lateral columns, more marked on the right side of the cord. Such cord changes have been described by various authors, but the pathology of clonic tremors is still far from settled.

W. STARKEY.

## 3. Treatment of Insanity.

The Refusal of Food and its Treatment [Traitement de la Sitiophobie].
(Bull. de la Soc. de Med. Ment. de Belg., Feb., 1913.) Quintens.

The various causes of refusal of food divide themselves into two great groups—the psychical and the physical. It is important, if one wishes to be successful, to treat each individual case on its merits. To ascertain the cause is the essential first step. Many cases improve upon the simple treatment of rest in bed; an œsophageal tube will convince the hypochondriac that the passage to his stomach is not blocked up, and so on.

Of the physical group the treatment varies with the cause. Washing out the stomach with a weak alkaline solution often gives good results, and may be continued for several days. If, however, it be thought necessary to give the patient something, the writer advocates sugar and small doses of alcohol, the latter especially in depressed cases. Sodium chloride, by causing thirst, frequently makes the patient take liquid nourishment.

When other methods fail, there is left as a means of treatment the injection of artificial serum. This is best done subcutaneously. It should be given in 20-0z. doses twice a day. The only contra-indications are lung congestion, with a high-tension pulse. Thirteen cases exhibiting various mental conditions are described, all of which, with one exception, greatly benefited by this treatment. The author does not detail the method of making the serum. Colin M'Dowall.

The Therapeutics of Mental Diseases [La Thérapeutique des maladies mentales]. (Le Prog. Méd., Sept. 6, 1913.) Damaye.

The writer of this article assumes that all mental diseases are due to toxins, and should be treated therefore on medical and surgical lines. Those due to exogenous toxins are similar to bacterial infections, whilst the remainder, as caused by endogenous toxins, belong to the group of metabolic disorders. In general pathology lies the hope for the cure of insanity; attention paid to psychical disorders only obscures matters.

He proceeds to give a rough summary of several cases, which is designed to show that treatment in the earliest stages prevents mental symptoms from becoming chronic, together with the onset of physical cachexia. Unfortunately he adheres rigidly to his axioms, and his description of the mental states of his patients are so meagre that definite conclusions from the data are unwarrantable. All the cases quoted are tuberculous apparently, and the treatment is directed to this disease, special reliance being placed on raw meat and tonics. Dr. Damaye records considerable mental improvement in all the cases, but omits to state if he considers the mental symptoms due to the tubercle bacillus. Similar treatment of syphilitic patients apparently produces like results. His protest that psychical investigation has led to too great concentration of attention upon manic-depressive insanity and dementia præcox is worthy of note.

H. W. Hills.