23. *Climacteric Insanity in the Male*.—Dr. FRANCIS SKAL gives (*Edinburgh Medical Journal*, September, 1865) the following conclusions as the result of his investigations on this subject:—

"1. That there occurs in men between the ages of 48 and 60 a form of insanity, accompanied by more or less constitutional disturbances, which, in its symptoms, progress, and results, is identical with the insanity met with at the climacteric period in the female, and which may therefore with propriety be called climacteric insanity in the male.

"2. That the symptoms of this form of insanity are so characteristic as to render it easily recognizable.

"3. That this is the most curable form of insanity associated with melancholia which occurs in men, the recoveries being in the ratio of 56.7 per cent.

"4. That the duration of the insanity in curable cases rarely exceeds four months.

"5. That this form of insanity, apart from suicide or organic disease, rarely tends to a fatal termination.

"6. That the most important indications of treatment are—early removal from associations and friends; careful watching; occupation, as especially out-of-door work; nutritious diet; and the judicious administration of narcotics."

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24. *Osteo-myelitis*.—Dr. J. FAYRER, Prof. of Surgery in the Medical College, Calcutta, makes (*Indian Annals*, Jan. 1865) some interesting remarks on this affection, which has been the subject of several very important original papers in this Journal from some of our army surgeons.

Dr. F. says that he has not been able to satisfy himself thoroughly as to the cause of this affection. For a long time he was disposed to attribute it to the bad sanitary condition of the Indian hospitals. "I am now persuaded that although unfavourable conditions of this character increase the liability, and may, in some instances, determine the occurrence of a disease, which under more favourable circumstances would be absent, yet that these alone are not sufficient to account for a condition which makes its appearance when other cases are doing well, and when other parts of the same wound are perfectly healthy and undergoing vigorous repair. It is not at all unusual to see an amputation in which part of the bone has perished, whilst the soft parts of the stump are healthy, and whilst other surgical cases in the same ward are doing well; the aspect of the cases, generally, in hospital also being favourable.

"Much has been written on the after-conditions and unfavourable results of amputations. Necrosis of the end of the bone, retraction of the soft parts, sloughing, hemorrhage, and other untoward events are fully described; but none of these have I found to be of half so much importance, or to give rise to so much anxiety and so many failures, as the disease which I wish to describe. With reference to the mode of amputating, as a possible cause, I feel satisfied that the disease is not attributable to careless or imperfect division of the periosteum before the bone is sawn across, for I am particularly careful in all cases to divide the periosteum thoroughly with a knife, before applying the saw, in order to avoid fraying, or stripping it from the end of the bone.

"I do not say that this peculiar affection of the bone has been overlooked, but it does not appear to have attracted so much attention as it merits: the short notice it receives in most surgical works, and its absence from the Indian medical periodicals, would indicate that it has not generally been found a common affection.

"In calling attention to what I regard as a very dangerous and not unfrequent pathological result of amputations, I would especially dwell upon one important point, the question of re-amputation, at an early period, above the