

***Anatomico-Pathological Alterations and Morphological Changes in Insanity.***—Prof. Antigono Raggi states that, at first, it is difficult often to find actual pathological alterations. The more chronic a mental disease, and especially where the disease passes through consecutive phases or follows acute affections, the better are they to be observed. Morphological changes, especially of a degenerative character, are found in those mental diseases ascribed to psychic degeneration. Acute affections are represented by circulatory disturbances of the brain and its membranes, active or passive hyperemia or anemia, sometimes by appreciable histological alterations of the nervous tissues, neuroglia and vessel walls. In psychopathies with a degenerative base, dystrophic changes prevail. The cranium also is here affected. In degenerative states, as idiocy and imbecility, microcephaly is frequent from early ossification of the sutures, though it may be also due to irregular or defective development of the brain itself or be partial as in the degenerated insane, where it is chiefly limited to the anterior part. The contrary condition, macrocephaly, is due either to encephalic hypertrophy or hydrocephalus. Mental affections after cerebropathies present important anatomico-pathological alterations of the greatest variety and importance. They may have their origin in the bony skull itself, as from caries or necrosis, thus following ear affections, where, especially in scrophalous subjects, the inflammation of the internal ear is transmitted to the dura, with thrombosis and often inflammation of the membranes and the brain itself. Pachymeningitis is important in producing mental affections, either following traumatism or osseous affections, or being internal and directing involvement of the functions of the cortex and inducing general involution or atrophy. The cerebellum rarely participates in the anatomico-pathological changes of insanity, though in the progressive paralysis of the insane it is profoundly affected. In psychoses of long duration the hyperemia and inflammation are prone to lead to the formation of osteophytes, above all in senile and puerpural insanity. The arachnoid is here rendered thicker and opaque, and often adherent to the dura, the Pacchionian bodies are enlarged along the interhemispheric fissure. The pia mater is thickened and congested, and sometimes adherent to the cortex, particularly to that of the vertex and frontal lobe. In cere-

bral atrophy, after inflammatory, necrobiotic or simple affections, partial softening may be the base of the mental weakness. The spinal cord, peripheral nerves, ganglia and the great sympathetic may be altered. Spinal affections are chiefly secondary, and especially to cerebropathies, properly speaking. Various observers have noticed associated lesions of the peripheral nerves. Affections of other organs may either accompany or cause various psychoses. Crupous pneumonia is not infrequent, but is often unobserved. Pulmonary gangrene may also be quite frequently seen. Phthisis often complicates, cardiac affections, generally valvular, are very often seen in necroscopies; the digestive tract is altered and sometimes may be the point of departure of depressive and hypochondriac mental diseases, accompanied by anesthetic sensorial aberrations which are significant. Catarrhal and ulcerative affections of the colon are frequent, and often epidemic in asylums. Diseases of the genito-urinary tract occupy an important place in insanity. The skin, from deficient hygiene, presents important changes, among which are the osteomatoma of paralytics. The bones are especially fragile; neurotic osteomalacia. The morphological changes in the skeleton correspond to alterations of the organism which may represent anomalies of development, stigmata of a constitutional disease, deformity of accidental origin, traumatism and physical stigmata of degeneration. —*Gazetta degli Ospitali*, No. 155, 1893. F. H. P.

***A Contribution to the Study of Cephalgia.***—

As headache was present in plethora and anæmia, in febrile and afebrile diseases, and, in fact, almost every abnormal condition, an explanation of the phenomena had evoked considerable study. So far scientific research had not elucidated the mechanism of this morbid symptom, but this fact did not mean that there was not some satisfactory reason for the same symptom being produced in diametrically opposed conditions, such as hyperæmia and anæmia, for example. The history of a case was given which presented the following points of interest: during an attack of headache the patient's cutaneous blood vessels were much dilated, making the face very red, presenting the phenomena described in France as "femme autographique." It appeared pretty much as an attack of urticaria from indigestion. After several paroxysms of the headache the hair fell out in spots, resembling alopecia areata. New hair grew in, however,