On Insanity Alternating with Spasmodic Asthma. By CONOLLY NORMAN, Superintendent of District Asylum, Monaghan, Ireland. Reprint from *Four. of Ment. Sci.*, April, 1885.

The author reports seven cases in which there was a distinct alternating relation between the mental and pulmonary condition: "Thus in the first case we have chronic asthma vanishing when insanity comes on, and reappearing when the mental trouble becomes chronic. In the second, asthma cuts short and takes the place of an attack of insanity. In the third, perhaps the most remarkable and interesting of the series, habitual asthma disappearing, its place is rapidly taken by insanity, which again disappears immediately on the return of the asthma. When the last change occurred the patient was under close observation in an asylum, so that there can be no doubt as to the sequence of events. It would probably be carrying scepticism too far to say that the cure was due to the action of expectant attention in a patient already convalescent. In the fourth case, chronic asthma occurring in an imbecile, ceases with an acute attack of insanity, and comes on again when the latter has passed off. In the fifth the same order of things is observed as in the third. In the sixth, chronic asthma lessens in severity and finally disappears with the oncome of insanity: when the mental defect becomes chronic with some degree of amelioration, asthma returns."

In spite of the author's assurances most readers will question whether the mental impressions of a diseased physical state be not a very important factor in the case.

B. S.

Cataleptic State in Acute Poisoning by Corrosive Sublimite. Reported by Dr. SANTI BIVONA in *Gaz. degli Ospitali*, Marzo 3, 1886.

A woman, aged twenty-four, miscarried in her third pregnancy at three months; a puerperal metritis. A vaginal injection of the mercury bichloride was ordered, and the sister administering it gave it as an enema instead. Half an hour after, the patient became pallid, cold, eyes half opened, unconscious, respiration fifty-six per minute, irregular, and very superficial. The pulse 135, weak, and small; the tremor subsiding, the muscular tonicity was increased, the superior extremity which was experimented with maintained any position in which it was placed for more than a minute. The more easy the position the longer it was maintained. After a while it would return as if it were insensible to the quiet state. The patient was unable to swallow. Each attempt occasioned strangling.

The tremor and the consecutive paralysis are common occurrences in acute mercurial poisoning, but the writer affirms that the cataleptic state above described has never before been noted. He thinks it an individual idiosyncrasy brought about by a neuropathic condition. He excludes from his patient the hysterical condition.

The victim of the poisoning recovered after three hours, during which the most vigorous measures were used to restore her, including antidotes, stimulants, and artificial respiration.

GRACE PECKHAM.

The Insane in Associated Dormitories. It has been claimed by Dr. LAULOR, of Dublin, Ireland (Richmond District Lunatic Hospital Report, 1878), that associated dormitories exercise a decidedly beneficial influence on the insane. Dr. Boyd (*Journal of Mental Science*, vol. xvi.) says that the abolition of solitary cells and the substitution of associated dormitories does away with the prison-like appearance, which has a depressing effect on those mentally afflicted. Dr. G. F. Blandford (*Journal of Mental Science*, vol. xxiii.) says: "The abolition of solitary cells and the association of patients by night and day also conduces greatly to their quiet and well-being." Dr. Wardner (*Alienist and Neurologist*, 1881) says, speaking of his enforced experience caused by a fire: "These patients have been contented, and the number of escapes has not been as many as in former years. Sleeping in such large associated dormitories seems to have had the effect of keeping them quieter, and with the exception of occasional excitement from epileptic attacks there has not been as much disturbance as would have occurred with the same number of sane people lodged in the same room. Those who had been seriously noisy and disturbed their neighbors, while occupying single rooms or small dormitories, out of consideration for others or in consequence of the restraining influence of numbers and the eye of the night attendant, became quiet and acquired the habit of keeping still, and of sleeping well. In fact, a general improvement has been observed in both mental and physical health." Dr. Catlett (Report for 1881) expresses very similar opinions. Dr. Kiernan, from an experience in the Ward's Island Insane Hospital, (*American Journal of Neurology and Psychiatry*, November, 1884), and a very similar experience in the Cook County Insane Hospital, is of the like opinion. Dr. R. S. Dewey, of the Kankakee Insane Hospital, in his last report says that he placed in one dormitory twelve patients who had nearly all been in single rooms before, and who had been addicted to noise, destruction, filthy habits, violence, and several of whom were epileptics. The immediate salutary effect was almost too good to believe; in a word, quiet, cleanliness, and order took the place of turbulence, filth, and destructiveness; and these patients were not only better at night, but remained better all day every day, and some of them dated from this period a steady upward progress, such as had hardly been supposed possible. There are many psychological reasons why such dormitories should stimulate the defective inhibitions of many of the insane.

Melancholia.—Dr. C. H. Hughes (*Alienist and Neurologist*, April, 1886) says that in general the insane hospital is the best