

case was one of transitory frenzy which would have recovered without treatment. The treatment adopted was, however, not contra-indicated, although the results are far from illustrating the point raised by Dr. Reynolds.

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CAUSES OF SITIOPHOBIA AMONG THE INSANE.—Dr. O. Everts (*American Journal of Insanity*, 84-85) calls attention to certain neglected causes of sitiophobia as follows: "Observant of every thing, the hospital physician should be particularly sensitive to, and careful respecting, little things—things that are likely to be overlooked, or disregarded as 'little,' by the insensitive, indifferent, ill-bred. And there are such—I grieve to say so—in this broad land of freedom and democracy; persons, for example,—I have seen such prescribing for the sick,—who would smile incredulously, or derisively, at the protest of a patient alleging inability to drink from a cup, or dip from a bucket, used in common by the patients of the hospital ward, or complaining of loss of appetite, and inability to eat, because of offensive odors, or the disgusting appearance or habits of table associates. I have known persons, also employed in hospitals in official positions, who could not comprehend the delicacy of feeling that would cause a person of refinement, even when insane, to shrink from bathing in company—two or more persons occupying the same tub and water, and using the same towel,—notwithstanding the impatience of attendants required to bathe a certain number of persons within a given number of hours. But such persons, it is needless to say, are unfit for hospital service; and such 'little things' are too important to be pooh-poohed, or neglected, in the treatment of the insane. They are quite as important, indeed, to be known of, and attended to, as is the occasional necessity for, and skill in, the use of the stomach-tube for involuntary alimentation; or the voting qualification of appointees of political hospital-boards."

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MELANCHOLIA AND GLYCOSURIA.—Dr. C. H. Hughes (*Weekly Medical Review*, October 20, 1883) says that notwithstanding the long-recognized association of hepatic and gastric disorders with depressed types of insanity, depending often upon co-existent atonic conditions, it is only of late that a somewhat intimate relationship between them and glycosuria has been noted. In some cases the glycogenic function is markedly disturbed, sometimes co-existently, at others alternately, with mental aberration; and more notably in connection with the depressed types, sufficiently often, it may be justly remarked, to justify an examination of the urine in all cases, especially of atonic melancholia, with a view to ascertaining whether the urine be not surcharged with sugar. Enough of such cases have fallen under his observation to justify the suspicion that others might have been found had the urine been tested during the different stages of mental depression, and during the precursory stage of approaching melan-