

be made in cases of melancholia, mania, etc., especially when the patient gets thinner or appears to be going downhill. The possibility of tuberculosis, with or without mental disorder, in association with criminal tendencies is of medico-legal importance.

H. J. MACEVOY.

*Latent Phthisis and its Relation to Insanity.* (*Brit. Med. Journ.*, Feb. 17th, 1900.)

J. Chartier (*Thèse de Paris*, 1899) has studied this subject at the Roche-sur-Youne Asylum. Among other conclusions, he finds that degeneracy of the brain and an hereditary tendency to insanity increase the liability to suffer from the cerebral symptoms produced by tuberculin, as well as to other cerebral toxins. There is no true phthisical insanity; tuberculous individuals may present an endless variety of mental disorders; alternate cases of phthisis and insanity are exceedingly few in number, and the interpretation put upon such cases must be received with caution. Between tuberculosis and insanity attacking the same family, there exists only the very general bond of degeneracy.

H. J. MACEVOY.

*On the Insidious Effects of Alcoholism* [*De l'alcoolisme insidieux*]. (*Prog. Méd.*, March 3rd, 1900.) Glénard.

None will deny the extreme importance of running to earth the alcoholic habit before it has declared itself by its characteristic effects upon the nervous system, the alimentary tract, and the liver. Such effects stamp unmistakably that which Dr. Glénard styles *l'alcoolisme franc*. To that state of body which reveals no sign of the effects of alcohol, though these effects may at any moment declare themselves either by the development of one or other of the above-mentioned symptoms of *l'alcoolisme franc*, or by the course which some inter-current disease assumes—to such state he applies the term *l'alcoolisme latent*. He reserves the term *alcoolisme insidieux* to describe certain nutritional disorders which are according to him a common consequence of alcoholism, though other factors may produce them. These disorders are obesity, lithiasis (biliary and renal), diabetes, gout, divers neurasthenias and dyspepsias. In general, Dr. Glénard makes these states depend upon a perverted action of the liver, which itself is the result of the alcoholic habit. Without admitting that he proves his case, we may well accept the hint, and in cases of the above disorders search carefully for a possible alcoholic cause. The objection to Dr. Glénard's ætiology is that it threatens us with a name "hepatisme," which, like "arthritisme," may become an incubus, the more burdensome because of its vagueness.

HARRINGTON SAINSBURY.

*Indol: its Clinical Significance.* (*Bull. of the Lab. of the Mount Hope Retreat*, 1899.) Richardson.

The formation of indol in the large intestine by the putrefaction of proteid matter, its artificial production, its effects upon men and animals, and its mode of elimination are all described. That a substance so formed should be much influenced as to quantity by varying