

and can refer to the individual career in which they have occurred. The list of lesions is very comprehensive. The only suggestion that can be offered is that in the next edition it would be well to interleave the book so as to allow of the introduction of notes on microscopic appearances. We have no hesitation in saying that the index should be kept regularly written up in the pathological department of every hospital and asylum, for with a *minimum* of work it gives a *maximum* of utility to the records of facts.

The Treatment of Degenerative Psychoses. By JULES MOREL, M.D. 1893.

This is a reprint of a paper read at the International Congress of Charities, Corrections, and Philanthropy, held at Chicago, June, 1893. Our readers may remember that Dr. Morel read an interesting paper on the psychological examination of prisoners at the Psychology Section of the B.M.A. at Nottingham, in 1892, his article being published in this Journal in January, 1893.

Dr. Morel in this paper urged the importance of *after care* for criminals as well as the insane. He holds that society does not take sufficient care to preserve malefactors from relapse. They feel themselves abandoned by those who ought to protect them in a social point of view. Often they are obliged to go to lodgings inhabited by the lowest class of society. They cannot easily find work again. Hence they are obliged to spend their time in bad company and even houses of ill-fame. They begin to drink, and before long they commit new crimes. They decline mentally also.

The difficulties are evidently immense. How few, if any, would knowingly take an ex-convict into their service? If this prejudice meets us even in regard to recovered lunatics, how much more so with regard to actual criminals? Faith, however, works wonders, and if Dr. Morel can overcome this objection, and if experience does not entail serious accidents from this course being adopted, we can only rejoice. This aspect of the subject treated by Dr. Morel is only one, but our space does not allow of our discussing other points, important as they are.

The Microscopical Examination of the Human Brain. By EDWIN GOODALL, M.D.Lond., B.S., M.R.C.S. London: Baillière, Tindall, and Cox. 1894.

We accord a hearty welcome to this manual. Those who are acquainted with the author, either personally or from the Pathological Retrospect which has appeared from time to time in this Journal, would be certain that no book with the above inscription on the title page would be other than a most painstaking and accurate production. Such a reader will not find his confidence misplaced. It is, of course, up to date, but this means up to the date of as careful and skilful a microscopist as it is possible to have. There is an excellent index by Dr. Craig, who was formerly on the staff of Bethlem Hospital. A work of this kind does not admit of quotation, and we must therefore content ourselves with referring the reader to Dr. Goodall's book itself.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *English Retrospect.*

Asylum Reports.

(Continued from p. 131).

Lancashire. Lancaster.—Additions are called for here, and it is intended to build blocks for nurses, for attendants, for working patients, and an isolation hospital. With regard to the latter the Commissioners in their Report express a hope that it will be of no large size, as the object is the immediate isolation of those first attacked, and not to deal with an epidemic. The admissions tell the same tale of hopelessness in a great proportion. The general paralytics only account for about 6 per cent., and intemperance for about 12 per cent. Dr. Cassidy does not approve of large transfers of patients from one asylum to another, as they upset a place for a time, and give no solid advantage. Three patients were discharged, their orders having lapsed. He justly stigmatises the arrangements under which this occurred as silly and childish.

Several features of relations are perhaps noteworthy. An uncle and nephew were admitted, an aunt of the latter being already a patient here. Two brothers came together, both acutely maniacal, and with the same or very similar delusions; two sisters, at different periods; a mother and daughter acutely maniacal and admitted together; aunt and niece in two instances; a daughter who found her mother here; in three instances, wives whose husbands were either here now or were recently here; and first cousins in several instances. We