

account for the observed fluctuations in the incidence of mental depression, suicide, and murder." He also believes that alcoholism, morphinism, and cocainism have their starting point in the temporary well-being these drugs produce through driving the uric acid out of the circulation into the liver, spleen, joints, etc., from which it emerges in the "alkaline tide" of the following morning.

Dr. Haig's book is altogether very interesting, and well worth the consideration of the alienist. It is written in a conversational manner, without attention to style. His unflinching earnestness is aptly shown by his solemn treatment of a venerable joke: "Is life worth living?" That depends on uric acid. The orthodox answer is 'That depends on the liver,' but as the liver is only one of the sources of uric acid I cannot regard the answer as sufficient." Some criticism has been directed against Dr. Haig's use of Haycraft's method of estimation by other workers who have arrived at different results, and his conclusions require confirmation. We cannot yet decide if he is like Saul, the son of Kish, who went forth to seek his father's asses and found a kingdom.

---

*Die Psychopathischen Minderwertigkeiten.* Von Dr. J. L. A. Koch, Zweite Abtheilung. Ravensburg: Otto Maier. 1892.

Dr. Koch has now concluded his study of the borderlands of insanity, the first part of which we noticed in the *Journal* for last April. This second volume deals chiefly with acquired psychopathic conditions. He divides and subdivides his subject in what is, perhaps, a somewhat arbitrary way, but deals in an able and suggestive manner with the mental and constitutional characteristics of various morbid conditions, including, among others, morphinism and cocainism, the chronic abuse of coffee (of which, however, he is rather sceptical), and the neurotic conditions accompanying puberty, pregnancy, masturbation, etc. In justification of the title of his work, Dr. Koch criticizes the wide extension sometimes given to the conception of neurasthenia, as a "comfortable pillow of self-satisfaction" which hinders progress. He considers that Beard is largely responsible for this, but, at the same time, does full justice to the American author as a genuine scientific worker, who

initiated the study of many anomalous mental conditions. The book ends with a discussion of prophylaxis and treatment, and with a few well-selected cases.

---

*Audition Colorée.* By Dr. JULES MILLET. Paris: Doin. 1892. Pp. 81.

This interesting pamphlet is the latest contribution to a subject to which little attention has been given in this country, although it was in England that the expression, "colour hearing" or "coloured hearing," now generally accepted as most convenient, was first used. Dr. Millet, a young medical man of Montpellier, is fairly well acquainted with the copious literature of his subject, to which he gives frequent references, and is also interested in the bearing which the works of various recent poets and novelists (Baudelaire, Huysmans, Gautier, etc.) have on the matter, although, with the exception of a famous sonnet by Rimbaud, he attaches little value to these literary contributions to our knowledge of coloured hearing. He has himself since childhood associated colours with the various vowels, and been conscious of other similar associations.

Colour hearing is not common in Dr. Millet's experience; much rarer than Bleuler and Lehmann found it, though this may be due to the former's rejection of cases which were clearly not spontaneous, but acquired by suggestion. He confirms the experience of other observers that the fundamental colour of acute sounds (such as the English *e*) is red or yellow, while the deeper sounds are associated with sombre colours. Unfortunately, colour-hearers are not sufficiently unanimous to enable us to found a science on their abnormal sensations.

Dr. Millet presents, in a tabular form, the experiences of 92 cases, drawn from various sources, of persons to whom vowel sounds are coloured. It appears that yellow is the colour most frequently seen (in 68 cases), while orange and violet are the colours least commonly seen (by eight and five persons respectively). The French *a* is most usually black, the English *e* is most usually heard white (*i.e.*, by more than 50 *per cent.* of those who hear it coloured). *O* is usually red, but nearly an equal number of persons see a red. The English sound *a* is usually yellow, while half the persons who see green associate it with the French *u*.