

cholia. He has had under observation a middle-aged gentleman, who, after unusual business strain, was attacked by glycosuria. His skilled and experienced physician found this condition existing. After several months' treatment, though the glycosuria improved, his depression persisted and became aggravated. Cannabis indica, codeine, arsenic, strychnine, and hypophosphites, with electricity, change of air and surroundings, caused both melancholia and glycosuria to disappear; the latter had been most excessive when the depression was least. The gentleman remained robust and well for a year, but is threatened with a return of the trouble. Dr. Hughes believes that this class of cases is far from infrequent, and that glycosuria and melancholia may have prognostic significance. He gives in such cases, disregarding the glycosuria, such treatment as will restore nerve-tone in melancholia, giving preference to sweet- and butter-milk, and animal and vegetable soups. The condition of the nervous system justifies this plan of treatment. The condition of the vaso-motor system is an organic justification for disordered hepatic function, and this is why albumen, as well as sugar, is found in the urine of melancholiacs, even of such as recover. Dr. Hughes is satisfied, from clinical phenomena and results of treatment, that there is an intimate relationship between nervous depression and glycosuria. The influence of agencies that conserve, recuperate, and tranquilize the nervous energies tends to prove this. He has applied galvanism especially to the occipital regions, though he has been better satisfied by a descending cerebral current from the cortex down through the medulla, thence to the dorsal spine and through the liver, not omitting a gentle systemic séance. It seems probable that, as has been suggested by De Wolf (*Journal of the American Medical Association*, Dec., 1883), that there are two types of glycosuria, dependent on opposite cerebral conditions.

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ABDOMINAL LESIONS IN PARETIC DEMENTIA.—Dr. Carrier, Lyons, France (*Annales médico-psychologiques*, March, 1885), concludes: First. That congestive thoracic and abdominal visceral phenomena observable in the course of paretic dementia are seemingly due to the invasion by the cortical lesion of centres in relation with the great sympathetic system. Second. Lesions of this kind explain not only the visceral congestions and changes in nutrition, but also the melancholiac symptoms which accompany these phenomena, and especially the hypochondriacal delusions. Third. If the melancholiac delusional conception is to be localized in any part of the cerebral cortex, it should be in those regions most in relation with the grand sympathetic,—a region capable of giving rise to the state of consciousness likely to produce them. Dr. Carrier is not too well acquainted with recent cerebral anatomy.

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PRE-ATAXIC PSYCHOSES OF LUEPIC ATAXIA.—Dr. Fournier (*L'Encéphale*, No. 6, 1885) concludes that the medullary symptoms

of luetic ataxia may be preceded by psychical phenomena bearing a more or less complete resemblance to parietic dementia.

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TYPHOID FEVER AMONG THE INSANE.—Dr. Rath (*Allgemeine Zeitschrift für Psych.*, B. xli., Hft. 3) states that an epidemic of typhoid fever occurring among the insane was marked by the absence of psychical symptoms. The fever was brief, and roseola occurred in one case only. Convalescence was rapid. Under the influence of the fever twenty-one per cent. of the cases attacked recovered, forty-two per cent. had a temporary remission of the symptoms, twenty-nine per cent. remained unimproved, and eight per cent. died. These results are much the same as those obtained by Campbell (*Journal of Mental Science*, 1882-83), and de Monteyel (*Annales médico-psychologiques*, s. vi., t. ix.), and seem to hint at the possibility of good results from energetic therapeutic measures, with allied effects to those of typhoid fever.

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TRIPLE DIATHESIS IN A MELANCHOLIAC.—Rousseau (*L'Encéphale*, No. 6, 1884) mentions a melancholiac who had been badly treated by her husband, and acquired syphilis from him. She was then attacked with atrophy of the optic nerve; motor together with sensorial impairment. The patient died, four years after the beginning of psychosis, from lung disease. The autopsy showed a gummy swelling of the dura at the base, and it had become adherent to the left half of the cerebellum. The same part of the cerebellum was also the seat of an isolated, centrally located carcinoma; the central ganglia, especially the thalami, were discolored and softened. Besides the syphilitic and carcinomatous diatheses, there appeared a third, tuberculosis, which was limited to the lungs.

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BLOOD OF THE INSANE.—Dr. H. Sutherland (*Journal of Mental Science*, April, 1884) concludes that in the insane generally a leucocythæmic condition frequently exists; that any great increase in the number of leucocytes at the expense of the red, and an absence of rouleaux from the blood of the insane, are conditions which generally indicate a very low degree of vitality; that in parietic dementia, epileptic insanity, and hebephrenia, the blood is most deteriorated and the vitality lowered in the male. In mania, melancholia, and dementia the same is the case with the female. It is obvious that the conditions designated under mania, melancholia, and dementia are not clearly demarcated from each other and from various other forms of insanity, and that this vitiates the value of these results.

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THE KANKAKEE SYSTEM OF INSANE HOSPITAL CONSTRUCTION.—Dr. F. H. Wines (Eighth Biennial Report of the Illinois