

recover more rapidly than those of melancholia. Only six of these cases were pregnant. The insanity of pregnancy generally develops between the third and seventh months, and the symptoms are generally those of moral perversion, with melancholia and delusions of fear, suspicion and persecution. Insomnia is a persistent and troublesome symptom, and destructive tendencies are common. The treatment of this condition is largely expectant. In those cases where there is an hereditary tendency to insanity the prognosis is grave. In the six cases referred to above four recovered before delivery and two after. The treatment of this class of case is that of ordinary mania or melancholia; the prognosis in most cases is favourable.

Treatment of Sciatica.

This subject is discussed by F. Fowler, in the *Practitioner* for March.

Pain in the sciatic nerve results from primary localized interstitial neuritis, or it may be secondary to pressure, growth or inflammation in adjacent tissues. It may be simulated by various conditions. Predisposing causes include toxæmia, sepsis, gout, rheumatism; exciting causes are pressure, strain, cold, etc. Active inflammation in the nerve and its sheath has been observed, but there is seldom loss of movement or degeneration of muscle. Rest in bed is of the greatest importance in treatment. A supporting splint often affords much comfort. A liberal diet is allowable, but alcohol should be eliminated. Free action of the bowels should be secured by blue pill and salines. Should an anodyne be necessary, hyoscyne (hypodermically) is to be preferred. Counterirritation is frequently of great service, and should it fail nerve stretching may be tried.

Electricity, especially the galvanic current, often benefits. Massage should not be practiced early, but may prove useful in the later stages. Hot baths are highly recommended.

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Occupation of the Insane. A timely article appears in the *Journal of the American Medical Association*, of May 18, entitled "Occupation in the Treatment of the Insane." The writer is T. J. Moher, of Brockville, Ont., who calls attention to the need of a more systematic use of employment in the treatment of insanity. The percentage of patients who will not be benefitted by occupation of some kind is very small, and if we exclude the physically disabled and the very advanced demented cases it is practically negligible. Acute maniacs in some stages and some exalted paretics are temporarily unable to work, but the duration of this condition can be very much shortened by careful and systematic effort. Some few patients absolutely refuse to work and can not be made to by any effort. Occupation should be simple at the outset and the patient's temperament and predispositions should be studied in every case. It is not wise to restrict a patient to any one class of work, and his previous occupation and social condition should not be the only determining factor in the choice, though some can not be induced to undertake anything to which they have not been accustomed. Another thing not to be forgotten is to avoid asking certain patients to perform some of the more menial work that has to be done. The objections of friends can usually be successfully met by patient explanations, and the patients themselves are generally easily influenced by surroundings, and the fact that they are