

of the pelvic and abdominal nervous mechanism; the consequent disturbance of the abdominal viscera led to the production of toxic substances which, acting on the cortex, produced the convulsions. Treatment based on this theory proved most satisfactory.

THE URINE IN NERVOUSNESS. E. B. Angell. (Journal A. M. A., November 16.)

The author calls attention to a urinary reaction which he has observed for a number of years as an indication of toxemia. It consists in the formation of a dark pigment ring in place of the white ring in the Heller test. It varies from a dark brown to a bright red color and the easiest method to show it is to take a test-tube partly filled with the suspected urine and plunge a pipet loaded with pure nitric acid to the bottom of the test-tube; the finger covering the top of the pipet is then slowly released and the acid gradually replaces the urine at the bottom of the tube. The contact line between the urine and acid is sharp and well defined. The chemistry of this ring he is unable to give. It is certainly, he says, not due to indican or bile. The urine in these patients is specifically acid, as a rule, and of a relatively high specific gravity. A somewhat similar color ring is seen in the urine of patients taking potassium iodid but he does not think the two are likely to be confused. He has also noticed a marked color ring in exophthalmic goiter. Whether the thyroid disorder has any relation to the metabolic change in these cases he cannot say, but he has found this pigment ring here described in all nervous cases of a certain class. The characteristic symptom is one of depressed nervous action. Complaint is made of dull headache, restlessness, sleeplessness, vertigo, backache, etc., and general good-for-nothingness. The patients are more or less hypochondriacal, self-conscious, emotional. They are sallow, have distended abdomens and coated tongue and lack energy and initiative. At times the condition simulates the more grave organic maladies, but it is wholly a functional disturbance. When corrected by a proper diet and elimination through the free use of a salicylate and an alkali the cases generally clear up, sometimes in a few weeks, but in some obstinate cases a much longer period has been required.

HEREDITY IN NERVOUS DISEASE. C. B. Davenport. (Journal A. M. A., December 14.)

The author says that mental abnormalities may be divided into two sorts—lack of development and weakness. Modern studies in heredity indicate that typically each part develops to a certain extent independently of any other, at least in the early stages. Later development is affected by the internal secretions of a number of organs. Finally, insufficient nutrition of the embryo, or the presence of certain poisons, may have an inhibiting effect. Failure of mental development may be regarded as of four sorts: (1) intrinsic and general, producing idiots and cretins; (2) intrinsic and specific, producing the feeble-minded; (3) extrinsic and general, resulting, it is said, in abortions, miscarriages, etc.; (4) extrinsic and specific, causing, perhaps, some cases of harelip and other bodily defects. Of the four classes the second is the most important and frequent. Davenport considers feeble-mindedness, the failure to develop specific mental traits, the determiners for which are not present in and have never been acquired by the germ plasma. It is the reversion to the characters of our ape-like ancestors before they acquired these traits.