consequent on treatment is not dependable as a proof of the abortion or cure of the disease; there must also be evidence of non-irritation of the cerebrospinal fluid. Solomon believes this one of the most valuable dicta recently enunciated.

It is then definitely shown that in syphilis the cerebrospinal axis is early infected in many cases. Suitable combative measures should therefore be immediately adopted.

John Gifford.

3. Clinical Psychiatry.

Thyroidal Psychoses [Les psychoses thyroïdiennes]. (Le Prog. Méd., April, 1922.) Laignel-Lavastine.

The present article is chiefly concerned with those thyroid abnormalities which have been found associated with the so-called affective psychoses. The author himself has met with many cases of melancholia, hypomania, and anxiety psychosis, which, at the same time, were goitrous. Thus in a case of agitated melancholia presenting thyroid enlargement with signs of hyperthyroidism, complete mental recovery followed the removal of a thyroid cyst. In another case of melancholia with a large goitre the latter was treated by radio-therapy, with the result that the signs of hyperthyroidism diminished and the melancholia disappeared.

In regard to the pathology of such cases the author affirms that, in spite of the diversity of lesion as shown by the microscope, they nevertheless possess one common link, viz., the more or less constant presence of the cylindrical epithelial cell, which would appear to be the histological expression of hyperthyroidism.

The question of ætiology is necessarily somewhat involved, having regard to the coincidence of thyroid disturbance and mental disorder in the same subject. It is a recognised fact that emotional shock and psychogenic factors account for the onset of many of these cases. In so far as the actual ætiological mechanism is concerned, Laignel-Lavastine supports the view originally put forward by Widal. The latter has shown that the mechanism is not, as was formerly believed, a chemical one; but that very often it is a physical mechanism—colloidal modifications taking place in the humours as a result of shock or other psychical cause. Thus we see that the emotions may determine not only nervous but also humoral modifications, which manifest themselves by changes in the colloidal equilibrium.

The author's clinical observations, added to the important findings of other writers, furnish convincing evidence in favour of the existence of a relationship between thyroid disturbances and mental disorders. It may be objected that, though thyroid modifications are frequent, there may be no accompanying mental perturbation. In answer to this the author points out that in order to have psychic manifestations a mental predisposition is necessary. It is therefore possible to understand that those persons who have not shown these psychological reactions possess greater cerebral resistance. Once this resistance is lowered these manifestations make their appearance.

NORMAN R. PHILLIPS.