

into two, each part inheriting perfectly the characters of its parent. With regard to multicellular organisms, during the process of evolution there has occurred a division of the cell into germ cell and somatic cell. The former cannot be influenced by the changes in the latter, which are due to decay or hyper-development, because the ovaries are so thoroughly isolated during both embryonic and mature life. If influenced at all, the effect must be very slight. In other words, the production of apparent acquired characters cannot, or only in a slight degree, be transmitted to a future generation. Dr. Stearns makes a grave assault on this doctrine; he points out the undoubted influence of heredity in the production of insanity. He claims that the ovaries depend absolutely upon their connection with the brain in discharging their function.

Many arguments are forthcoming; and from many considerations, anatomical and otherwise, it would appear that the germ plasm, containing elements which constitute the representatives of future organisms, must be influenced by the continuous stream of nerve stimuli radiating from the brain, and thereby by the characters of the latter.

J. R. LORD.

*Relations between Neuralgia and Transitory Psychoses.* (*Alien. and Neurol.*, July, 1899.) V. Kraft-Ebbing.

Professor v. Kraft-Ebbing observes that neuralgia may simply co-exist with mental disturbance, or it may be related to it ætiologically. Pain as a cause may act psychically, producing a state of acute excitement or delirium; or it may act organically, *i. e.* by strong centripetal stimulation of the cortex, which results in a state of morbid excitability characterised by hallucinations, incoherence, and amnesia. Illustrative cases are given.

W. F. PENFOLD.

## 5. Clinical Neurology and Psychiatry.

*The Clinical Position of Melancholia* [*Die klinische Stellung der Melancholie*]. (*Monats. f. Psych. u. Neur.*, November, 1899.) Kraepelin.

Professor Kraepelin first points out how the term melancholia has become narrowed in its use by the exclusion of certain forms of depression. He believes ordinary melancholia is distinguishable from the depression of cyclical insanity. In his opinion, if a melancholia show great intellectual and volitional circumscription and no great affective disturbance, and occur before the thirtieth year, it is probably a cyclical melancholia. He believes that melancholia which is going to end in dementia præcox is more or less characteristic. Professor Kraepelin closes his paper lamenting the imperfect methods of psychical research at our disposal.

W. F. PENFOLD.

*Recurrent Insanity: an Analysis of Relapsed Cases.* (*Glas. Med. Journ.*, December, 1899.) Kerr, H.

A medical, psychological, and statistical inquiry into the causes, nature, symptoms, and results of "recurrent cases" of insanity.

The statistics are compiled from 450 cases, and deal with—1st, the percentage of recoveries in such cases as compared with other curable cases of insanity ; 2nd, the various factors in causation—heredity, epoch of life, extrinsic causes ; 3rd, the termination.

The medical and psychological examination discusses—1st, the nature of the heredity ; 2nd, bearings of predisposing and exciting causes ; 3rd, the mental features ; 4th, the mode of termination.

In conclusion, the opinions formed are tabulated, and the material relations of medical and statistical facts formulated. G. A. WELSH.

*Two Cases of Ephemeral Mania.* (*Rpt. Ann. Meet. Queb. Med.-Psych. Soc., October, 1899.*) By Dr. Burgess.

A record of two interesting cases of severe acute mania, lasting in one case less than forty-eight hours, and in the other twenty-two hours. In neither was there any factor like epilepsy, alcohol, or parturition. In the first case the attack began with a sudden fear while in a railway restaurant. The other case had insane heredity, and developed during the attack, visual and auditory hallucinations, and apparently was the result of fright. No evil results followed in either case, and both were treated by a single dose of hyoscine hypobromate hypodermically.

J. R. LORD.

*Two Cases of Auditory Peripheral Hallucinations.* (*Rept. Ann. Meet. Queb. Med.-Psych. Soc., October, 1899.*) By Dr. Chagnon.

The special point about these cases was that it was absolutely necessary for them to undergo auditory or tactile impressions to experience auditory hallucinations. Both apparently had abnormal mental histories, the one having marked loss of will power (aboulia), the other showing but slight intelligence. Any sound, such as that produced by the patient or some other person walking, the pouring of water in a glass, or the rumpling of paper, etc., awoke voices. J. R. LORD.

*Acute Delirious Mania.* (*Journ. Nerv. Ment. Dis., Dec., 1899.*) Mann, F. J.

The subject is approached from a purely clinical aspect. It contains a full exposition of its claim to be recognised as a specific entity, of its origin, course, symptoms, termination, and treatment.

Pathology deals chiefly with its origin, describing its bacteriological connections, but there is a short paragraph on the actual changes produced in the nervous system.

The onset, course, and symptoms are illustrated by cases, and allied conditions from which it must be differentiated are described, as are also useful points to aid a prognosis. The author gives statistics of his experience regarding the termination.

General lines of treatment are indicated.

G. A. WELSH.

*States of Over-excitability, Hypersensitiveness, and Mental Explosiveness in Children, and their Treatment by the Bromides.* (*Scot. Med. Surg. J., June, 1899.*) Clouston, T. S.

A clinical description of "Nervous States" which are liable to occur in children with a neurotic predisposition during the earlier stages of