

6. The primary, though not the only object, in the prevention of these attacks of puerperal fever, will then be to procure a firm, complete, and persistent contraction of the uterus after the birth of the child, and thus effectually to shut off all circulation within the vessels of this organ.

But it remains to be seen how far these conclusions accord with the results of previous observers.

[To be continued.]

CONGENITAL LUXATION OF FEMUR : NECROPSY.

By Dr. BEREND, Director of the Orthopædic Establishment at Berlin.

THE necropsy of a boy, 6 years old, suffering from congenital luxation of the femur, showed the following particulars. The acetabulum was found in its normal situation, reduced to one-third of its proper circumference; and the articular surface was almost flat, instead of concave, apparently through deficiency of the surrounding capsular ligament. The head of the femur rested in a new articulation on the outer surface of the ilium, behind and a little above the acetabulum. This new articular surface was limited posteriorly by a semi-circular bony wall which would have formed a complete acetabular cavity, if the bony ring had been a little higher and extended entirely around. The head of the bone, partially atrophied but not at all destroyed by ulceration, was turned upon its axis in such manner that the trochanter major pointed directly forwards (ante-

serted into the edge of the sacro-ischiatic notch, with no attachment to the neck of the femur, but a narrow insertion in the head of the bone itself. The rotator muscles (pyriformis, gemelli, and obturator internus) were quite as abnormally situated, being inserted into the false capsular ligament itself and not into the trochanter. Moreover, they were found to be atrophied; and, apparently as a secondary effect, to have undergone fatty degeneration. Finally, the situation of the quadratus femoris was also abnormal as to its usual insertion. This last circumstance was due to the rotation of the femur: the muscle was extended over the surface of the bone, and appeared to be rolled upon it.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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[Continued from page 294.]

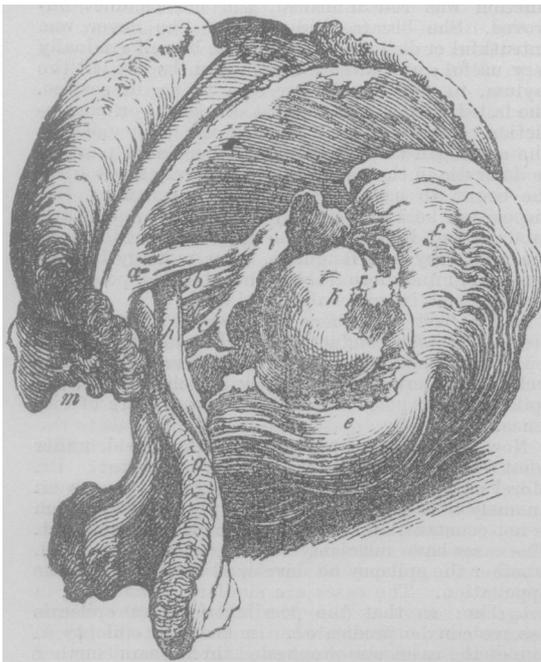
Of the varieties in form of mental disease: some affect chiefly the moral and intellectual faculties, and the motor are involved in a secondary manner. Two forms, however, are more immediately connected with the motor functions; viz., general paresis, which was described in the last paper; and epileptic mania, which remains to be illustrated.

In all cases of mental disease, there is some disturbance of the motility, as shewn in restless activity, or in torpidity of movement. In general paresis, the motor functions give a prominent feature to the disease. But they form the primary affection in that form called epileptic mania.

Cases of epileptic mania form some of the most formidable and trying with which the physician has to deal. The disease presents itself in two forms, according to my experience. In one, the maniacal symptoms appear to be superadded to an ordinary case of epilepsy; being, as it were, an extension of the morbid processes from the motor to the moral and intellectual faculties. In these cases, the violence is at one period very great and peculiar; being more totally uncontrollable and furious than is met with in cases of ordinary mania. The patient makes a sudden and unprovoked attack on the nearest bystander perhaps, and cannot be soothed or temporised with, as in an excitement of passion. Some of these patients direct their violence towards themselves, and will butt with their head against a wall, or will bite and tear their own flesh. It is usually on account of these outbreaks of violence that the asylum is sought; and many such cases were admitted into Hanwell during my term of office there. In all these patients, the maniacal violence gradually subsided after admission. The violence, or maniacal furor, in most of these cases, preceded each epileptic seizure; in some, however, it followed; and, in others, the fits and the violence took place together.

The second variety of epileptic mania is met with in two forms; viz., 1, with the epilepsy undeveloped; and 2, with epileptic attacks developed. The former has been described and named by my friend, Dr. Morel of Rouen, as *epilepsia larvalis*. (*Traité des Mal. Men.*, p. 480.)

It appears to be somewhat an anomaly to name an affection epilepsy, in which no epileptic seizure has yet occurred; and one cannot exactly affirm that the one condition is a premonitory or previous stage of the other; for certainly the second state is possibly,



a, Pyriformis muscle; b, Gemellus superior; c, Gemellus inferior; d, Obturator internus; e, Quadratus femoris; f, Gluteus major reflected; g, Gluteus minor reflected; h, Sciatic nerve; i, Capsular ligament; k, Head of the femur; l, Ilium; m, Os coccygis.

riorly); a small portion of the original capsular ligament, arising from the anterior portion of the acetabular ring and extending over that cavity, was in-