

delusion that she was influenced to commit the deed through the commands of her father's spirit, was manufactured for the occasion. Such a delusion would harmonize with her other mental symptoms ; it is totally unlike those she is known to entertain, and a belief in the communication with spirits is one which she is now, and always has been, prompt to ridicule. She is shrewd and intelligent, but entertains many wild and extravagant ambitions like those of Guiteau, but is intellectually his superior. In this paper Dr. McBride claims that Guiteau presented *congenital defect of organization*, and to this had been added mental degeneracy.

---

EARLY SYMPTOMS OF PROGRESSIVE PARESIS.—Dr. W. B. Goldsmith (*Archives of Medicine*, August, 1883), comes to the following conclusions : 1. That the striking and characteristic group of symptoms ascribed to the disease by Calmeil in 1826, and having greatest prominence in most text-books since, is to be found only exceptionally in the cases of to-day at the time when the diagnosis is most important. 2. That physical and mental symptoms usually appear nearly synchronously, so that the physician has the presence or history of both to aid him when called upon for a diagnosis, and it is probable that most of those who report cases of general paralysis without mental impairment are not sufficiently expert to recognize a moderate degree of dementia. 3. That their observations agree with those of most writers in making defective articulation the most frequent and characteristic early motor symptom. 4. That changes in the pupils and disorders of gait are less frequent and have less value in diagnosis than is usually ascribed to them, and that given pupillary changes are no more frequent in one stage of the disease than in another. 5. That the patellar-tendon reflex is found markedly supra-normal in nearly twenty-five per cent. of general paralytics, and that the presence of this symptom is of strong corroborative value in diagnosis, though its absence has none, and that no peculiar condition of the patellar-tendon reflex can be associated with any given stage of the disease. 6. That hallucination or impaired function of the special senses is very rare as an early symptom ; hallucination (auditory) having been noticed first in but one case, and impaired vision but once in a syphilitic case. The diminution in the sense of smell, which Voisin thinks very frequent in the early stages, was not noticed in any of my cases, though it may have been present and escaped attention in some, as slight failure is difficult to recognize. 7. That it is of great importance in the case of a patient showing mental symptoms to inquire carefully for a history of convulsions or loss of consciousness, as these were the first motor symptoms in twenty of my cases. While in a general way correct there is neither any thing new nor very original in these conclusions. They do not demarcate between the different types, and Dr. Goldsmith depends in part on the negative evidence of friends, which simply amounts to the statement that they did not *notice*

this or that. There is much truth in the last clause of the second conclusion, as in all reported cases of alleged progressive paresis without insanity, mental confusion is reported with the statement that it was scarcely noticeable. There are no ophthalmoscopic results given by Dr. Goldsmith. Dr. Goldsmith's cases favor the view that progressive paresis is a vaso-motor affection.

---

UTERINE LESIONS AND MELANCHOLIA.—Dr. H. T. Byford, Chicago (*Weekly Medical Review*, July 14, 1883), reports three not very well described cases of what he calls "melancholia," which are cases of possible hysterical insanity but certainly not "melancholia." In the first he resorts to potassium bromide (which would be suicidal treatment in melancholia) and gynæcological procedures. From the results so obtained, (the cases have been kept only a few months under observation after their so-called recovery,) he concludes: 1. There is some direct relation between uterine flexure and hysterical symptoms, especially melancholia. 2. This melancholia is not dependent entirely upon occlusion, for in some cases there is neither occlusion nor dysmenorrhœa. A primipara with anteflexion without occlusion, whose life was perfectly miserable from despondency, fainting spells, excessive irritability, and foreboding of trouble, experienced no relief from tonics, local stimulants, or glycerine plugs, but improved from the first introduction of an elm bougie. Ammoniated tincture of valerian had afforded *temporary amelioration*. 3. That the peculiar dilating or rather straightening action of the elm affords much relief. 4. That the beneficial action of the slippery-elm bougie is not merely one of stimulation, for in some cases the symptoms are worse until the stimulation has subsided. There are cases in which the bougie increased the local discomforts, and yet caused improvement in the nervous condition after its removal. 5. That congestion in any part of the uterus is not a constant factor. 6. That ovarian irritation is not the cause of this hysteria, for the bougies could not relieve ovarian irritation so promptly, since they have rather an irritating than soothing effect upon the pelvic organs. 7. Dragging of the uterus upon the ovaries through the broad ligaments is not the cause, for the change produced in the position is scarcely appreciable at first, and not comparable to the change constantly produced by filling the bladder. 8. That iliac pains accompanying anteflexion are not of ovarian origin. 9. That pessaries do not afford as decided relief to the general nervous symptoms as elm bougies. 10. That cutting operations, which endanger the life or health of the patient, are unjustifiable for stenosis until gradual dilatation of this kind has been tried. The lower part of the cervix incised for stenosis should be sewed up, and the physician incising the same compelled to pay the bill for sewing it up. He further says that he has seldom failed in relieving the nervous symptoms by dilatation with the elm bougies, although the occurrence of pregnancy, the