

*Neuritic eschars.*—Due to a peripheral neuritis. If occurring in the sacral region they are difficult to differentiate from the last type. Lesions of this nature have also been described as a sequel of certain abdominal operations in women, and have been proved to be due to a subsequent neuritis.

Chemical and physical agencies (irritation, contusion, pressure) cannot be regarded as the sole causes. Eschars do not occur with the same frequency in patients other than general paralytics, though these may have similar habits, and be treated in the same manner. Similarly, they occur in parts not subject to pressure, and even in patients who are not bedridden.

As regards the trophic factor—are these centres devoted to the nutrition of the skin, or are the vaso-motor centres those chiefly concerned? The existence of the former, upheld by Samuel and Charcot, has been denied by Chantemesse. The vaso-motor theory has been defended by Durante.

The author reaches the following conclusions: General paralytics, as a result of the general alterations in the nervous system, viewed especially in their vaso-motor aspect, are predisposed to gangrenous cutaneous lesions—which occur under the influence of occasional causes (pressure, maceration, local infections, etc.). Eschars of this nature are preventable by antiseptic and hygienic measures. But there are eschars of another type, arising from myelitis and peripheral neuritis. These are apparently independent of the secondary causes above mentioned—and are not preventable.

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*Hysterical Laughter* [*Le Rire Hystérique*]. (*Journ. de Psychol. norm. et Path.*, November, 1906.) *Ingenieros, J.*

(I) *General psychology of laughter.*—Laughter is not a simple phenomenon, but a complex, and its elements may be combined in various ways. These elements may be divided into three main groups: (a) Expressional, (b) emotional, (c) intellectual. (a) The *expressional element* consists of certain movements of the muscles of physiognomy, together with short expiratory movements, apparently depending on reflex contractions of the diaphragm. In the child, the idiot, and the dement, laughter may be limited to this expressional element, as a phenomenon of cerebral automatism determined by imitation, or as a simple reflex. Such a laugh is a motor phenomenon without psychological significance. (b) The *emotional element* consists in a certain special state of the organism determining an emotion of pleasure. (c) The *intellectual element* consists in a perception of the ridiculous, or laughable in the exciting, idea. It may be accompanied by neither of the preceding elements, and, according to Ribot, is the highest stage in the evolution of the laugh.

(II) *General psycho-pathology of laughter.*—(a) *Pathology of the expressional element*: Here should be placed the spasmodic laughter of hemiplegics, tics, the hysterical laugh, etc.; (b) *Pathology of the emotional element*: cases of dissociation or disproportion between the emotional state and its expression, e.g., the laugh which occasionally

accompanies grief; (c) *Pathology of the intellectual element*: laughter due to morbid logic or morbid perception, obsessions, etc.

(III) *Clinical classification of hysterical laughter*.—It may be divided into two groups according as it occurs: (1) as an epiphenomenon of the convulsive attack; (2) as the sole phenomenon. In the first group, the laugh may occur as an aura, as a complication of the fit, or as a symptom of its involution. In the second group, the laugh may alternate with convulsive attacks, or may altogether replace them.

(IV) *Differential diagnosis*.—One frequently encounters forms of laughter in degenerates, neurasthenics, and psychasthenics, which may cause some diagnostic difficulties. The distinguishing features of hysterical laughter are its irresistible and uncontrollable nature, the fact that the disturbance is limited to one functional centre, independently of the rest of the personality, the subsequent existence of amnesia, and the presence of other hysterical symptoms.

(V) *Treatment by hypnotic suggestion*.—The author describes an illustrative case in detail. After the induction of hypnosis it was suggested to the patient that an attack would be produced by pressure on the temples, and inhibited by grasping the wrist. This was completely successful, and, by a further suggestion, the patient was induced to voluntarily seize her own wrist, and thereby abort the attack. After hypnosis had passed off the same suggestions were repeated in the waking state. Under this treatment the attacks gradually diminished in number, and finally ceased.

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*Mental Diseases in Tropical Climates* [*Les Maladies Mentales dans les Climats Tropicaux*]. (XV<sup>e</sup> Congrès International de Médecine, Lisbonne, 1906.) *Moreira, J., and Peixoto, A.*

Medical geography has lost much of the significance which was at one time ascribed to it. Formerly, each region of the earth was supposed to possess diseases peculiar to itself, but this view has been largely dissipated by a better clinical and etiological knowledge. There are, therefore, no essentially tropical mental diseases—we are only entitled to assume the existence of clinical varieties.

In the present paper, tropical regions are understood to be those intervening between the isotherms of 20° C. north and 20° C. south. Most of the observations referred to have been carried out in Brazil.

Esquirol thought that insanity was less frequent in hot climates than in the temperate zones. The authors do not agree with this, nor have they been able to substantiate the view that, in a given district, changes in temperature and in weather produce definite effects in the insane.

As regards idiocy, degeneracy of various kinds, and the senile psychoses, the cases do not differ, either in frequency or in form, from those occurring in Europe. The number of imbeciles amongst the descendants of individuals suffering from ankylostomiasis is very noteworthy. Hysteria is frequent in Brazil, but not more so than in Europe. Occasional epidemics of astasia-abasia have been described. Epilepsy is widespread, and the authors have noted the frequency of alcoholism in the parents. Paranoia, taken in the limited sense employed by