

S.—One, three or four times during twenty-four hours.

Improvement has always resulted; and in two cases it proved rapid and most marked. In a few months there was practically a cure. The only drawback is diarrhœa until the organism becomes tolerant of this treatment.

L. F. B.

—*Scientific Teetotalism.*—J. Murray-Gibbes (Australasian Medical Gazette, February, 1892).

Under the above title the author propounded for his own discussion three questions, viz.: Is teetotalism founded on scientific principles? Is teetotalism as carried out now advantageous to the human race? and, lastly, How should teetotalism be carried out?

The first question he answers in the negative, apparently to his own satisfaction. The second question is likewise answered in the negative; and in reply to the third, his solution is rather broad, to say the least. That solution is as follows: "By adapting scientific food customs, which we shall find out by studying most of the primitive and other races by the light of recent research."

This passage is, to say the least, *charming* in its obscurity. It is not entirely possible to say that the author means that we should find scientific dietary customs as one of the advanced traits of primitive races. Throughout the entire article are found stray thoughts, which will probably upset some of the reader's previous ideas. For instance: "All food becomes acid before it is absorbed through the walls of the digestive tract." "Sugar in the food becomes converted into lactic acid in the stomach." "No single microbe has been so far proved to cause any one disease." This last sentence would incline us to believe that we have been waging war on the cholera bacillus lately for naught.

Although the author confesses he is a teetotaler, he thinks that alcoholic beverages should be taken for the organic acids they contain. The contents of the paper are not in entire keeping with its title. J. C.

—*The Cerebral Commissures in the Marsupialia and Monotremata.*—By Johnson Symington, M.D., F.Z.S., F.R.S.E., Lecturer on Anatomy, Minto House, Edinburgh (Journal of Anatomy and Physiology, Vol. xxvii., p. 69-84).

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Dr. Symington gives a complete history of the different views held on the subject—on the one side by Owen,

on the other side by Flower, Sander, Osborn and Herrick. He decides the question in favor of Owen's view, arriving at the following conclusions: In the monotremata and marsupialia, 1. the anterior commissure is as large and generally much larger than any other transverse commissure of the cerebrum, and it unites the whole of the cortex of the two hemispheres, except the gyri dentati and hippocampi majores (which extend over nearly the whole of the mesial wall of the hemisphere); 2. they have no true corpus callosum; and 3, the superior transverse commissure is simply a commissure for the gyri dentati and hippocampi majores.

In the placental mammals: (1) The anterior commissure is much smaller than the other transverse commissures, and it never extends to the cortex on the upper surface of the cerebral hemisphere, or to that on the upper part of the inner surface of the hemisphere; (2) a true corpus callosum is present, as well as (3) a hippocampal commissure.

(It is not quite easy to understand how the authors mentioned above can have overlooked the clear and convincing statement which Owen made as early as 1837. "The whole confusion is caused by a lax use of the nomenclature, and by a want of exact definitions. Osborn says that the corpus callosum is a commissure of the mesial parts of the mantle, consisting of an anterior portion, the true corpus callosum, and a posterior one, the commissura cornu ammonis s. hippocampal commissure. The expressions anterior and posterior proved fatal. Had he defined the hippocampal commissure of Owen (*Lyra Davidis*, in man) as a commissure of the cortical areas which give origin to the fornix, *i.e.*, to the fibres which descend to the base of the brain within the mesial wall of the hemisphere, and corpus callosum as a commissure of the cortical areas which give origin to the fibres of the corona radiata of the inner capsule (lateral wall of the hemisphere), then he would not have been misled by Flower's statements. He would have seen that in an animal whose hippocampal region extends nearly to the olfactory bulbs, the "anterior" commissural fibres are not different in character and position from the "posterior" fibres of the hippocampal commissure, but that they differ essentially from the fibres which in other, higher animals form the corpus callosum, both by their distribution and by their relation to the lamina terminalis. Moreover he would not have made the same mistake in the lower vertebrates, *e.g.*, in the reptiles. The greatest

part of the mantle of the hemispheres in these animals is homologous with the hippocampal region of the mammals; at any rate that part of the mantle which in several species shows commissural fibres, is homologous with it, as it gives its origin to the fornix. There is no evidence in the sections for a true corpus callosum and no argument in favor of one, as the reptilian brain—at least of the Ophidia—has no fibres which might be called homologous with the real capsula interna, nor has it an area in the mantle which would give an origin to a “stabkranz” (fibres of projection, descending in the lateral wall of the ventricle).¹

It is, however, fair to say that notwithstanding the above criticisms by Dr. S. and myself, Prof. Osborn's paper merits (together with Bellonci's and Edinger's work) a prominent position in the literature on comparative anatomy of the brain, being practically the first attempt in this line.

Cases treated by Psycho-Therapy.—Dr. José López Villalonga, of Havana, Cuba, describes the results of treatment of various nervous affections, in the “Revista de Ciencias Medicas,” November 5, 1892:

Case I. was a chronic gastric neurosis of five years' standing, with obstinate attacks of vomiting occurring daily. The patient was treated after five hypnotic suggestions.

Case II. was of a similar affection, but only of eighteen months' standing, with severe attacks of vomiting, dizziness, malnutrition, etc. Like the preceding case, this one too was pronounced cured after five treatments.

Case III. was one of facial neuralgia; cured after two suggestions.

Case IV. was a mild attack of sciatica; cured after nine treatments.

Case V., was an acute gastralgia; cured after two treatments.

Cases IX. and VII. were also acute gastralgia; cured after five and three treatments respectively.

Case VI. was a chronic gastralgia of one year's standing, with attacks of vomiting, etc.; cured after eighteen suggestions.

Case VIII. was an acute neuralgia; cured after one suggestion.

All of these cases were young people of sixteen to twenty-two years of age, many of them presenting the ordinary symptoms of hysteria.

¹ Compare my paper, Ueber das Vorderhirn einiger Reptilien. Zeitschrift, f. wiss. Zoologie, Bd. liv., Heft 1.