

deal. Ten days before her admission to the hospital she had been a good deal affected by the sight of a friend at work who developed painful œdema of one wrist. She began to feel pains in the calves, compelling her to sit down frequently; these disappeared after three days, and then suddenly on the morning of January 23rd, shortly after reaching her workshop, her legs gave way as mentioned above.

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### 5. Pathology of Insanity.

*The Pathological Anatomy of Idiocy. (Rpt. XIII Cong. Internat. de Méd., Sect. de Psychiat.) Shuttleworth, G. E., and Beach, F.*

The report first treats the subject historically. Hippocrates and Pliny speak of the Macrocephali, who used to produce deformities of the head artificially. Tulpius associated hydrocephalus with idiocy. Later, Willis describes and figures an imbecilic brain one fifth the size of that of an ordinary man. Pinel records two cases of microcephalus, and Gall and Spurzheim publish plates illustrating not only microcephali, but also hydrocephali—one case of cretinism and an imbecile child. So far only size is dealt with. As regards *form*, Meckel, in 1760, noticed bony deformities. With respect to *conformation*, Tulpius remarks that the convolutions are less numerous; and Malacavne states that according to the degree of intelligence the lamellæ of the cerebellum are increased and diminished. As regards *organisation*, Meckel notes the dryness and hardness of the cerebral substance in idiots, and Bonnet and Haller report tumour and ulceration of the brain. Finally, Esquinol noticed the smallness, compactness, and atrophic condition of the convolutions, and the small capacity of the lateral ventricles.

Leaving the historical aspect, the authors note the current opinion that pathology and classification are mutually independent, and they classify idiocy as follows, viz.:

I. Congenital formative defects—1. Microcephalus. 2. Hydrocephalus. 3. Scaphocephalus. 4. Mongol imperfections of osseous, cutaneous, mucous, and, in some cases, cardiac tissues. 5. Neuropathic genetous cases. 6. Amaurotic genetous cases. 7. Sporadic cretinism. 8. Partial local defects.

II. Developmental cases—1. Eclampsic cases. 2. Epileptic case. 3. Syphilitic and juvenile general paralytic cases. 4. Paralytic cases.

III. Acquired cases—1. Traumatic. 2. Post-febrile inflammatory cases. 3. Sclerotic idiocy.

The same subject is reported upon by Professor O. Micrzejewski and Dr. Bourneville. The latter classifies idiocy, for the most part, according to coarse pathological lesions, and the former bases his classification upon a study of the more minute structures of the brain and from embryology.

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