

be given a history of frequent relapses treated casually with occasional doses of quinine, and no attempt made to control the attacks. Although it is true that the mortality from this disease is extremely low, it must be borne in mind that a potent and powerful poison is circulating all the time, which may flare up at any moment into an acute condition such as cerebral malaria, or result in permanent damage to mind and body. All cases of malarial psychosis should be removed as soon as possible from danger of reinfection.

*Prophylaxis.*—With regard to malaria itself, maintain body resistance as far as possible by good feeding and ordinary hygiene.

If every case were systematically and thoroughly treated it would undoubtedly go a long way to the prevention of mental complications arising in those already affected with the disease. If a watch is kept for incipient signs, and they are recognized as such, by appropriate treatment these cases can often be saved from proceeding to a well-defined psychosis; by this means being saved from the undoubted stigma which the word "mental" carries. [Author's abstract.]

**Hitzenberger, Karl.** PSYCHOSES AFTER GRIPPE. [Monatschr. f. Psychiat. u. Neurol., November, 1919, No. 5, Vol. XLVI.]

During the epidemic of 1918, in Vienna, the author observed fifty-five cases of mental disease as result of grippe. He divides these cases into two groups, namely, those in which the mental disturbances were directly due to the grippe, and those where the infection acted only as an agent setting a latent disease in activity. The author places in the first group the fever deliria and the postfebrile amentias; in the second those disturbances which he designates pseudoinfluenza psychoses. The fever deliria were nearly always characterized by the same symptoms; the patients do not recognize their surroundings, they are excited, fear poison, robbers, etc., and have various delusions springing from fear. The prognosis of this form *quad vitam* is unfavorable, the high mortality being evidence of the severity of the infection of which the psychosis is the consequence. In the postmortems, hyperemia and edema of the brain and of the leptomeninges were discovered. The invariability of the symptom complex, together with the absence of hereditary stigmata, goes to show that the individual factor plays no part in this type of psychosis from grippe, and that those who are wholly normal may be mentally affected by the virus. The mental disturbances of the second and larger group usually make their appearance after the grippe has run its course. The symptoms are disturbance of association, disorientation, confusion, hallucinations, manic or depressive conditions. Prognosis seems to be generally favorable as to recovery from amentia after grippe. The virus of the disease is one factor causing mental disease after grippe; exhaustion and predisposition are other factors. But these are not the sole causes, for nearly one third of the inhabitants of Vienna were victims of

grippe during the epidemic, yet only fifty-five individuals developed mental symptoms needing treatment in an institution. There would have been a much higher percentage if the mental disease were due to these three factors. There must, therefore, in the author's opinion, be another determining cause as yet unknown which was of a nature to affect only fifty-five individuals among so many thousands. [J.]

**Preti, L.** MORBID STATES SUBSEQUENT TO TYPHOID VACCINATION. [Atti. Soc. Lomb. Sc. Med. e Biol. Milano, 1919, VIII, 85.]

Clinical illustrations of two cases in which morbid nervous symptoms made their appearance after the antityphoid vaccination. In the first one total blindness appeared about twenty-four hours after the first injection of antityphoid vaccine. This persisted, together with fever, for about ten days, after which the temperature became normal and other subjective phenomena disappeared, leaving only a remarkable diminution of sight. Six months afterwards a careful examination of the eyes showed a very pale papilla with atrophic blood vessels and vijus reduced to one eighth. The author thinks that the initial affection must have been an inflammatory process of the optic nerve.

In the second case, ten days after the second injection of antityphoid and antiparatyphoid vaccine left brachiofacial chronic convulsions made their first appearance. These were of a frequent and constant type and were accompanied by a slight paresis of the affected parts. There was no recovery, and one year afterwards these attacks of brachiofacial Jacksonian epilepsy were still frequent, and the left arm showed a certain degree of motor weakness. The author is inclined to think that the vaccination may have in this case provoked an irritative condition or perhaps a localized process on encephalitis of the cerebral cortex of the right inferior Rolandic zone.

In both cases no other cause of these troubles of the central nervous system could be found but the antityphoid vaccination. [Da Fano.]

**Gordon, Alfred.** MENTAL DISORDERS FOLLOWING INFLUENZA. [Phil. Neur. Soc., February, 1920.]

That the function of the brain may be disturbed by bacterial poisons is too obvious to dwell upon. The organism always endeavors to get rid of exogenous, endogenous, and bacterial poisons either through the kidneys, lungs, salivary and cutaneous glands. Amelioration of mental disorders not infrequently run parallel with the proper functioning of defense organs.

The author refers in his contribution to an infectious process which, after the acute phase had subsided, produced very profound disturbances in the higher functions of the cerebrum. His study is based on a series of sixty-two cases, all seen at the end of the febrile period during the phase of asthenia which ordinarily follows infectious diseases. The mental manifestations were particularly marked in individuals whose