

First, that the pupils, like those of normal individuals, were oval or ovoid, with the angles of their long axes placed slightly downward and outward.

Second, the pupils, as a rule, were unequal in size, that of the left eye being generally larger.

Third, the pupillary rims of the pupillary zones presented unusual degrees of uveal pigment fringing.

Fourth, the muscle areas of the pupillary zones were, as a whole, rather deeply tinted, and the composite fibers appeared to be slightly thickened.

Fifth, the divisional minor circles were not distinctly outlined, their interlacings and crypts in most instances not being sharply and clearly defined.

Sixth, the radiary fibers of the ciliary zone were plainly marked and outlined, although the intervening minute depressions were blurred and indistinct in some places.

Seventh, the concentric contraction grooves in the ciliary zones were abruptly broken in places, with a lessening of the indentation depths and an undue broadening and elevation of the corresponding furrow ridges.

Eighth, the vascular spots and pigment aggregations ordinarily seen in the ciliary zone were probably increased in number and size.

Ninth, the peripheral pigment in the generally invisible ciliary rim of the ciliary zone was sufficiently broadened in some situations in some of the cases that it could be seen under oblique illumination.

J. E. CLARK (New York).

INSANITY AT PUBERTY. C. W. Burr, Philadelphia (Journal A. M. A., July 1).

Dr. Burr states that he considers everybody somewhat unbalanced at the age of puberty, but that only the weaklings develop mental disease. What is probably the most common type of this period is seldom seen in asylums, and has been but little studied. It consists in a mild general impairment—dementia is too severe a word, but it seriously affects the future life of the individual. In another type there is gross moral aberration in addition to the mental deficiency (which may be slight). Many of the criminal class are of this type. Another form which begins at puberty or early adolescence is the so-called original paranoia. In all these types the prodromal symptoms appear at puberty, the disease reaching its height in adult life. Acute insanity also appears at puberty, and though rare, is sufficiently frequent to be of interest. It may follow acute infectious disease or mental shock, and illustrative cases are reported by the author. Kraepelin's dementia precox is mentioned as a rather comprehensive term, but one that must be convenient in grouping certain classes of cases. A case of apparent stuporous insanity is described in this connection. Juvenile paresis is recognized as occurring in hereditary syphilis. The influence of other organic disease, Burr claims, has been studied but little. Acute insanity is not uncommon in imbeciles, and usually occurs about the adolescent period. Hysteria may give trouble in its diagnosis from dementia precox, and here the study of the visual field is of value. Hysteria is not followed by dementia. Its chief significance is as a sign of trouble in later life. The treatment of insanity at puberty is largely preventive, such as proper education, avoidance of mental strain, teaching of self-control and clean morals. With more wisdom of parents insanity would decrease.