sis, and differing from the latter in its anatomical characters only by presenting more obvious medullary lesions.—*Arch. de méd. naval.*

OCULAR SYMPTOMS IN GENERAL PARALYSIS OF THE INSANE.

—Mr. Bevan Lewis, by the systematic examination of a large number of cases, has reached the following conclusions: (1) A loss of reflex dilatation of the pupil to sensory stimulation occurred in the greater number of cases of general paralysis of the insane; (2) next to this condition the most frequent accompaniment of the disease was loss of pupillary reaction to light (reflex iridoplegia); (3) In twenty-three per cent. of the cases the movements on accommodation were completely lost; and (4) in a few cases cycloplegia was associated with this; (5) ophthalmoplegia interna was found only in the advanced stages of the disease—in one case it appeared to commence as reflex iridoplegia; (6) with the exception of one case, reflex iridoplegia was always present when the movements on accommodation were impaired or lost; (7) spinal symptoms—such as absence of the patellar reflex—were by no means especially associated with the more grave ocular troubles. He concluded, finally, that the sequence of morbid phenomena occurring in the iris in this disease was: first of all, loss of reflex dilatation to cutaneous stimulation; that, next, the reaction to light was lost (reflex iridoplegia); and that, in the final stage, ophthalmoplegia interna was developed and became in the end complete.—*Brit. Med. Jour.*, No. 1,172.

W. R. BIRDSALL, M.D.

c.—MENTAL PATHOLOGY.

OÖPHORECTOMY IN INSANITY.—Taufner (*Allgemeine Zeitschrift für Psychiatrie*, Band xl) states that out of twelve cases of oöphorectomy he found two performed on insane women (it is obvious that the American cases are not included in this number). He believes that hystero-epilepsy is curable by oöphorectomy. Many symptoms of hysteria result from ovarian disease. The influence of diseases of the female genital organs in the production of insanity is a very open question, and it has not yet been shown that any psychoses are curable by oöphorectomy. In the discussion of this paper, Elischer states that he thought the value of oöphorectomy in hystero-epilepsy was over-estimated. This affection was not in the vast majority of cases of ovarian origin. Niedermann said that in idiopathic cerebral affections and paretic dementia oöphorectomy was contra-indicated. In reflex cases and nutrition neuroses it *might* be of value. Hysterical insanity was no indication for oöphorectomy. Lafenauer was of opinion that oöphorectomy was of no value in the psychoses, and but little in hysteria.

Tauffer believed that even where indicated in the neuroses oöphorectomy was employed too late to be of service. Had Tauffer and the other Hungarians been acquainted with the American cases their objections would have been more strongly put.

ELECTRICITY IN INSANITY.—Dr. Tigges (*Allgemeine Zeitschrift für Psychiatrie*, Band xxxix) has endeavored to affect the sympathetic system in the insane by placing one pole of the galvanic battery to some one of the cervical sympathetic ganglia, and the other pole on the continuation of the sympathetic nerves, or upon the transverse processes of the cervical vertebræ and on the arm; or one electrode was placed on the first cervical sympathetic ganglia, and the other on the occiput. Marked effects were produced on stuporous insanity, or on melancholia attonita in this way. By the use of the constant current in hallucinations no very decided results were obtained; the anode placed in the auditory canal and the cathode applied to the neck had a soothing effect, and when reversed an exciting effect was observed.

DIFFERENT UNILATERAL AUDITORY HALLUCINATIONS ON OPPOSITE SIDES.—Magnan (*Journal de médecine de Bordeaux*, Sept. 30, 1883) states that there are hallucinated individuals who hear on one side agreeable things, and on the other side unpleasant. Magnan has recently had under observation four cases of this kind, of which one was reported in detail. The case was one of primary monomania, complicated by epilepsy. On the right side disagreeable statements are made, on the left ambitious ideas are conveyed. These latter hallucinations are obviously secondary to the first. Magnan concludes; first, these unilateral hallucinations on opposite sides are independent of local lesion; second, they do not differ from other hallucinations; third, they prove the double action and functional independences of the two hemispheres; fourth, analogous phenomena are noticed in hypnotic states; fifth, their existence demonstrates the action of separate sensorial centres in the cortex.

PARALYSIS AGITANS AND INSANITY.—Parant (*Annales médico-psychologiques*, July, 1883) concludes: first, that insanity, properly so called, is encountered in the course of paralysis agitans, and may present variable types, but depression is, as a rule, predominant; second, that this insanity is probably due to an extension to the brain of the spinal-cord lesions, or to the formation of isolated lesions, due to the same causes as the principal disease. It is much more probable that the insanity is due to vaso-motor changes; like those in insanity from locomotor ataxia, due to the influence of the paralysis agitans.

MELANCHOLIA ATTONITA, STUPOROUS INSANITY.—Dr. J. W.