

In sane persons on an average, 1.0 gr. of benzol produced 0.33 gr. of phenol, and with this as a standard, the process of oxidation was abnormal in all cases of insanity which were tested.

In melancholia was found a lessening of oxidation.

In a case of senile melancholia there was an increase of oxidation after a subcutaneous injection of salt solution.

In a case of periodic melancholia the oxidation fell during the attack but rose on recovery.

There was an increase of oxidation in cases of dementia præcox, paralysis, and also in periodic melancholia.

The relation of the urea to the mass of nitrogen in the urine was, in the cases examined, usually proportionately less in the insane.

In a few cases the toxicity of the urine was tested and the urotoxic co-efficient placed, but owing to the small number of cases examined in this direction, wide-reaching conclusions could not be drawn from the results.

Dr. Juschtschenko promises to go more deeply into this subject, and we look forward with interest to further publications by him.

HAMILTON C. MARR.

The Urine in General Paralysis [Urologie des Paralitiques Generaux]. (Rev. de Psychiat., Feb., 1911.) Labbe, H., and Gallais, A.

The results of observers of the urine in general paralysis have been contradictory; the reason suggested by the writers is the fact that the urine alters in character as the disease progresses. Fifteen cases are reported upon, all of the female sex.

The colour seems to depend upon the concentration of the fluid, the odour varies with the reaction, a mucous cloud is frequently present, and a froth is easily produced. Regarding the amount passed in twenty-four hours, neither a relative nor an absolute polyuria has been noted. The percentage of urine as compared with the intake of fluid is 67, and this percentage diminishes as the disease advances, until late in the third stage of the malady it is as low as 59.8.

The specific gravity is normal. The reaction is always alkaline when the patient is moribund, and this must be an example of the resistance of the organism, bacteria growing badly in an alkaline medium. Nitrates are excreted in a diminishing amount until the immediate *ante-mortem* state, when an increase was observed. The chloride output increases with the disorder, reaching a maximum at the last.

Albumen is frequently present, especially in the later stages. Glycosuria was noted in two cases. Indican is always found, bilirubin occasionally, urobilin very rarely.

The authors point out that the general results show the characteristic progression of the disease to a cachexia progressive in itself.

COLIN M'DOWALL.

Hysterical Pyrexia [Ueber hysterisches Fieber]. (Zeitschr. f. Neurol. u. Psychiat., Bd. v, H. 5, 1911.) Kauffmann, M.

An investigation of the evidence for and against the existence of "hysterical" pyrexia and other functional disturbances of the general economy of the body.

The author reaches the following conclusions :

(a) Functional pyrexia actually exists. It is to be regarded, however, not as a production of fever by psychical influences, but as a result of morbid affections of the heat-regulating centre in the brain.

(b) The body-weight can vary considerably as a result of centrally conditioned disturbances of the kidneys, and of alterations in the innervation of the muscles.

(c) In hysteria, as in the psychoses, a temporary dissociation may exist between "vegetative" and "psychical" functions. That is to say, both may not be affected at the same time, or one may recover before the other. This is to be ascribed to a non-synchronous lesion of the different parts of the brain concerned.

BERNARD HART.

Dupuytren's Contraction as an Associated Condition in some Psychopathies
[*La contrattura palmare fenomeno concomitante di alcune psicopatie*].
(*Ann. di Freniat.*, vol. xx, fasc. 4, Dec., 1910) Bellini, G.

In this paper, the author records brief clinical notes of twenty cases of insane patients presenting in more or less marked degree the condition of contraction of the palmar fascia. The cases, which were collected from a series of a thousand admissions to the Turin Asylum, belonged for the most part to the more strongly hereditary types of mental disorder. Thirteen of the cases occurred in women and seven in men. In no instance was there a history of injury or of professional occupation involving special pressure on the palm. Almost all the patients presented concomitant symptoms of trophic disorder in the upper extremities—shiny skin, brittle, ridged nails, imperfectly developed muscles, etc. There were also in several of the cases disturbances of sensibility, especially of thermic sensibility. In view of these facts the author suggests that the palmar contraction in these cases is to be regarded as a symptom of syringomyelia, and that the mental disorders are to be attributed to a congenital cerebral deficiency under the dependence of the same degenerative causes that have given rise to the hypothetical fault in the grey matter of the cord. This would be in accordance with the theory of the neuropathic origin of Dupuytren's contraction, a theory which has recently found some support in the investigations of several Italian pathologists. The author hopes to verify his hypothesis when the cases come to autopsy.

W. C. SULLIVAN.

4. Pathology of Insanity.

A Fifth Contribution to the Pathological Anatomy of Infective Chorea
[*Quinto contributo all'anatomia patologica della corea infettiva*]. (*Riv. Sper. di Fren.*, vol. xxxvii, Fasc 1 and 2.) Guizzetti, P., and Camisa, G.

Guizzetti has published four previous communications on the pathology of infective chorea, the last in 1901. In the present instance the authors give the history and the pathological findings in two cases which were fully investigated in the clinique and the *post-mortem* laboratory, and at the same time pass in rapid review the cases