the fluids are not swallowed—at least, need not be swallowed, unless the taster chooses. They are, however, he acknowledges, constantly subject to temptation to excess, as they are not supposed to eject the wine, etc., when drinking with customers.

The cases given by Dr. Donnet do not at all satisfy us that alcoholic symptoms can be produced by simply tasting without swallowing. When he says that the tastes, habits, and education of some of these

patients forbid the possibility of the symptoms being due to intemperance, he makes a great demand on our faith.

Wine-tasting in Burgundy. By Dr. E. Marandon de Montyel.

In this paper the customs of the trade are examined in detail, and the result is to prove that *tasters* do not suffer from alcoholic symptoms, but that those who swallow—and in some departments this appears to be necessary—do to a very marked extent.

It may be a new fact to many, and very interesting, to know that distillers suffer from peripheral neuritis as a result of their occupation. They are, of course, exposed to the fumes of alcohol all day, when at work, and, no doubt, considerable absorption occurs from the respiratory surface ; whether that would be sufficient to induce the symptoms is another question.

Mental Disorders in Cases of Malarial Disease. By Dr. Georges Lemoine and J. Chaumier.

As the result of reading and the observation of some cases, the authors feel justified in coming to the following conclusions :—

1. Violent delirium, without any very distinctive characters, may accompany attacks of intermittent fever in persons predisposed thereto. It has no other significance, and is not always in proportion to the intensity of the fever.

2. In the same persons, but much more rarely, convalescence may be the period of development of a quiet delirium, stupor, or mania of indefinite duration, but generally curable.

3. Persons who long previously suffered from malarial disease, and still presenting some masked indications of its presence, are liable to intermittent mental disorders, or to chronic insanity. The diagnosis of the latter can only be made by studying the antecedents of the patient.

4. It is very probable that a form of malarial pseudo-general paralysis exists.

5. In regard to treatment, it is important to seek for malarial infection in the etiology of insanity. Quinine gives good results in intermittent insanity and in the insanity of convalescence. Its action is not beneficial when the mental derangement is chronic. It is, however, important to state that in the latter case quinine calms the transient attacks of excitement, as if they were masked manifestations of the disease.

The paper is divided into three sections. The first—historical—contains the few scraps of writing which have appeared since the seventeenth century. The second treats first of the mental disorders during the febrile attack ; next, of those during convalescence from malarial fevers ; and lastly, of those in chronic malarial infection. In connection with the latter seven cases are recorded, but they present no feature of interest.

The third section is devoted to the pathology. It gives briefly what is known of the presence of micro-organisms in the blood, and of the existence of pigment in the blood and vessels; but only vague suggestions are made as to their relations to mental disorder.

If it is desired to show that malarial fever—acute or chronic—tends to the production of insanity, this must be done by the production of statistics—not by the recording of a few cases in which the two diseases co-existed. It is obvious that malarial infection cannot be expected to protect persons from insanity, and that, as both diseases are common enough, it is inevitable that some unfortunate individuals will suffer from both.

The following paragraph surely expresses views which, if carried out in other circumstances, would enable us to prove almost anything:—

> We sometimes find ourselves in the presence of lunatics in whom the most minute examination fails to reveal the cause of the mental derangement. We can only establish that they have had previously attacks of intermittent fever, which have disappeared without leaving any physical signs. In such circumstances, ought we to attribute the origin of the cerebral disorders to malarial infection? We think it may be done without fear of error when there exist, or have existed, masked symptoms, and especially when the mental derangement occurs at regular intervals, and thus becomes itself a masked symptom, comparable in every way to intermittent neuralgia.

Cases of Hereditary Insanity in Old People. By Dr. Emmanuel Regis.

As is well known, it is chiefly in early and middle life that the curse of heredity makes itself felt; still there are cases, and Dr. Regis records several of them, where it does not declare itself until the victim has reached old age, when all the physical and mental trials of life had been successfully overcome. Such unfortunate people almost always present symptoms of melancholia, and pass the remainder of their lives in great mental misery; and, to make their case worse, even senile dementia refuses to supervene to diminish their sufferings.

Five cases are recorded with considerable detail; but they do not present any feature which is not familiar to all engaged in asylum practice. It is, however, to be noticed that not only in the patients themselves, but in the parents, the type of disease was melancholia, and the time of appearance almost always advanced life. How are these facts to be explained? Dr. Regis does not advance our knowledge in the careful remarks he makes, nor could more be expected, for, talk as we like about heredity and the causation of insanity, many of our elegantly-turned sentences only serve to cloak absolute ignorance.

(To be continued.)