Prognosis is always favorable. Treatment should be directed locally to the weakened muscles, and generally to the system at large, to counteract the effect of rachitic malnutrition. The latter indication is more important than the former. Removal or improvement of the fault in nutrition gives the muscles strength to perform physiological work. Diet is of the utmost importance. Whatever can be most easily digested by the patient, without regard to its richness in phosphates, is the proper diet. Milk (no tea, no coffee), thin cocoa, lean meat once a day, beef-broth in abundance, all of the lighter cereals and small quantities of the lighter fruits, cod-liver oil in small doses (not with hypophosphites), form an excellent anti-rachitic diet, remembering always that whatever disagrees must be instantly eliminated and something found to take its place. Other agents are massage, electricity, phosphorus and iron in alternation, small doses of *nux vomica*, etc., when anæmia is present. Satisfactory results are obtained from the use of Thompson's Solution of Phosphorus, according to the following formula :

R	Phosphori,	-	-	-	-	-	-	gr. j.
	Alcohol. absolut.,	-	-	-	-	-	-	℥ cccl.
	Spt. menth. pip.,	-	-	-	-	-	-	℥ x.
	Glycerinæ,	-	-	-	-	-	-	℥ ij.

M. and sig.

Of this mixture, from which the odor of phosphorus is entirely absent, to a child two to four years of age, six minims t. i. d., may be given, increasing the dose one drop weekly until ten drops are given. Correspondingly smaller doses are best for younger children. Larger doses for any are unnecessary.

L. F. B.

MANIA OF PUBERTY.

(By *M. Mairé*, "*Ann. méd. psych.*," 1889.)

In addition to the consideration of a case (a girl, nineteen years of age) which was treated successfully, Mairé considers the different opinions which have existed heretofore on this form of mania. He refers to the well-known

works of Griesinger, Morel, Kahlbaum, Hecker, Maudsley, and others, and on the basis of his own observations he comes to the conclusion that the process of development of puberty has in itself a great pathogenic importance toward the development of this mental disturbance. The process may take a normal, physiological course or a severe, pathological one. In the latter case the process demonstrates itself by bodily weakness, irregularities of the menses, chloro-anæmia, headache, hysterical attacks, change in the character (in the female); by a feeling of tiredness, headache, palpitation, cerebral excitement, etc. (in the male). The mania has a specific character, and Mairét distinguishes two groups:

1. Mania of puberty, with temporary cessation of mental development.
2. Simple mania of puberty, viz.: *a*, lypemanic stupor; *b*, choreatic mania; *c*, impulsive mania; *d*, hysteric mania.

In the lectures which have been published he treats of the *a* and *b* divisions of the second group. By lypemanic stupor he understands the "melancholia cum stupore"—Bailarger's or the German expression, "Katatony" (katatonic). Of the seven cases cited, six were girls; three times puberty alone was the cause, in the four others there existed, in addition to it, a hereditary disposition. After a prodromal stage, which is marked by the symptoms of the difficult puberty, there follows, upon an opportune inducement, often after mental excitement, nearly always the sudden outbreak of the disturbance. In the first phase there exist anxious excitement, terrifying deceptions of the senses, especially of the sight, and sometimes fever, which then oscillates between 38°—40°, may show an inverse type, and the objective examination reveals no change of the organs. In place of the depressive delirium, there appeared once religious exaltation. The stage of excitement leads, after a differently long duration, usually a duration of several weeks, into the stuporous one, in which, at the beginning of it, the hallucinations can be demonstrated; later on the latter disappear. The patients are unclean, helpless, salivate, cataleptic conditions appear, but the contractions of

the muscles are lacking; the circulation is slower, the temperature decreased. Characteristic is the interposition of often, sudden, and transient conditions of the most vivacious excitement of one-quarter to one hour's duration, which distinguish themselves by impulsive actions, attacks of violence, grotesque dancing, monotonous repetition of the same words and sentences and the like, by which the stupor of puberty is differentiated from the stupor of other ages. The stupor lasts for several weeks or even months, and passes then gradually on, under increase of nutrition, clearing up of the senses, appearance of the menses, etc., to recovery; sometimes the recovery is preceded by a stage of exaltation of short duration. The prognosis is in most cases favorable.

The *choreatic mania* appears more frequently in the male sex, and heredity plays a great part in this form of mania. Five cases. The prodromi are the symptoms of the difficult puberty, especially which are noticed long-lasting headache, change of the character, irritable disposition. Then follows, after a mental impression, *duppressio mensium*, or the proper attack. Also here was, in three cases, fever; but catarrhs, etc., were mentioned as cause. During fever the mania has the character of the fever-delirium. Mairét distinguishes, further on, a "*manie choréique simple*" and a "*manie choréique hallucinatoire*." The simple form does not need to especially distinguish itself, in the way of appearance, from the common mania, but mostly there is noticeable a striking irritability, inclination to violence, emphatic manner of speech, and poetic scribbling as well as choreatic movements in different regions of the body. The excitement sometimes increases to repeated attacks of rage, during which the choreatic movements become more intensive, and springing, running, dancing impulsive acts, making of grimaces, and excessive masturbation form the prominent features.

With the hallucinatory form the deception of senses predominates and gives a corresponding feature to the delirium. They consist mostly in anxious imaginations and ideas of persecution; the excitement may be of a milder

degree, as in the simple choreatic mania. The attacks of rage are also governed by the perceptions of the senses; but the latter may also disappear, and the attacks take then the same course as does the simple form.

The choreatic mania may run on for months and even years. The prognosis is essentially more unfavorable as, in the case of lypemanic stupor, already because heredity plays a greater part in it. P.

Asylum Notes.

MATTHEW D. FIELD, M.D.

HOSPITALS FOR THE INSANE.

H. Hayes Newington, M.R.C.P.Ed., in his presidential address, delivered at the annual meeting of the Medico-Psychological Association of Great Britain and Ireland, takes for his subject "Hospital Treatment for Recent and Curable Cases of Insanity." After a review of public opinion and of recent articles that have reflected upon alienists, with reference to the cures now effected and the increasing numbers of the insane, he returns to the main subject of his address:

"It will be necessary first to point out that two distinct classes of hospitals are aimed at. The first is what we may call a county hospital, in which the cure of the patients admitted shall be the paramount object, the extent of scientific study depending on the aptitude of the staff. The second is the educational hospital, in which, while of course the good of the patient will not be lost sight of, the advance of science shall be the guiding principle. As the respective objects vary to a certain degree, so will the details of construction and service vary, and for this reason it is essential that the considerations of the two institutions shall be kept separate.