

a group of unemployed defectives. Under this heading an investigation was made to determine how far success in later life would be foretold by the school records. A group of sixty-eight defectives over 18 years of age were investigated from this point of view, fifty of whom had situations, while eighteen were not working. The results obtained show that ability at manual work is the essential, and that if a defective at school has a capacity in this direction, with no special moral or physical defects, he is almost certain to earn a living afterwards.

An important index as to success after school is afforded by evidence of a defective's continual improvement in a special school. This is best determined by the Binet tests. Progress at school usually indicates slow, steady progress afterwards.

(3) An investigation of all known tests to decide which will be of service.

In concluding the paper, the author points out how fallacious any rule-of-thumb method must be, and that a diagnosis can only be made from a record of the school attainments, the rate of advance during the last two or three years, and a knowledge of the social and medical record of the family.

H. DEVINE.

Dementia Præcox, Paraphrenia and Paranoia. (American Journal of Insanity, October, 1914.) Ruby, G. H.

This paper consists of a general review of Kraepelin's present conception of dementia præcox and other psychoses contained in the title. Dementia præcox and paraphrenia are placed under the general heading of "Endogenous Deteriorations," in so far as they both have the common peculiarity of developing independently of any perceptible external influence.

Dementia præcox is now divided into no less than eight sub-types: (1) Dementia simplex; (2) hebephrenia or silly dementia; (3) simple depressive or stuporose forms; (4) depression with delusional formation; (5) excited forms—circular, agitated and periodic types; (6) katatonic forms; (7) paranoid forms; (8) forms with marked speech confusion.

The writer inclines to the view that these artificial subdivisions are desirable, since many cases did not fit into any of the old subforms, and such divisions tend to emphasise clinical differences. Kraepelin regards the disorder as an entity, a definite disease in the same sense as general paralysis, and he regards the deterioration which occurs as due to a progressive destructive process. The primary cause is auto-intoxication arising probably from a disturbance in metabolism, and leading to a widespread and severe disease of the cerebral cortex.

Paraphrenia is differentiated from dementia præcox by the fact that the disturbance is in the intellectual sphere rather than in the will and emotions, chronic delusional states without odd behaviour, deterioration in conduct or emotional indifference. The disorder is sub-divided into the following groups: (1) Paraphrenia systematica; (2) P. expansiva; (3) P. confabulans; (4) fantastica.

Paranoia, which is reduced to a very small group of cases, is regarded as the reaction of an abnormally constituted personality to the struggle

of life, the outgrowth of personal difficulties in adaptation to the environment. It is thus founded on a particular form of faulty make-up, and is brought into the group of psychogenic disorders.

H. DEVINE.

The Rôle of the Psychiatric Dispensary. A Review of the First Year's Work of the Dispensary of the Phipps Psychiatric Clinic. (Transactions of the American Medico-Psychological Association, 1914.) C. Macfie Campbell, M.D.

The author of this paper first deals with the differences between out-patient and in-patient work. Among out-patients, where time is limited, detailed studies are almost impossible, the history is frequently poor, a comparatively quick examination, and quick working diagnosis have to be made. Still, with all the difficulties, very much good can be effected, and in the direction of treatment much use is made of the social service worker who is able to bring about changes in the home life with considerable benefit to the patient.

One of the surprises of this clinic is in the number of children treated. The total number of patients for one year was 708, and included in this number were 236 under sixteen years of age. Taking the adults in order of frequency, first come the psychoneuroses (110 cases), then cases of depression (68 cases), dementia præcox (63 cases), and organic brain disease (58 cases). Adult defectives, epileptics, paranoiacs, alcoholics, unclassified cases, and manic depressives complete the list. The manic depressives gave a total of 16 cases, included in which was 1 case of excitement. An apology is offered for the loose classification involved in including 68 cases under the heading of "depression." Doubtless some of these were cases of manic-depressive insanity; others were cases of involution melancholia, yet there were many others which required more prolonged study than was possible under dispensary conditions. By means of the Social Service Department suitable advice to the relatives, the treatment of physical ill-health, and the correction of faulty mental outlook, good results were forthcoming.

To return to the psychoneuroses. Many of the readers of this Journal, who are concerned more with definite insanity than with these borderland cases, have no doubt often wondered whether the number of such cases would justify the extensive literature which deals with them. It is therefore interesting to find that they comprise 15 per cent. of the total.

It is worth while to quote the figures :

Psychoneuroses (including ill-defined cases of nervous invalidism). Total	110
Anxiety-neurosis	21
Hysteria with attacks or purely physical symptoms	23
Hysteria with morbid fears	19
Obsessive thoughts and actions	14
Hypochondriacal and neurasthenic states	13
Nervous invalidism of less well-defined type (frequently inadequate data)	20