

that: "In dealing with insanity and its manifestations we are concerned with the cerebral potentiality of the individual in considering its nature; with heredity and environment in determining its form and sequence; while the evidence of the involvement of the general organism in the degenerative process must be our guide in anticipating its progress and termination."

SPINAL ATROPHY AND JUVENILE DYSTROPHY. By L. H. Mettler (Journal A. M. A., June 16).

Dr. Mettler reports a case of amyotrophic lateral sclerosis, notable because associated with pupillary inequality, and one of juvenile dystrophy in a lad of nineteen, which is discussed at some length. The cause was obscure and Mettler thinks it possible that a transient infectious polymyositis may have been present as its antecedent. The evidence is against a primary cord or nerve degeneration and rather in favor of a primary muscular affection. He discusses the differentiating points between spinal and muscular atrophies and believes that localization of the atrophied areas is an insufficient guide for distinguishing different types of this disease. Typical cases are in fact very rare, and he agrees with Governors that it is undesirable to make a separate variety of juvenile muscular atrophy, as Erb has proposed. Spinal atrophies may also be juvenile and so may myositis atrophies.

HYPERTROPHY OF THE BRAIN. By J. H. Haberlin (Journal A. M. A., June 30).

The author reports the case of a child, aged two, dying in convulsions, in which the apparently symmetrically enlarged brain weighed 1,712 grams (53½ ounces). The membranes were not adherent, there was no flattening of the convolutions, no disproportionate increase in the size of the ventricles and the gray and white matters were developed proportionately. Clinically, the case could not be differentiated from hydrocephalus.

PROGNOSIS IN MENTAL DISEASE. By Robert Jones (The British Medical Journal, Dec. 16, 1905).

The average age of admission to the London County Asylum is forty-two years. At this age the expectation of life in the sane is twenty-four years, but the average age of those dying in the asylum is 50.7 years, or about 15 years less. It is proven by statistics that there is always some mental weakness after an attack of insanity. In cases of insanity under twenty years of age relapses occur with much greater frequency than after this age. The author finds the average duration of general paralysis of the insane to be two years. Favorable factors in any case of insanity are: Normal sleep; gain in weight, accompanied by lessening of mental symptoms, with no lessening of mental symptoms it is a bad sign, especially in adolescents indicating dementia; a restoration of natural facial expression and affection for friends; and increased interest in his surroundings and appearance. The cause of the insanity has a direct bearing on the prognosis.

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DRUG ADDICTIONS.

In the preliminary report of the Committee on Drug Addictions of the Section on Nervous and Mental Diseases of the American Medical Association (Journal A. M. A., March 3), Dr. Smith Ely Jelliffe, the chairman, states that it was not thought best to consider the whole enormous subject of drug habits at this time, but rather to confine the inquiry to the subject of opium addiction. All the committee can do at present is to formulate a series of suggestions concerning lines of fruitful inquiry, and, therefore, they have limited themselves to certain problems that seem at present most promising for solution. The first of these concerns the spread and distribution of the habit, and it is suggested that valuable data may be obtained