In one case of the authors an anti-diabetic treatment resulted in a marked improvement of the patient, thus serving to confirm the relationship in this case. JELLIFFE.

211. MENTAL PHASES OF TUBERCULOSIS. Harriet C. B. Alexander, M.D. (Medicine, 4, 1898).

Alienists not only recognize the *spes phthisica* as an expression of exhaustion, but recognize likewise another symptom, which underlies much of the difficulty in treating seemingly sane victims of pulmonary tuberculosis. This mental symptom, which is so marked that it always arouses suspicion of tuberculosis, as a complication of psychosis at least, is suspicion. The general mental state of the phthisical is essentially that of the primary confusional lunatic plus emotional mobility. There is usually alternating depression, emotional mobility, intensification of the egotism common to invalids, and a suspicious mental state (Spitzka). This suspicious mental state underlies the refusal of and changes in medicinal treatment if the patient be at home, and the refusal of food if he be in an insane hospital. The most decided symptom which appears in the insane in the larval state of the disease is this suspicion. In them, for this reason, physical examination is often difficult, and cough, hectic, etc., are often absent. Frequently a far advanced phthisis comes to a standstill, but demonstrable decrease of the mental symptoms is followed by reappearance of the pulmonary. It is possible to predict tuberculosis from the mental symptoms (Clouston). If these cases have been acute at first, the acute stage is short, and passes rapidly into an irritable, excitable, sullen and suspicious state. There is want of fixity of purpose. The intellect at first is not so much obscured as there is disinclination to exert it. If there be any one single tendency characteristic, it is suspicion. The influence of phthisis on many forms of insanity is to introduce a suspicious element not hitherto present. In some cases the emotional depression produced by phthisis in ordinary types of insanity may proceed so far as melancholia in the true sense of the term. The possible influence of the toxin of the tubercle bacillus is illustrated in the fact that it sometimes causes meningeal tuberculosis to mimic opium poisoning, with resultant coma. FREEMAN.

212. ZUR KATONIE-FRAGE. EINE KLINISCHE STUDIE. (A Clinical Study of the Katatonia Question). V. Schüle (Allgemeine Zeitschrift f. Psychiatrie, 54, 1897, p. 515).

The present communication presents an elaborate discussion on the subject of katatonia, first clinically set apart by Kahlbaum, in 1873.

The author does not believe that there is any clinical entity that can with justice be termed a condition of katatonia. The diagnosis is purely then in his opinion a verbal one, including a most irregular collection of motor symptoms. JELLIFFE.

213. KATATONIA (KATATONIE OF KAHLEBAUM-KATATONISCHE VER-
RÜCHTHEIT OF SCHÜLE) F. Peterson and Langdon (Medical Record,
52, 1897, p. 473).

The authors review the literature and report four cases; their conclusions are as follows:

1. Katatonia is not a distinct form of insanity, not a clinical entity.
2. There is no true cyclical character in its manifestations; hence it cannot properly be classed as a form of circular insanity.
3. It is simply a type of melancholia.