

They attribute this syndrome to a lesion affecting the head of the caudate nucleus, part of the putamen and the upper part of the globus pallidus.

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The Narcolepsies: Cryptogenic and Symptomatic Types. (*Arch. Neur. and Psychiat.*, vol. xxxi, p. 615, Jan., 1934.) Notkin, J., and Jelliffe, S. E.

Narcolepsy is a group of symptoms that may occur under a variety of conditions. The cases reported in the literature can be classified in five definite groups: (1) Attacks of sleep and hypersomnia in psychoneuroses, in manic-depressive psychosis and in schizophrenia; (2) narcoleptic attacks in chronic epidemic encephalitis; (3) narcoleptic attacks in cases of involvement of the central nervous system, exclusive of Group 2, and in cases of somatic disease; (4) attacks in combination with convulsive (epileptic) attacks; (5) attacks in cases in which there are no definite signs pointing to organic pathological changes—these are the cryptogenic types of narcolepsy. The authors discuss the theories of sleep, and the ætiological and pathogenic possibilities. It is suggested that the narcolepsies are closely related to the epilepsies. This is based on the following considerations: (1) The paroxysmal nature of the narcoleptic attacks; (2) the occasional occurrence of various types of aura preceding the attack; (3) the hyperkinetic manifestations reported during the narcoleptic attacks; (4) the confusional states reported at times as following the attacks; (5) the mixture of both types of attack, the narcoleptic and the epileptic, in the same person; (6) the occasional transition of narcoleptic manifestations into epileptic seizures and vice versa; (7) the epileptic heredity in some instances; (8) the fact that, as with the epilepsies, there are symptomatic and cryptogenic types of narcolepsies.

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5. Oligophrenia (Mental Deficiency).

The Brain of the Mental Defective. Part II: The Corpus Callosum in its Relation to Intelligence. (*Journ. Neur. and Psychopath.*, vol. xiv, p. 217, Jan., 1934.) Ashby, W. R., and Stewart, R. M.

The authors measured the area of the mesial cross-section of the corpus callosum in 69 brains, 60 being from mental defectives of known mental age and 9 from normal persons. There was no evidence of any specific correlation between the area of the corpus callosum and mental age. The change in size of the corpus callosum with mental age appears to be simply part of the general change in size.

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Segregation of the Morally Defective [L'internement des arriérés sociaux (pervers constitutionnels)]. (*Ann. Méd. Psych.*, vol. xiv (i), p. 157, Feb., 1934.) Xavier et Abély, P.

The moral defective and the normal recidivist should be carefully differentiated. In the former group 75% give a history of delinquency in childhood. Education and environment have no ameliorating effect. The moral defective shows evidence of irresistible antisocial impulses, his criminal propensities are frequently bizarre, and there is a discrepancy between risk and profit. The point of discord between him and society is not localized as is usual in the normal recidivist; there are multiple points of friction; he is a polymorphous pervert. Lastly the moral recidivist can be disciplined, while the moral defective is as unruly in prison as elsewhere.

Other forms of constitutionally pathological delinquents also come into the differential diagnosis. There are specialized pervers, such as the sexual, the prostitute and certain obsessionals, who commit stereotyped delinquencies; periodic types suffering from cyclothymia; and an important group of recidivistic