him and of being burnt, for which reason he wanted water squirted on him. The patient recovered in fourteen days. In a second attack, three years after, he complained of seeing giants about to attack him, and of fire being near him, and displayed much the same symptoms as before; recovering in the same time. In Moeli's opinion the psychical phenomena resemble those of alcoholic delirium, and are secondary to vaso-motor phenomena, produced by the pain of lead colic, and not directly due to the presence of the lead. This explanation is a very probable one, and is in accord with the one given by Goodheart (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1882), and is further borne out by the reports of Kiernan (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1881) and Ulrich (*Allgemeine Zeitschrift für Psychiatrie*, Band xxxiii).

"DELUSIONS OF THE MEMORY."—Meynert (*Fahrbücher für Psychiatrie*, Band iv) describes a case of what may be very well termed delusions of the memory. The patient claimed to have a fleeting perception of a kind which was marked by some detail. He said he remembered having seen in the forest a cleared space in which grew a large flower. This was based on an hallucination which was remembered as an actual perception. Of this class of cases Meynert gives the following explanation: In epileptics hallucinations are produced by a collateral hyperæmia, which engenders an irritation; a pronounced contraction of an arterial vessel produces a diminution of pressure in the collateral branches. These phenomena do not give rise to hallucinations, but when the individual returns to consciousness, the hyperæmia in question produces a delusion of the memory. The subjective sensation is reproduced in such colors, under the influence of the hyperæmia, that the sensorium preserves the impression of it, and the hallucination remains as an actual remembrance.

MELANCHOLIA FROM MEDULLO-SPINAL DISEASE.—It has long been known that among the other vaso-motor disturbances of locomotor ataxia, melancholia has been observed. Schüle (*Irrenfreund*, No. 2, 1883) describes a case in which at various times there occurred cardiac palpitation, irregular cardiac action, albuminuria, glycosuria, and neuralgia. The patient was a marked case of agitated melancholia, and showed the anxious excitement of that psychosis. From the symptoms Schüle inclined to the opinion that the case was not of primary cerebral origin, but the secondary result of a medullo-spinal affection. The patient recovered.

EYE-AFFECTIONS IN THE PSYCHOSES.—Dr. Borysiekiewicz (*Centralblatt für Augenheilkunde*, S. 494, 1883) finds, after an examination of one hundred and seventy-one insane, that there were two very frequent ocular lesions. Lesion one consisted in a diffusely dim and irregularly sized pupil and retinal opacity,

which was most frequent in paretic dementia. Lesion two consisted in bluish discoloration of the optic nerve in its outer half and *in toto*, and was frequent in alcoholic cases. Of twenty-eight paretic dementeds, fifteen gave positive results. In eight of these, lesion one was found, in atrophy of the optic nerve, in one neuroretinitis exudat.; in three cases lesion two was found. Pupillary aberrations occurred twenty times. Pupillary reaction was normal in seventeen cases, not taken in one, and abnormal in ten cases—in one of which one side reacted normally, the other did not. Facial paresis was found in fourteen cases. In four cases mydriasis and facial paresis were on the same side; in five cases, on opposite sides. Two cases of mania presented the first lesion, and in two, pupillary indifference. Of twenty-nine cases of monomania, there were four presented lesion one; three, lesion two; one, retinal anæmia; one, retinal hyperæmia; and one, retinitis. Of the one hundred and seventy-one, eighty-four presented anomalies: of these, eighteen presented lesion one; forty-two, lesion two; nine, retinitis; seven, hyperæmia opt. et ret.; six, atrophy of the optic nerve; two, anæmia opt. et ret. It will be obvious that these findings, while of interest, are scarcely *en rapport* with the patients' mental condition, and are accidental complications.

ORIGIN OF HALLUCINATIONS.—*The Medical Press and Circular* reports the following case: A drunkard labored under an hallucination of hearing. He rose every morning determined to keep sober for the day. Unfortunately, the road to where he worked passed by a certain public-house, and at some distance from this fatal spot he became conscious of two voices crying in his ear; the one, "He will not go in," the other, "He will go in." As he got near the door, the voice of the tempter increased in force till it quite drowned that of the good angel. The matter always ended by his going in and taking a drink, when the hallucinations ceased as if by enchantment. Goethe has shown that it is possible to produce hallucinations at will, by thinking intently on the subject of the hallucinations. In certain persons very active reproductions of memory take an hallucinatory form. These hallucinations would not be accepted by normal individuals as real occurrences. In a man affected by alcohol or by insanity, correctional power would be lost, and the conduct of the individual would be guided by the hallucinations. In the present instance, the struggles of the drunkard with himself were transmuted into auditory perceptions, temporary in character, and of the variety known to alienists as causal hallucinations. Hallucinations of this kind and origin are not infrequent among progressive paretics.

MORAL IMBECILITY.—Dr. T. Woods (*Lancet*, October 21, 1882) reports the following case: W. is six years and seven months old; his genital organs are as fully developed as in the adult, and his