nature of intense panic with delusions, fear that everyone about is conspiring to inflict some injury or traduce and take away their character. In such instances suicide is sometimes attempted.

What is there in the physicial condition to aid our prognosis and determine the brevity or length of the attack? The temperature tells but little, as it is seldom much above the normal. The pulse is more diagnostic during periods of great excitement or violence; and if further it remains rapid during periods of quiesence the chances are the mania may be developed from days into weeks. The tongue often remains moist and clean; but if brown and furred, a tongue not so indicative of disordered stomach as of acute nervous disorder, we may expect the case to be more prolonged. If the periods between acute or hysterical attacks are of incoherence and of inability to converse to any degree, the prognosis of a speedy recovery are favorable.

Sleeplessness is a main feature in many of these cases, and it not unfrequently happens that after a long sleep produced by a hypnotic, the patient wakes recovered, or so nearly so, that we are no longer anxious about him. Of the drugs that may be given in such a case, opium may at once be set aside as failing to produce its effects, but with urethran, bromides, chloral, hyoscyamia, refreshing sleep may be obtained. Regarding what is to be done with a case not readily relieved, while an asylum would be the easiest solution, there are many reasons why this cannot often be carried out. Home surroundings and near relatives are prejudicial. Pleasant surroundings and opportunities for outdoor exercise are most desirable and necessary in any case.

Discussing the question of the depressed and melancholic, Dr. Blandford states that in such instances change of scene, etc., will very probably have already been tried before a specialist is consulted. He asks, "Are they to be sent to an asylum?" Some, undoubtedly those noisy and violent maniacs constantly attempting suicide, etc., can only be properly attended in an asylum. Such cases are chronic, and treatment is necessarily slow and tedious: not weeks but months. It is hopeless to treat such at home. There is one special reason for placing such in an asylum. It is the intense egotism, self-feeling, or selfishness, which distinguishes so many. Now place such an one in an asylum with a hundred or more patients, make him one-hundredth part of the community, instead of one important unit, and the effect is wonderful.

The best medicine for many of those people is termed *judicious neglect*. To cure a patient's insanity without sending him to the asylum is a matter of great satisfaction, both to one's self and the friends of the sufferer. This however, makes it by no means to be decided that it is best in all, or, indeed, in many cases. For many, asylum treatment, is the only treatment likely to effect a cure; "and if our method fails, and it is plain the patient is getting worse and not better, we ought to bring it to an end and have recourse to an asylum, overcoming the reluctance and prejudices of friends, who so constantly think not of the patient, but of themselves."

The law ought to be such, however, that if thought most judicious, such patients can be treated as long as may be deemed best outside the walls of an asylum. This, however, in England (although it is true in Scotland) and Ontario, cannot be carried out by an official alienist physician under the government."

The address concluded as follows:—"I cannot hope to have assisted you much within the limit of this paper in the diagnosis of such cases, but, at any rate, I may claim to have directed your attention to them."

DISEASES OF CHILDREN.

Mortality of Scarlet Fever at Different Periods of Life.

Dr. Tatham, medical officer of Salford, England, makes, in the *British Medical Journal*, the following interesting statement:—Of the 2,500 cases of scarlatina that had come under his care, 259 occurred within the first two years of life; 26% of these died. Of the 881 cases occurring between two and five years, 14% died. Of the cases that occurred between five and ten years of life, 7.5% died. The mortality among all cases above ten years was 3.5%.

Dr. Line (*Birmingham Medical Review*, March, 1887), reports that in 1,000 cases coming under his observation, the mortality under five years of age was 10.5%. From six to sixteen it was only 1.99%. The greatest mortality was between two and four years. The reports indicate that the risk of death