c.—MENTAL PATHOLOGY.

PROGRESSIVE PARESIS FROM ALCOHOL.—Dr. E. Régis (*L' Encephale*, January, 1883) calls attention to the fact that it must be admitted that there are several forms of progressive paresis, differing according to the cause which engenders them, and it then remains to determine if around the true progressive paresis be not grouped several pseudo-progressive pareses. The question also arises, as has been pointed out, whether there is not a paralytic insanity as well as a parietic dementia, and whether the first arising under the influence of many causes, notably alcohol, does not end almost always in parietic dementia, but that it may be and often is cured. Had Dr. Régis a more extended experience, he would have seen that this supposed relation to etiology did not exist; that in all forms there were remissions, and these remissions have by superficial observers, been looked upon as recoveries. At the same time he does not seem to be acquainted with the fact that hypomania closely resembles, in its psychical features, progressive paresis, and fails to see that this is an element vitiating some of his conclusions.

PSYCHICAL BLINDNESS IN PROGRESSIVE PARESIS.—Dr. Stenger (*Archiv f. Psychiatrie*, Band xiii) reports five cases illustrative of the cortical blindness described by Fürstner as occurring in progressive paresis. The condition, according to Fürstner, and other experience, corroborates his view, usually occurs after the epileptiform and apoplectiform attacks. The patient can see, but fails to associate the object seen properly. If fire be placed before him he fails to associate the sight of it with the idea of burning. The condition is, as might be expected, sometimes temporary, sometimes permanent. The first, dependent on vaso-motor interruption of the associations; the last, from destruction of the same. In Fürstner's cases, one eye only was affected; in Stenger's, both. The pupillary differences found by the two observers are purely coincidental. Stenger found in one case not presenting this phenomenon, that there were visual hallucinations and hemianopsia. Atrophy of the occipital lobe was found in this case. In the cerebral blindness cases the lesions were too diffuse to permit of localization.

SYPHILITIC INSANITY.—Dr. C. H. Hughes, (*St. Louis Medical and Surgical Journal*, March, 1883) reports two cases of syphilitic insanity; one was a patient who had many morbid feelings, and had taken a strong antipathy to the physician who had at first treated him, and believed this physician had poisoned him. His manner was suspicious, and he was extremely cautious, inquisitive, and fearful about all medication. His eyes were suffused, pulse full, head hot, and his cerebral circulation over-active. The galvanic battery was his horror, and he withdrew from it as from a viper