

ing to over forty pounds in a few months. Dr. Carnot had a patient who became obese after the growth of a goitre. Obesity caused by the pituitary body is not well understood. Gastro-intestinal obesity has been well studied by Leven. Hepatic and pancreatic obesities have not yet been demonstrated. In other cases a toxic or toxi-infectious cause capable of disturbing the general nutrition of the organism may be responsible for obesity. These causes may also explain mechanisms of a complex nature which, at least in certain cases, act through the intermediary of the glandular lesions already cited. Toxic obesities, due to arsenic, phosphorus, mercury, and particularly alcohol, and toxi-infectious obesities, due to different fevers, typhoid fever, tuberculosis, syphilis, etc., may be mentioned. The author has produced obesity experimentally in the guinea-pig by alcohol, arsenic, lead, phosphorus, diphtheritic toxin, and the injection of tubercular bacilli of slight virulence. It should be remarked, and it is interesting to observe, that these different causes of obesity sometimes produce emaciation, by variations in the doses and the conditions. In fact, it is a general law of physiology that the same agent, according to the dose in which it is given, may first provoke a functional excitation of nutrition, to be followed by a failure of nutrition. With respect to nutrition, the same toxic substance may, if given in small doses, cause an increase of weight and, if given in larger doses, loss of weight, probably by acting in an inverse way on the regulating organs of nutrition. Looked at from this standpoint, obesity and emaciation may be considered to be morbid syndromes indicating an excess or a defect of nutrition, the one condition being related to the other and derived from the same cause.

Cerebral Lesions of the Insane — Dr. L. Marchand, of Bois, in a paper published in *Révue de Psychiatrie*, Avril, 1906, No. 4, pp. 133-148, concludes that the principal diseases of the brain met with in the insane are chronic meningitis (meningo-corticalitis), encephalitis, cerebral vascularity, cerebral atheromasia, cerebral sclerosis and cerebral tumors. Cerebro-cellulitis, a new term intended to designate the sole primitive lesion of the psychic cell, should be included in this list. The same cerebral disease, appearing in individuals of the same age, may produce different mental syndromes. The same cerebral disease, appearing in