HEAD TRAUMA AS A CAUSE OF INSANITY. C. W. Burr (Journal A. M. A., Jan. 5, 1907).

The author asserts that, excluding traumatic epilepsy and hemiplegia with their resulting mental disorder, injuries to the head will not cause insanity unless some predisposition exists. His reasons for this belief are that the vast majority of those suffering from brain injury do not become insane unless there is such a loss of brain substance as to produce dementia from that fact alone, and the rarity of mental disorder following extensive operations on the brain in which lesion of the organ is much greater than that of any ordinary trauma. That head injuries can be a directly exciting cause when predisposition exists or in senility, or that they may aggravate or revive an insane tendency is not to be denied. As regards the claim that there is a characteristic form of post-traumatic insanity, he says it can certainly be denied. The usual types are confusion, delusion, simple dementia and epileptic insanity. He has never seen paranoia or true melancholia following a head injury. He excludes from consideration all cases of post-traumatic delirium, transitory or rapidly followed by death from exhaustion, and all cases in which the physical injury was so trifling or the mental shock so slight that the trauma was a mere coincidence. The only cases considered are those in which the relation of the time between the injury and the onset of the insanity was so close as to make it reasonable to assume that there was something more than mere coincidence. The exact relation between early trauma and late insanity is difficult to ascertain on account of the lapse of time and the usual vagueness of the histories, but he has never seen a case in which other causes than the injury could be excluded. A number of case summaries illustrating the author's views are given in the article.

THE ETIOLOGICAL ROLE OF THE VASOMOTOR CENTERS IN CARDIAC NEUROSES. R. Pollard (Zentralblatt für Innere Medizin, Jan. 12, 1907).

Dr. Rudolf Pollard, after an interesting dissertation, gives us the following conclusions of his observations: (1) There is a group of diseases, chiefly chronic, whose symptoms may be recognized by a preponderating participation of the blood vessels, or rather the blood vessels of the nervous system. To this group belong the heart neuroses, paroxysmal tachycardia, Basedow's disease, the angioneuroses of the skin, etc. (2) The source of these disorders is an abnormally increased irritability of the vasomotor centers in the medulla. (3) The resulting condition of the heart and the vascular manifestations are in the way of a reflex which may be elicited through peripheral as well as central (brain) irritation. (4) Thereto, further, a reflex sensory tract is necessary; the reflex processes (probably on account of retarded influences at the surface of the brain) may appear under circumstances at first, after the expiration of a certain time (late reflex) and are not strictly confined to the location of the irritation. Atwood (New York).

PAROXYSMAL TACHYCARDIA. By John Hay (Edinburgh Medical Journal, January, 1907).

Symptomatic tachycardia is caused most frequently by a diminution of the normal inhibitory influences. Pyrexia, certain infective conditions, alcohol, atropine and thyroid, may produce the condition, as well as direct stimulation of the accelerator fibers or of the heart muscle. "Paroxysmal" tachycardia, on the other hand, is doubtless of nervous origin, but "during a paroxysm there is an essential and fundamental change in the mode of cardiac contraction, the heart beats in a manner specifically different from that normally found." Three cases are detailed, careful tracings of which are reproduced and explained. The author suggests that "certain nervous influences alter the condition of the heart muscle, and more especially the fibers joining the auricles and ventricles, rendering them more excitable and more capable of stimulus production." Traumatism affecting the