

ritis, 3; rheumatism, 2, etc. In less than a third of the cases the brothers and sisters have presented various pathological states: Tuberculosis, 8 cases (3 in the same family); chlorosis, 5; neuropathy, 2; asthma, 2; albuminuria, 2, etc. Only one of the 36 patients became tuberculous. It is concluded that the influence of hereditary tuberculosis is only exerted by enfeebling the stock. Since the study of the morbid relationships of chlorosis has thrown little light upon the etiology, the authors, struck by the analogy of the auto-intoxications, for example, myxedema, determined to test the toxicity of the blood. This was done by means of intravenous injections in rabbits, in five cases of chlorosis. The number of c.cm. per kilogram required to kill the rabbits was, in the case of blood taken from healthy people, 15; in the five cases where the blood came from chlorotic patients, 15 in one case, 11 in three cases, and 8 in the other. The toxicity of the blood serum is then generally increased, and chlorosis may provisionally be regarded as an auto-intoxication.—*British Medical Journal*.

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#### GASTRIC ULCER AND HYSTERIA.

Guido Bigi (*Gaz. Med. Lombard*, June 9th, 1901) discusses the theories as to etiology of gastric ulcer, and relates a case in which a woman of 26 had hematemesis after a severe fright. She had indubitably hysterical symptoms; after almost three months a second severe hematemesis occurred, and from that date the other symptoms of gastric ulcer began to appear. After the first hemorrhage the lacerated mucous membrane was restored but not after the second. He suggests that the process of formation is comparable to the production of a neurotic edema or even a bullous urticaria on the skin. In hysteria the gastric mucous membrane, like that of the lung or any other viscus, is liable to hemorrhages arising from the direct influence of the neurosis; our knowledge of trophic affections of the skin enables us to state that the process has a general tendency toward necrosis. The hysterical process being thus actually a gangrenous one, when it is situated on the gastric mucous membrane, the gastric juice is able to maintain as a permanent ulcer the solution of continuity produced by an original hemorrhage. Gilles de la Tourette and others have shown that half the clearly diagnosed cases of gastric ulcer have a hysterical etiology. This must be remembered if one wishes to carry out a suitable and rational treatment.—*British Medical Journal*.