The statistics are compiled from 450 cases, and deal with—1st, the percentage of recoveries in such cases as compared with other curable cases of insanity; 2nd, the various factors in causation—heredity, epoch of life, extrinsic causes; 3rd, the termination.

The medical and psychological examination discusses—1st, the nature of the heredity; 2nd, bearings of predisposing and exciting causes; 3rd, the mental features; 4th, the mode of termination.

In conclusion, the opinions formed are tabulated, and the material relations of medical and statistical facts formulated. G. A. WELSH.

Two Cases of Ephemeral Mania. (*Rpt. Ann. Meet. Queb. Med.-Psych. Soc., October*, 1899.) *By Dr. Burgess.*

A record of two interesting cases of severe acute mania, lasting in one case less than forty-eight hours, and in the other twenty-two hours. In neither was there any factor like epilepsy, alcohol, or parturition. In the first case the attack began with a sudden fear while in a railway restaurant. The other case had insane heredity, and developed during the attack, visual and auditory hallucinations, and apparently was the result of fright. No evil results followed in either case, and both were treated by a single dose of hyoscine hypobromate hypodermically.

J. R. LORD.

Two Cases of Auditory Peripheric Hallucinations. (*Rept. Ann. Meet. Queb. Med.-Psych. Soc., October*, 1899.) *By Dr. Chagnon.*

The special point about these cases was that it was absolutely necessary for them to undergo auditory or tactile impressions to experience auditory hallucinations. Both apparently had abnormal mental histories, the one having marked loss of will power (aboulia), the other showing but slight intelligence. Any sound, such as that produced by the patient or some other person walking, the pouring of water in a glass, or the rumpling of paper, etc., awoke voices. J. R. LORD.

Acute Delirious Mania. (*Journ. Nerv. Ment. Dis., Dec.*, 1899.) *Mann, F. J.*

The subject is approached from a purely clinical aspect. It contains a full exposition of its claim to be recognised as a specific entity, of its origin, course, symptoms, termination, and treatment.

Pathology deals chiefly with its origin, describing its bacteriological connections, but there is a short paragraph on the actual changes produced in the nervous system.

The onset, course, and symptoms are illustrated by cases, and allied conditions from which it must be differentiated are described, as are also useful points to aid a prognosis. The author gives statistics of his experience regarding the termination.

General lines of treatment are indicated. G. A. WELSH.

States of Over-excitability, Hypersensitiveness, and Mental Explosiveness in Children, and their Treatment by the Bromides. (*Scot. Med. Surg. J., June*, 1899.) *Clouston, T. S.*

A clinical description of "Nervous States" which are liable to occur in children with a neurotic predisposition during the earlier stages of

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