

during this period labor the most constantly, and endure the greatest hardships. They encounter greater business perplexities, and assume larger responsibilities. The grosser passions are also more active, and the danger of exhaustion from this cause is largely increased. When the nervous energy and physical vigor of the individual are exhausted, the nutrition of the brain-cells is interfered with and irritative changes occur within them. These changes produce attacks of mania—a form of insanity characterized by excitement; or melancholia—a form of insanity marked by depression, painful delusions, and morbid fears. If the original nerve constitution be unstable, as in the offspring of drunkards, there is a lack of recuperative power after the attack of excitement or depression is over, and the termination of the disease is in permanent weakening of the mind.

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DELUSIONS OF PARETIC DEMENTS.—Kiernan (*Alienist and Neurologist*, April, 1884) says it is obvious that these delusions show not creative power but mental weakness, and by them the fact, that the mental condition is that of dementia, is demonstrable. Paretic delusions, as shown by the experience of representative alienists, are characterized by: 1. Lack of systematization. 2. Absence of logic. 3. Inherent contradictions. 4. Feeble creative power. These elemental peculiarities afford a basis for comparison with delusions of other psychoses.

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CARDIAC SPHYGMOGRAPHY AMONG THE INSANE.—Dr. Salemi-Pace having shown that right cardiac atrophy is more frequently associated among the insane with left cardiac hypertrophy, Dr. Ribauda has attempted, in thirty-eight cases of insanity (*Atti del Quarto Congresso de la Societa Freniatria Ital.*), to diagnose this double lesion during life by means of the dulness of hypertrophy and the irregularity of the cardiac sphygmograms. These alterations are, in Ribauda's opinion, not inflammatory in character, but nutritive, due to material changes in the trophic centres.

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CIRCULAR INSANITY.—Dr. Martineuq (*Annales Medico-Psychologiques*, Serie vii., Tome i., 1885) concludes that in hereditary cases *folie à double forme* sets in in an abrupt manner, and often has from the onset the true type of circular insanity. Second, in non-hereditary cases, before presenting its true characteristics it presents the character of isolated attacks of simple insanity.

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EPILEPTIC EQUIVALENT.—Dr. L. D. Mignault (*Canada Medical Record*, June, 1885) reports the following case of epileptic psychical phenomena taking the place of the convulsion. The seizures occurred as follows: Without warning the patient would suddenly lose consciousness, and, being possessed of a fixed idea,