

### 3. Psychiatry.

*An Investigation of Deterioration of General Intelligence or "G" in Psychotic Patients.* (*Brit. Journ. Med. Psych.*, vol. xvi, p. 146, Nov. 17, 1936.) Harbinson, M. R.

The tests used were the Terman vocabulary test or "V" test which indicates the degree of intelligence before the onset of the illness and the visual-perceptual tests of general ability or "G" tests, which indicate the degree of intelligence at the time of testing. These two series of tests were carried out on some numbers of normal adults. In no case was the "V" score higher than the "G" score. Thirty-six psychotic patients were tested. Of eleven cases of schizophrenia, over 70% showed no deterioration of intelligence, whereas out of 15 cases of melancholia 80% showed deterioration.

T. E. BURROWS.

*Exogenous Aetiological Factors in Manic-Depressive Psychoses* [*Les facteurs étiologiques exogènes dans les psychoses maniaco-mélancoliques*]. (*Ann. Méd. Psych.*, vol. xv (ii), p. 769, Dec., 1936.) Dickmeiss, P.

Essentially the manic-depressive psychosis is an endogenous disorder due to definite hereditary congenital anomalies. Nevertheless exogenous factors have a certain importance in the precipitation of this condition. Amongst these provocative factors the writer cites endocrine changes at puberty and particularly at the menopause; psychic trauma; head injuries and cerebral atheroma. A number of illustrative case-histories are included in the text. It is concluded that there is always a pre-existing morbid state, and that one should speak of a reactive depression or mania occurring in persons of a cyclothymic constitution.

Regarding the incidence of manic-depression associated with chronic epidemic encephalitis, the writer only found two cases out of 132 encephalitics examined.

STANLEY M. COLEMAN.

*Exogenous Psychoses (Les psychoses exogènes).* (*Ann. Méd. Psych.*, vol. xv (ii), p. 387, Oct., 1936.) Rafkin, I. G.

Having stressed the intimate relationship of exogenous and endogenous precipitating factors and the extreme difficulty in separating the two psychotic groups, two criteria are put forward by means of which the exogenous psychoses may be distinguished.

First a uniformity of reaction evolving in different subjects under the influence of the exogenous reagent and independent of the constitutional type. For example any subject submitted to an exterior action of a certain intensity shows disordered consciousness. The different forms and degrees of this are the most important and characteristic exogenous syndromes. Three types of altered consciousness are described: (i) all states of impoverished thinking and clouding to total loss of consciousness (coma); (ii) delirious states characterized by psycho-motor over-activity and the hallucinatory-paranoid syndrome; (iii) the low delirious coma with diminution of consciousness and chaotic psycho-motor agitation. Twilight states without clouding or incoherence are considered to be due to endogenous factors (*viz.*, the epileptic character).

The second criterion is that the reactions and symptom-complexes should only occur under the influence of an exogenous agent and never in an endogenous affection; for example the amnesic syndrome of Korsakov.

Evidence is brought forward to show that in exogenous psychoses schizophrenic symptom-complexes are frequently met without there being necessarily any schizoid anomaly of the personality. On the other hand, the epileptiform syndrome is essentially conditioned by endogenous factors.

Experience with various metallic poisons shows that the exogenous agent may have a specific influence on the endogenous process. Small doses of mercury over a prolonged period are found to activate a schizophrenia in those subjects