

function may be to select and destroy certain substances in the circulation or system the retention of which in the system is very deleterious. When the gland becomes diseased, this work remaining undone, the deleterious influence of such neglect becomes slowly manifest by trophic and other changes throughout the system. J. C.

—***Kidney Disease and Insanity.***—Geo. T. Tuttle, M.D. (Am. Jour. of Insanity, April, 1892). Chronic nephritis is sometimes the cause of mental aberration, which may be called insanity. Long-continued anxiety may cause albumen, hyaline, granular, epithelial and blood casts in the urine, with accompanying oedema in some cases. This kidney affection may be temporary, disappearing when the cause is removed, or, the cause persisting too long, may become chronic renal disease. Contrary to the opinion of many observers, disease of the kidneys is quite common among the insane. A. F.

—***Peculiarities of the Knee-Jerk.***—(Am. Jour. of Psychology, Vol. iv., No. 3, April, 1892.) Wm. Noyes, M.D. In a case of terminal dementia of many years' duration a series of experiments on the knee-jerk tend to show that: 1st. Sensory stimuli received during sleep produce a much greater effect and diffuse over a much longer interval than in healthy individuals. 2d. In a condition of half-sleep when the patellar tendon is struck by blows of uniform strength at five seconds, intervals, the knee-jerks fall into groups, and synchronous plethysmographic tracings suggest that these groups have some connection with the Traube-Hering curve. If the truth of the second proposition can be conclusively established, several important corollaries would seem to follow. These are here stated as facts for the sake of presenting definite propositions, the truth or falsity of which must be submitted to further experimental investigation:

(a) The knee-jerk curve instead of being theoretically a straight line, as has been heretofore assumed, is in reality a curved line, with the general characteristics of the Traube-Hering curve. (b) The spinal cord is not constantly in a condition of the highest potential functional activity, but its activity is represented by a curve of rhythmic vascular contraction and dilatation. During the phase of contraction of the spinal arteries, the cord is at its least functional activity, due to a condition of relative anæmia, while during the phase of dilatation of the spinal arteries, the spinal cord is at its greatest functional activity, due to a condition of relative hyperæmia.