

In assigning diabetes as a cause of insanity care must be taken to exclude the part played by arterio-sclerosis and alcohol.

Leaving aside such "elementary" mental disturbances as change of character, etc., which have been attributed to diabetes, and directing attention to insanity proper, there are three groups of facts which deserve attention:

Firstly those cases in which diabetes is only a complication or passive accompaniment of an attack of insanity.

Cases of autotoxic origin and admittedly due to diabetes.

And lastly those instances in which diabetes exists, and by causing arterio-sclerosis causes cerebral deterioration.

The form of insanity is usually depression with morbid fears for the future, delusions of worthlessness, while hallucinations are not uncommon. The writers think that more clinical reports are required before the so-called pseudo-general paralysis and diabetes can be associated.

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### 3. Clinical Psychiatry.

*Dementia Præcox in Imbeciles* [Über *Dementia Præcox auf dem Boden der Imbezillität*]. (*Allgem. Zeits. f. Psychiat.*, Bd. lxxvi. H. 1.) Plaskuda, W.

*Dementia præcox* is described in fifteen cases of congenitally weak-minded adults from the Institution for Idiots at Lübben. There is nothing extraordinary in the course of the disease in any of the cases, but it is noteworthy that only four were under twenty years of age at the onset. The ages in the other cases varied from twenty-one to thirty-seven. The most common were the hebephrenic and catatonic forms, and the attacks were very severe.

These cases are not to be confused with early forms of primary dementia.

HAMILTON C. MARR.

*On Cases of Primary Dementia in Childhood.* (*Early forms of Primary Dementia*) [Über Fälle von "Jugendirresein" im Kindesalter. (*Frühformen des "Jugendirreseins"*)]. (*Allgem. Zeits. f. Psychiat.*, Bd. lxxvi, H. 34.) Vogt, H.

At one time all mental diseases in children were termed "idiocy," or "imbecility." It was not considered possible that an onset of insanity should take place in the charmed years of childhood. With the knowledge that the development of the brain is a process continued long after birth came further discoveries as to the pathology of this development, and with increased investigation we find more and more frequently that we can trace the roots of various mental diseases back to the years which precede puberty. One of the most common forms of insanity in these years is primary dementia. It runs a course similar to that observed in adults. In children, however, the catatonic state is particularly characteristic. Children with normal mental development may be affected, but often weakness of mind is inherent. The attack results either in imbecility or recovery with and without defect. Relapses are frequent.

Differential diagnosis may be made from hysteria, heightened tonic

of the muscles, organic diseases, and especially idiocy with catatonic symptoms. With this latter cases of early primary dementia in which a defect is left after recovery may readily be confused, and in many the differential diagnosis must remain doubtful.

Cases of dementia infantilis (Heller) belong partly to this early form of primary dementia.

HAMILTON C. MARR.

*Catatonia in Childhood [Katatonie im Kindesalter]. (Arch. f. Psych. u. Nervenkrankh., Bd. xlv, H. 1.) Raeké.*

As a rule, catatonia is associated with the mental and bodily changes of puberty, but several writers (Kahlbaum, Kraepelin, E. Meyer, Ziehen and Infeldt) have recorded catatonic states in children of from seven to fourteen years.

In this article ten typical cases are described. The children are of both sexes, and their ages range from twelve to fifteen years. In all ten cases was found the rapid change from dulness to excitement, with a tendency to stereotyped phrases and actions, bizarre and impulsive behaviour and movements, and to blind resistiveness without marked emotional anomalies or loss of consciousness. A few of the cases showed heavy stupor, mutism, refusal of food, uncleanly habits, indication of *flexibilitas cerea*; others had distorted habits, and hysterical symptoms, also retarded mental development. Indeed, four of the children were congenitally weak-minded; the remaining six are said to have been normal mentally.

There were five recoveries, but two of these relapsed, one patient died of phthisis, two were discharged not recovered, and two improved.

*Summary.*—Catatonia may appear in children, especially from the years from twelve to fifteen, and does not differ substantially from the adult form. It is often based on a congenital mental defect, and develops from this without being materially affected by outside influences.

Many so-called imbeciles with catatonic symptoms have possibly suffered from an attack of catatonia in childhood, and their mental condition may to a great extent result from this. The existence of imbecility has no marked influence on the form and on the prognosis of catatonia.

HAMILTON C. MARR.

*Insanity following Delirium Tremens [Über Residualwahn bei Alcohol-deliranten]. (Allgem. Zeits. f. Psychiat., Bd. lxxvii, H. 4.) Stertz, G.*

Out of thirty-three cases of delirium tremens examined nine remained for days or weeks after recovery from delirium in a paranoid condition. The prognosis in such cases is favourable. The irregularity is apparently to be traced back to a more or less long-standing bodily cachexy, and is the expression of a torpid reaction of the organism.

HAMILTON C. MARR.

*Contagious Ulcerative Stomatitis in Mental Diseases [La stomatite ulcerativa contagiosa nei malati di mente]. (Ann. di Neurol., Fasc. 6, Anno 28.) Angelillo.*

Accounts of epidemics of contagious ulcerative stomatitis, occurring chiefly among soldiers and children, have been placed on record mainly