

The writer some years ago pointed out the desirability of trying to limit the obvious causes working in Ireland which tend to produce insanity, crime, and degeneracy. Foremost amongst these is the continued and wilful neglect of the care and control of the feeble-minded. An effort ought, too, to be made to set up some form of specialised colony for the treatment of epileptics. Legislative changes must be initiated by those whose life interest has been the betterment of the insane, and whose experience and knowledge entitle them to deal with so difficult and specialised a subject. C. W. FORSYTH.

Luminal in Epilepsy. [*Un Traitement efficace de l'Épilepsie: la Phényl-éthylmalonylurée ou Luminal.*] (*L'Encephale*, July 10th, 1920.) Maillard, G.

Those who discussed this paper at the Société de Psychiatrie of Paris agreed that luminal is very efficacious as a preventive of major fits, but appear to have spoken chiefly of its aptness to produce mental disturbance—alteration of character, irascibility, impulsiveness, excitement and violence. Rogues de Fursac said that at the Ville-Evrard asylum Ducosté had observed these effects, good and bad, even with minimal doses, never exceeding 15 cgm., and in some instances a mental disturbance really grave—even delirium. Maillard showed that abrupt discontinuance of the drug is apt to provoke numerous fits.

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5. Pathology.

The Histopathologic Findings in Dementia Præcox. (*The Amer. Journ. of Ins.*, January, 1920.) Rawlings, E.

The research occupied nine years. Precautions to prevent *post-mortem* changes and the inclusion of cases involving psychotic disease processes other than the one under review were as complete as possible. Any case conceivably open to doubt was eliminated. Only cases with a clear præcox history were employed. And of 52 cases minutely worked out only 12 were made the basis of this article. The 40 remaining cases gave sufficiently clear indication of the pathological changes which the author regards as typical of this psychosis, although in this larger series masked by changes pathognomonic of other disease conditions. The areas investigated were usually the frontals, centrals, paracentrals, parietals, temporals and cerebellar; the staining methods and technique employed are indicated; the histories, clinical abstracts, and causes of death are outlined; the pathological findings for each case are well detailed and diagrams are appended. The following groups of cases were excluded:

(1) All over 60 years of age, to avoid senile changes other than Alzheimer's; (2) long-standing mixed manic-depressives; (3) paranoid involutions, possibly due to chronic diseases; (4) imbecilities with frequent disturbance. Of cases under sixty, 10 were rejected for cortical arteriosclerosis (only 1, however, showing nerve-cell devastations). The series of 12 is advanced as probably presenting a disease entity. Ten showed macroscopical atrophies, chiefly frontal: 1 with heredity