brain gives any hint of the changes seen on section. When the cerebrum is cut the anterior portion of the corpus callosum is seen to be rather sharply divided into three lamina, of which the dorsal and ventral are normal in colour and consistency, while the middle is softer and pinkish or greyish in colour. This condition of the middle layer is sometimes present throughout the corpus callosum. In many cases, in the posterior parts of the corpus callosum the abnormal area disappears in the region of the midline, leaving symmetrical lesions on the two sides, extending backwards for varying distances. The abnormal area usually stops abruptly at or near the lateral margins of the corpus callosum. The soft, pinkish lamina ordinarily occupies about two-thirds of the dorsoventral extent of the corpus callosum.

As regards aetiology, whenever the clinical history has been obtained it has been noted that the patient was a heavy drinker, either of wine or of wine and distilled liquor.

R. M. S.

**Psychopathology**


A clinical review of the 4,688 known cases of suicide in New South Wales from 1913 to 1929 inclusive reveals that in the great majority of the cases the actual suicide was preceded by a period of insomnia. In some persons this symptom had lasted for many years, in others only a day or two. The causes of the insomnia were very varied, but in the main fell into five well-marked categories: (1) 'Idiopathic'—present for many years and without known causation. (2) Due to physical illnesses—the more prolonged and painful the illness, the graver the risk of suicide. The frequency of suicide after head injuries was surprising. Patients with phthisis, contrary to all medical impressions, comprised more than 1 per cent. The 50 puerperal women in the series point to the fact that on no account should insomnia during the puerperium be lightly treated. (3) A large group with psychological worries. (4) Those with mental disease were common: those with melancholia being much the most numerous. (5) Roughly, about one-third were alcoholics. The frequency of suicide among cases of delirium tremens was an unexpected discovery of the investigation.

The insomnia, therefore, can only be regarded as a symptom of some physical or psychological disease-process. Whatever its cause it led to rapid mental and physical exhaustion. Headaches were usual. Large numbers became desperate, regarded the strain as too great and sought self-destruction as the inevitable ending. The clinical material investigated emphasizes the axiom that it is imperative to treat not only the insomnia, but the patient as well.

C. S. R.