

The proportion of Irish attacked by paretic dementia is much greater in Cook County than in New York City, and this arises from the Irish in Chicago being much more addicted to speculation than those in New York. To his personal knowledge, Irish women who, in New York, would simply hoard their money and keep away from any speculation, here deal in options on wheat and pork.

Transitory Insanity. Dr. C. H. HUGHES, (*Alienist and Neurologist*, October, 1885) states that the question of transitory insanity is simply a question of how acute insanity may be, and the pathological possibilities of the brain are no more tardy than its physiological; insanity may come, as it often ceases, suddenly. A psychical spasm may be as transient as a reflex act of the spinal cord. It may come as quickly as an urticaria follows gastric irritation, and need abide no longer or not so long.

Definition of Insanity. Dr. H. C. WOOD (*Medical and Surgical Reporter*, Jan. 23, 1886) would define insanity as "a diseased condition of the mental functions, in which the disease has progressed so far as to be beyond the power or will of the patient to control the manifestations"; provided such loss of control is not due to some poison in the blood. The *raison d'être* of this definition may be apparent to Mr. Wood. It is not to any one else. If there be disease of the mental faculties, there is insanity, whether such disease manifestations be under control or not. In nearly every type of insanity, except the dementias, the patient can, at times, control the manifestations, a fact of which Dr. Wood seems to be ignorant. This definition seems intended to pander to the lawyers' ideas of insanity.

Suicide. Dr. J. S. CONRAD (*Maryland Medical Journal*, Nov., 1885) concludes respecting suicide: 1st. Suicide increases with the advance of civilization, and is but little known in the savage state of men. 2d. The act is an intelligent act (?), done with full consciousness of the act—as shown by the method of execution,—whether by the sane or insane. 3d. That suicide is done always for the purpose of escaping an evil, and for the benefit of the *felo-de-se*—whether by sane or insane. 4th. That it is a voluntary act (?),—whether by sane or insane. 5th. That it is an emotional act, whether by sane or insane—however deliberately planned and executed—since deliberation enters into the mind of both mental states. 6th. That delusions are not essential to the distinction as to the sanity or insanity of the suicide, since authorities affirm that delusions are not essential to the proof of insanity. 7th. That suicide is rare in the first class.—insanity (by Maudsley), viz.: intellectual or ideational insanity; but does occur in the vast majority of the second class—or

affective or emotional forms of insanity. 8th. Is suicide an intellectual act—notwithstanding the intelligence exercised in its execution? or is it an emotional act *per se*, since we have seen that the emotional part of mind dominates the ideational centres, and perverts the mind into becoming its humble servant? 9th. Does moral depravity satisfactorily account for it, when we have seen that moral depravity is a factor of both sane and insane? 10th. That in doubtful cases of the sanity or insanity of the *felo-de-se*, very great caution is necessary in making up a just judgment as to the one or the other. In making the second, third, and fourth conclusions Dr. Conrad ignores the cases in which suicide is committed under the influence of imperative conceptions and epileptic psychoses.

Consciousness in Melancholic Frenzy. Dr. H. R. Stedman, (*Alienist and Neurologist*, Jan., 1886) reports a case in which an epileptic melancholiac wounded, with homicidal intent, her son, and, on seeing the blood flow, lost consciousness and then continued, automatically, the act once begun, with the result of cutting his head off and seriously wounded two other children as well as himself. The case in itself is not exceptional, but in the course of its discussion before the New England Society, the question was incidentally raised whether absence of consciousness, proved the epileptic nature of an act. Dr. Fisher said that there might be complete consciousness in melancholic frenzy. That in melancholic frenzy consciousness is seemingly abolished, there can be no doubt, but, the patient is under the sway of a delusion, but this condition differs psychologically from that of the epileptic, who performs his acts automatically, although, for practical forensic purposes, seemingly the same.

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THERAPEUTICS.

The Action and Uses of Digitalis and its Substitutes, with Special Reference to Strophanthus. By Dr. Thomas Frazer (*Br. Med. Jour.*, Nov. 14, 1885). The author read a paper before the British Medical Association, which promises to be one of the most valuable contributions to therapeutics. This new drug, which Dr. Frazer has carefully studied, belongs to the digitalis group. It is a muscle poison in sufficient quantity and acts upon all striped muscles, increasing their contractile power. It acts on the heart more powerfully than on all other muscles, and in doses which produce no effect on other muscles. Its action on the heart is the same as that of digitalis, only more powerful—but it differs from digitalis in having very little effect in contracting the blood-vessels. Dr. Frazer then reported a number of extreme cases of heart disease, to which he gave strophanthus. Sphygmographic tracings are given showing plainly the effect of