

way differently from the other infective diseases. (2) In the psychoses following influenza, the forms with acute confusion are the most frequent, and it is probable that it is only with regard to these that influenza acts as a direct cause. (3) The macroscopic examination of the brain and meninges shows only a very marked arterial hyperæmia. (4) That the anatomical picture of the cases caused directly by influenza is that of an acute intoxication, which is probably due to a post-infective toxine.

J. R. GILMOUR.

*On the So-called Insanity of Negations* [*Osservazioni nosologiche e cliniche sul così detto "delirio di negazione"*]. (*Riv. sperim. di Freniat.*, vol. xxvi, fasc. 1—3.) Obici, G.

In 1882, Cotard published his paper, giving to a group of cases the name of *délire des négations*, and claiming for them a separate class. These cases are characterised by marked depression of an anxious type. There is moral hypochondriasis—they are lost, cannot live. They are frequently suicidal. They have no head, no body, no organs, etc. All the feelings are of this negative type. As the cases of delusional insanity have become better classified, it has been found increasingly difficult to place them in a definite group.

The author, while showing that they do not come naturally into the class of melancholia, and that they cannot be grouped with paranoia, etc., is not disposed to constitute them a distinct class. He states that ideas of negation may arise in many forms of psychoses, as in cases of the delirium of collapse, but that they are more developed and lasting in the chronic cases based on processes of mental involution. They assume the grade of complexity and systematisation indicated by Cotard, especially in the more marked forms of melancholia during the period of involution; but they are also common, as Cotard points out, in the insane with repeated attacks of periodic melancholia. Even in these cases, however, the insanity of negations only develops at the period when mental involution is beginning, and it seems to be a direct expression of this process. When these ideas appear, they are not to be considered as a direct issue of the previous condition, or as a secondary result of it, but rather as a concomitant group of symptoms in which the two clinical pictures are superimposed. The author states several cases, and goes fully into the clinical symptoms and literature.

J. R. GILMOUR.

*The Psycho-pathology of Ideas of Negation* [*Psicopatologia delle idee di Negazione*]. (*Il Manicomio*, No. 3, 1900.) De Sanctis.

The author, largely from a clinical standpoint, discusses the various ideas of negation. He points out that ideas of negation, systematic or asystematic, are very slow in appearing, and represent generally a phase of evolution of the psychoses or a secondary mental process. Their appearance coincides with the mental decadence due to chronicity or associated with senility. Certain congenital cases do not come under this class, and there is also a group in which there seems to be a "negative disposition" of the individual. From a clinical study one of the following factors is necessary to the production of these ideas: (1) a