control in certain specified directions, they formulated the opinion that the offender was not responsible for the theft, but was responsible for the matricide. Only very vague indications are given of the grounds on which this extremely subtle judgment is based. The paper is chiefly interesting as showing the futility of efforts to translate into medical language conceptions which belong altogether to the sphere of legal and political method. W. C. SULLIVAN.

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2. Clinical Psychiatry.

Alcohol and Delirium Tremens [*Alcool et delirium tremens*]. (*L'Encéphale, Jan.* 10*th*, 1914.) *Demole.*

This paper gives the results of an investigation directed to determining the presence of alcohol in the body-fluids of patients suffering from delirium tremens. M. Demole has examined the urine, blood, and cerebro-spinal fluid in twenty-three cases of chronic alcoholism, in ten of which delirium tremens developed while the patients were under observation. The author employed the qualitative reaction of Lieben, and the quantitative method of Nicloux. His conclusions are as follow:

(1) At the onset of delirium tremens, alcohol is found in the urine, blood, cerebro-spinal fluid, saliva and breath of the patients, if they have absorbed sufficient of it during the preceding twenty-four hours.

(2) The elimination of alcohol takes place within twenty-four hours, just as occurs with normal healthy persons. The delirium continues its evolution after the complete elimination of the drug.

(3) Delirium tremens develops, in many cases, when there is no trace of alcohol in the organism. The disease is therefore independent of the recent consumption of alcohol.

(4) There is no ground for the treatment of the condition by the method of gradual reduction of the alcoholic intake.

M. Demole suggests that the detection of alcohol in the breath and body-fluids may be a valuable aid to diagnosis in some doubtful cases, especially in medico-legal practice, and he describes a simple apparatus for the clinical use of the bichromate reduction method for this purpose. W. C. SULLIVAN.

Hysteria and the Hysteroid Syndrome [*Bull. de la Soc. de Méd. Ment. de Belg., Dec.* 1913]. *A. Austregesilo.*

This writer insists on the distinction between true hysteria and what he calls the hysteroid syndrome. The former is a morbid condition whose symptoms are due to auto-suggestion, and are curable by persuasion; the latter resembles it, but occurs in conjunction with mental or nervous disease, and is unaffected by suggestion.

To true hysteria alone belong fits, paralyses, contractures, tremors; on the sensory side, anæsthesia, hyperæsthesia, and pains; on the the mental side, delirium, aphonia, stammering, mutism, and amnesia; on the visceral side, hiccough, cough, and anorexia.

Alterations in the patellar and ocular reflexes, paralyses of organic origin, alterations in the cerebro-spinal fluid, trophic and vaso-motor