nasal root once, excessive distance between eyes once, swollen under lip twice, a deformed high palate once. Other abnormalities were poor development of the ears twice. The hands, skin, and hair in these cases were further dealt with. Generally, it might be stated that physical signs are less frequent than in epilepsy or idiocy, and of about the same frequency as in ordinary cases of insanity. The relationship existing between the number of physical signs and the severity of the disease is next dealt with, and no relationship made out, nor was any relationship found to exist between the amount of hereditary influence and the course of the mental development in individual cases.

W. J. PENFOLD.

The Relation of Insanity to Pelvic and other Lesions. (Amer. Journ. Obstet., January, 1900, rptd. in Med. Rev.) Hobbs, A. T.

The results recorded in this paper are as follows:—Out of 800 admissions to an asylum, 85 per cent. had lesions of the pelvic organs, such as subinvolution, endometritis, disease or laceration of cervix, retroversion or prolapse, disease of ovaries and tubes, and, to a less extent, cervical polypi, dysmenorrhœa, menorrhagia, new growths, etc. Operations were performed in 173 cases, of which 42 per cent. recovered, 24 per cent. improved, 32 per cent. remained unchanged, and 2 per cent. died. The relationship of physical state to mental effect was illustrated by the fact that 0.2 of the 114 patients who either recovered or improved had been insane two or more years prior to the operations being performed. The most important lesions in this respect were those of the inflammatory type, displaced organs coming next, and tumours being the last.

J. R. LORD.

Psychical Disorders of Tubercular Origin [Troubles psychiques d'origine tuberculeuse]. (Rev. P. Hyg., Feb., 1900.) Bernheim.

The notes of five cases of phthisis with mental disorder are given, in which it is difficult not to believe that the insanity was of tubercular origin. The author briefly reviews the observations of various alienists in this relation. At the same time, it is difficult to define any form of insanity as purely phthisical; from melancholia and neurasthenia to confirmed dementia and violent dangerous mania may be seen. In certain criminal cases, phthisis is a factor to be considered. As regards the pathology of the mental signs, Bernheim dwells on the marked influence of infectious agents on the nervous system generally. The ætiological importance of pulmonary phthisis in the causation of mental disorders, in addition to the weight it derives from clinical observation, is supported by the marked analogy which one finds between the pathogeny of psychical disorders of infectious origin and the pathogeny of the psychopathies co-existing with tuberculosis, and by experimental proofs.

Another point considered by Bernheim, is the evolution of insanity in tubercular subjects, with the most common forms of psychoses noted. The description of phthisical insanity given by Clouston, he believes to be in the main exact. The latency of pulmonary tuberculosis in the insane is so important that a careful examination of the lungs should always