

prominent, out of all proportion, and at first quite overshadowed the motorial. They differed, however, by the absence of incoherent speech, and wild garrulity, from the forms one is accustomed to associate with the acute delirium of fever or acute mania. Up till three days before her death she would occasionally grow calmer for a little time, understand what was said to her, and answer "yes" or "no" intelligently. Drugs had no effect on the course of her disease, but chloral proved the most useful in securing a few hours' sleep and muscular rest.

The autopsy revealed a small quantity of mixed clot in the longitudinal sinus, engorgement of the vessels of the cortex, a very small amount of fluid in the lateral ventricles, thrombosis of some of the small vessels of the cortex in the Rolandic area; while in others, cells with oval nuclei lay heaped up in the perivascular lymphatic spaces, which also contained clumps of broken-up nuclear material.

The spinal cord and the other organs of the body were normal, except the heart, which was very atrophic, and some calcified tubercular glands in the mesentery and root of lung. Careful bacteriological examination of the cerebro-spinal fluid yielded negative results, and no micro-organisms were found in the meninges on section. The author regrets that so many standard works of reference on medicine and on insanity do not mention maniacal chorea at all, or else give a very short description of it.

He thinks that the embolic theory as causative of any form of chorea is no longer tenable, but that all choreic manifestations must be recognised as due to the presence of a toxine.

He quotes the conclusions arrived at by Poynton and Holmes that, in the first place, chorea is a manifestation of acute rheumatism, and secondly, that the *Diplococcus rheumaticus* is the infective agent in acute rheumatism.

He admits that his own case does not exactly add support to these views (which he apparently shares), as no micro-organisms were found on bacteriological examination of the brain and spinal cord.

A. W. WILCOX.

Visual Hallucinations on the Blind Side in Hemianopsia. (*Medicine, July, 1906.*) Burr, Charles W.

After referring to those cases exhibiting the above condition already recorded, the author proceeds to describe the case of a white man, æt. 20, admitted to his wards in the Philadelphia Hospital in March, 1906, complaining of severe headache and blindness on the right side and of seeing devils, angels, and bright lights in the blind field. He knew that the objects seen were unreal. They were not persistent, but came and went. Sometimes they appeared for only a minute or two, sometimes remained for hours. They were never visible on the left side. They were small, sometimes movable, sometimes stationary. They first appeared several months after an attack of unconsciousness occurring in July, 1905, which attack was preceded by sudden illness and vomiting. He was unconscious for a short time only and then became delirious, and on the following day stuporose, in which condition he was admitted to the Episcopal Hospital. He could be roused, and when roused became confused. Light disturbed him.

There was no paralysis of the arms, legs, face, or ocular muscles. His pupils were unequal at times, the right being the larger; both reacted to light. His reflexes were normal, and his control of sphincters unimpaired. Kernig's sign was present for a short time, about a week after admission. On ophthalmoscopic examination hyperæmia of the retina was found, more marked in the left eye. Five days later neuro-retinitis was present, and there was general hyperæmia around the disc in both eyes. The left eye in addition showed a retinal hæmorrhage in the periphery in the lower temporal region. Six days after this examination his mind was clear and he talked better. A further examination seven weeks later showed the typical appearance following a marked neuro-retinitis, and he was discharged next day as much improved.

He had a right homonymous hemianopsia, but the date when this fact was discovered is not stated in the notes. When examined by Burr this was the one prominent symptom. Slight slowness of thought was the only mental symptom shown by patient. The author believes that there was probably a gumma or specific arteritis (the man had a clear history of infection and bore treatment well) somewhere in the occipital lobe, the presence of optic neuritis pointing rather to its being a massive gumma. He thinks that the higher visual centre, on the convex surface of the occipital lobe, was either itself, or the white matter underlying it, slightly diseased or else merely pressed upon.

A. W. WILCOX.

4. Sociology.

The Question of Responsibility. (*Rev. Neurol.*, August, 1907.) Ballet, etc.

At the recent Congress of French Alienists and Neurologists held at Geneva and Lausanne, the much-debated question of the proper attitude of medical science towards the metaphysico-legal idea of "responsibility" received full and interesting discussion. Professor G. Ballet had been appointed to prepare a report on "The Question of Responsibility." In accordance with the opinions which he has always consistently maintained, Ballet concluded that the question is outside the medical domain. A number of speakers, notably Joffroy, supported Ballet. Grasset, of Montpellier, disagreed, but he admitted his dislike of the use of the word "responsibility." By a large majority the Congress affirmed its agreement with Ballet's proposition that, since questions of responsibility are of a metaphysical and juridical order and outside the physician's competence, a judge is not entitled to demand the physician's opinion concerning them. This decision marks a real progress of opinion, and seems to indicate that the clear-headed genius of France is taking the lead in putting an end to that illegitimate subserviency of medicine to antiquated legal metaphysics, which has often proved so disastrous in weakening the authority of medical science.

HAVELOCK ELLIS.

Sexual Hygiene in France [L'Abstinence Sexuelle]. (*Prog. Méd.*, August-September, 1907.) Léal, Foveau de Courmelles, etc.

The various problems connected with sexual hygiene in relation to