

lihood of error—the writer finds 36 cases of mania, 26 of dementia, 6 of melancholia and 14 of delirium in convalescence with simple delusions or hallucinations, and one of chronic paranoia. A large proportion of the cases of mania show a very pronounced element of melancholia.

The outcome of the study of the cases, as shown by the figures quoted in the article demonstrates two important points. The first is that the percentage of cases in which insanity persisted (61 per cent.), is much nearer to the figures given by many alienists than it is to the statements of most medical clinicians or pediatricists. The second important point demonstrated is that dementias are of far graver prognosis than the other forms of insanity. Heredity does not seem to have any influence in causing persistence of the mental disorder, yet Edsall believes that this point has not been sufficiently investigated.

The oft-repeated statement that mental derangements are much more common in the late years of childhood than in the earlier, is not borne out by these figures. Sex seems to have no influence in determining an attack. A full bibliography is appended to this interesting article.

Another interesting nervous complication of typhoid fever is reported by Hahn (*Wien. k. Wochen*, No. 46, 1904.) A boy aged twelve years towards the end of the third week of an attack of typhoid fever developed areas of œdema, like giant urticaria over feet, face and hands. Shortly after he became aphasic, the mind remaining clear. The aphasia was of motor type and lasted for a week, and was attended with paresis of lower right facial muscles. While psychical and physical exhaustion or a gross lesion may account for similar conditions, Hahn inclines to the view that it was a vaso-motor change, toxic in origin and similar to those manifest upon the skin surface.

*Coxitis.* A rare complication in typhoid fever is discussed, and one example reported by Porter (*Amer. Medicine*, February 11th, 1905.) It appears that the inflammation in this joint may be due to the specific bacilli of this disease, to their toxins or to other organisms. Graff, speaking of the gross pathology of this condition, regards the synovitis as serofibrinous in character. It distends the joint and produces an inflammatory softening of the acetabular margin, and the pressure of the head of the femur by contraction in a fixed and adducted position causes a pressure atrophy of the outer part of the acetabular rim, permitting the head of the femur to slip slowly out.

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