psychosis becomes nullified. The effect of an induced infection on insanity has shown itself in a few isolated instances, the results being, however, imperfect and insufficiently uniform for deduction. It would be interesting to know the issue of a general successful vaccination of all the inmates of a large asylum, whether any cases could be shown to have improved mentally, for the objections to be urged against a series of experiments with bacteria products (*i.e.*, the chemical bacterial derivatives) are sufficiently evident. Wagner von Jauregg, however, has boldly experimented with the chemical bacteria product known as tuberculin, a preparation he employs owing to its easy procurability and its known effect on the human organism. For treatment with tuberculin those cases were selected in which an unfavourable prognosis was being established owing to their long duration and the inception of characteristic signs of mental degeneration. In its application there naturally had to be considered the possibility of the antecedent presence of tubercular infection and the individual predisposition thereto, which it is well known is of great variability. The initial dose was 1 mgr. In the non-tuberculous subjects habituation to the medicament soon ensued, so that an increase of dosage early became necessary. He estimated future dosage by the intensity of the febrile reaction. Any further habituation to the chemical product necessitated the employment of the bacterial product in extract form, a reason why other important proofs with other bacteria cultures, *e.g.*, of bacillus pyocyaneus, etc., had to be suspended. The results obtained by this method appear according to Wagner von Jauregg to be most encouraging. Improvement is said to ensue in some cases most speedily, but in the greater number, to obtain a fairly satisfactory result, a prolonged treatment is necessary. Three cases have been reported as having been wholly cured by this means, while some have improved to such a degree that ultimate restoration to mental health might be reasonably anticipated. In the three cases reported cured the insanity had existed for three years in one and for two in each of the others. With the mental there was a corresponding physical improvement, and no ill effects appear to have followed the treatment.

Maladie des Tics Convulsifs.

Dr. Ed. Remouchamps (Ned. Tijdschr. v. Geneesk, No. 12, 1895, p. 539) relates a case of convulsive tic, one interesting feature of which was the development from purely motor symptoms of subacute mania. Earlier writers on this subject (Gilles de la Tourette, Frylinck, etc.) make no mention of psychic disturbances, and others more recently (Buringh Boekhoudt and Van der Weyde) have noted the presence of imperative ideas which are said frequently to occur in these subjects, but that apart from this they betray no mental abnormalities, except after a long continuance of the original affection. Guinon (Rev. de Méd., 1886, p. 51) and Oppenheim (Berl.

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Klin. Wochenschr., 1889, No. 25) have recorded the occasional occurrence of imperative ideas, and Séglas (Bull. de la Soc. de Méd. Ment. de Belgique, 1887) and Stembo (Berl. Klin. Wochenschr., 1891, No. 28) have noted various intellectual disturbances. The case here detailed presented certain abnormal features. The motor attack first showed itself at a comparatively late age (54). There were no antecedent evidences of involuntary movement (tics vulgaires), and its onset, occurring at the menopause, was sudden, and not, as is usually the case, of gradual growth. The progressive development was rapid, and after a comparatively short duration (two years) led on to psychic disturbance. Hysterical symptoms (globus, bulimia, abdominal and diaphragmatic clonic contractions) accompanied the earlier tic symptoms. The maniacal symptoms rapidly vanished under asylum treatment, and after two months the patient was discharged, with a marked improvement, too, in the symptoms of her primary neurosis. Buringh Boekhoudt and Van der Weyde in endeavouring to explain the phenomena of this malady observe that, taking into consideration the rapidity of succession of movements and vowel sounds, these must in a measure be rendered unconsciously. They are of opinion that some alteration must exist in those inhibitory tracts the office of which is to control and modify verbal and motor representations in their transmission to motor initiatory centres. As children learn to speak by imitation, they assume that the disposition to convert speech (or motor) idea into speech (or motor) action is an innate one, and that thus "every person is a born echolaliac." This leads one to the idea that convulsive tic and its correlated disorder latah, may be the evidence of a developmentary reversion, the affections being closely allied to the microkinetic movements of infants. It must be noted that in certain cases the idea (of phonation or movement) must exist for a definite period in the field of consciousness, as the patients have a premonition of what they are about to say or do. The instance quoted by Frylinck from Guinon of the ballet-dancer who never was subject to involuntary grimacing coram publico, but who on retiring immediately commenced violent facial contortions, proves that for a time these movements can be supervised and controlled without intentional will effort. As every cerebral performance of whatever nature acts as a stimulant to its repetition, we can understand how these movements may become reflex, and thus ensue in rapid succession outside the limit of conscious feeling. It is not, however, all movements or sounds that are reflections of recently-observed movements or sounds, but also from earlier cerebral acceptations of such can they arise, probably as the result of some unknown cortical irritation. The development of such irritation or its intensification may then lead to disturbances of the psychic centres.

Hysteria.

H. Higuier (Wiener. Klin. Wochenschr., 1895, Nos. 1, 2, 3, 5) relates two cases of interest, one of hysteria simulating tabes dorsalis,

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