unmistakable titles. We are all immersed in what we choose to call science, and have not much eye for art. Has the theory of the neuron helped us to make a single diagnosis? Will the claim of Apáthy either relieve or cure? While I would not ask any man to belittle science, I trust we will not allow science to belittle us. If we do not constantly keep expert in reading the signs of disease at the bedside, and ministering to the wants of the suffering, our medicine will surely become a dry and barren thing.

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145. ON THE INCREASE OF INSANITY. T. S. Clouston (Eighty-Sixth Annual Report of the Royal Edinburgh Asylum, 1899).

Clouston, in this last report of the asylum, among other things comments upon the question of the so-called increase in insanity. "It seems to him that the number of admissions to hospitals for the insane will increase for many years to come, *not* from any increase of insanity at all, but from a more extended realization among society, of every grade, of the benefit and convenience of such hospitals. It is getting better understood that many forms of mental disease are just morbid accentuations of natural disposition; in one case temper shading off into mania; in another, keen sensitiveness of feeling passing into melancholia; and in a third, suspiciousness verging into insane delusions; so that the subjects of such changes become unfit for family or social life." "The world is getting too busy to be able to attend to its mental breakdowns at home, and it is getting more intolerant of very marked divergencies from social order, and even neglect of the conventionalities of life."

JELLIFFE.

146. TABETISCHE KRISEN MIT HOHEM FIEBER (Tabetic Crises with High Fever). P. K. Pel (Berliner klinische Wochenschrift, No. 26, 1899, p. 561).

Pel describes a new sign of tabes under the name of "crises fébriles" (febrile crises). A tabetic patient had several attacks of severe pain in the extremities, with high fever and vomiting, free perspiration, etc. One attack observed in the clinic is described in detail. The man awoke after a good sleep, feeling a little unwell. About half past eleven in the morning he began to feel chilly, without having a distinct chill, and to be very sick. Attacks of severe pain then began in the feet and extended to the lower part of the legs, and later to the upper extremities. Painful twitchings developed; the legs were drawn up and the hands were stiff. Pain was also felt in the trunk. Repeated vomiting occurred in the afternoon, when the pain was most severe. Toward evening severe pain in the eyes, intense photophobia, secretion of tears and congestion of the head were experienced. Both eyes appeared red and inflamed, as though they had been rubbed severely. By the following morning the ocular symptoms had disappeared, the pain was more endurable, and vanished within the next twenty-four hours. The temperature during the attack reached 40.2 degrees, and the pulse 150 beats per minute. Herpes labialis was observed on the day following the fever. No enlargement of the spleen was noticed after the attack. The man had had five of these seizures, all very similar to one another.

SPILLER.