very few of each type who denied heterosexual relations. The anxiety group stood out as having experienced them less than others. About 25 *per cent.* had had venereal infection at some time or another. Marriage was much less frequent than amongst the corresponding age-groups of the normal population.

Occupation.—Pre-war, these patients lost much more time from work than is explained by normal illness rates. They changed jobs more frequently than normal men do. The anxiety group made the most attempt to better themselves, and the neurasthenic group least. Post-war, they were worse than before. The anxiety group again made the most serious attempt to better themselves. There is a strong tendency for the psychoneurotic to enter manufacturing and especially mechanical industries.

Military life.—66·8 *per cent.* enlisted voluntarily; 68 *per cent.* saw foreign service; 44 *per cent.* had some experience of active warfare, the anxiety group contributing most and the psychasthenic group least. The anxiety group contained the highest percentage of commissioned and non-commissioned men.

Development of present illness.—The general strain of war service was the most common cause given by the patients for their disability. Since discharge from military service, the hysteric group had been in hospitals a greater number of times and for longer periods per patient than any of the other groups. Of the entire group 18·3 *per cent.* had major operations for the relief of psychoneurotic symptoms, but in most cases without relief. About half of the complaints of the patients referred to bodily structures; only a small portion of these complaints were based on discoverable organic disease.

G. W. T. H. FLEMING.

Mongolism. (*Brit. Journ. Child. Dis.*, *October–December*, 1924.) *Brushfield, T.*

Causation.—(*a*) Syphilis: This view is still held by Riddel and Stewart, and Lind. Against this is the fact that the Mongol exhibits not a single sign of congenital syphilis. The Wassermann reaction in Mongols—Gordon 1 case in 8, Stephen none in 11, Riddel and Stewart 1 in 55. (*b*) Contraception has been urged by some. (*c*) Neuropathic family history: 19 cases had a neurotic heredity, 8 alcoholic and 20 a history of tuberculosis. (*d*) Amniotic sac: Van Sheer attributes Mongolism to increased pressure during the sixth and seventh weeks of intra-uterine life by an abnormally small and tight amniotic sac. Jansen considers that there are important relationships anatomically between Mongolism and achondroplasia. He says that (i) if the undue pressure acts in the second to third weeks the result is anencephaly; (ii) if the pressure acts in the third to the sixth weeks the result is achondroplasia; (iii) if in the sixth and seventh weeks the result is Mongolism. (*e*) Mongol's position in the family: Out of 157 cases 29 were firstborn, 69 last-born, and 33 one of the last three. (*f*) Mother's age: In 64 out of 96 the mother's age was 39 and over, and in 75 out of 96 the father's age was 40 or over. (*g*) Mother's health in pregnancy: Ill-health,

privation and overwork were marked in 34 *per cent.* of 170 cases. There was a big increase during the war years. The average admissions to the Fountain Hospital of Mongols was almost three times as many during the years 1914–17 as pre-war.

The author then passes in review the clinical characters. No one character except the tongue is characteristic; any single one may be found in other varieties of amentia.

Pathology.—Seven out of eight hearts had a patent foramen ovale. The brain showed reduction in the number and complexity of convolutions. No secondary convolutions existed. The cerebellum was small and exposed. Ratio of cerebellum to cerebrum averaged 1 to 8·47. In the skull Mongols showed increased breadth, shorter occipital fossa and a longer frontal fossa.

Prognosis.—The chief points in prognosis are: (*a*) The number of deaths associated with inflammation of mucous membranes; (*b*) congenitally malformed hearts; (*c*) lack of response to any therapeutic measures; (*d*) general clumsiness limiting healthy exercise.

The death age in 24 males was 7½, and in 20 females was 6 years.

Among 42 cases which had been transferred to other hospitals, and seen after an interval of 4 years, the author noted (*a*) all had grown more or less; (*b*) all were much fatter; (*c*) all had deteriorated mentally, and were sinking into imbecility.

Thyroid, thymus, pituitary and polyglandin have been administered, with no apparent effects. G. W. T. H. FLEMING.

An Attempt at Biological Diagnosis of States of Excitement and Depression. (*Arch. of Neur. and Psychiat., June,* 1925.) *Claude, H., Santenoise, D., and Targowla, R.*

After studying neuro-vegetative tonus in normal people affected with general diseases and more than 600 psychopathic persons, these authors have arrived at certain conclusions which they claim are absolutely homogeneous.

Manic-depressive psychosis.—The beginning of the attack is often marked by headaches, poor appetite and constipation; the pulse is rapid and the blood-pressure reduced; mydriasis and pupillary inequality reveal a special condition of the tonus of the iris musculature; secretions are nearly always increased, especially salivation and sweating. In the hours preceding the paroxysm, leucopenia with inversion of the leucocytic formula occurs, resembling Widal's hæmoclastic shock. After examining more than 200 patients in this group, they found: (1) The anxious or maniacal paroxysms are characterized by a considerable hyper-excitability of the vagus, with a relative hypo-vagotonia during the intercalary periods. (2) Intense oculo-cardiac reflexes are frequently to be observed during paroxysms, the rhythm changing from 80 to 20 or even less. Simple compression brought an immediate decrease in the pulse-rate, which often stopped for 6 or 7 seconds and sometimes a tendency to syncope. (3) The solar reflex was generally absent or inverted. (4) Reactions to pilocarpine and eserine were