

blood-sugar curves obtained in chronic encephalitis showed a reversal of the ephedrine action. The author considers that these results confirm the evidence in favour of the existence of a parasympathetic predominance in this disease. It also speaks against the presence of local liver changes in the disease.

G. W. T. H. FLEMING.

*Blood Cholesterol Studies in Mental Disease.* (*Amer. Journ. Psychiat.*, vol. xii, May, 1933.) *Schube, P. G.*

A study of the blood cholesterol in schizophrenia is presented. There is a tendency to a lowered blood cholesterol in schizophrenia as a group. There are cases of schizophrenia in which the blood cholesterol is normal or increased, but the majority of cases show values below the lower limit of normal, or in the lower limits of the normal range.

M. HAMBLIN SMITH.

*Bromide Metabolism in Manic-Depressive Psychosis* [*El metabolismo del bromo en la psicosis maníaco-depresiva endógena*]. (*Archivos de Neurobiología*, vol. xiii, Jan.-Feb., 1933.) *Sacristán, J. M., and Peraita, M.*

Applying Roman's method of investigation, the authors conclude that in manic-depressive psychosis the bromide level in the blood appears to fall in a regular and constant manner. Normal values are reached when the clinical picture indicates an improvement.

M. HAMBLIN SMITH.

## 8. Oligophrenia (Mental Deficiency).

*Birth Lesion as a Category of Mental Deficiency.* (*Amer. Journ. Orthopsychiat.*, vol. iii, Jan., 1933.) *Doll, E. A.*

The best general term for these conditions is "intracranial birth lesion" rather than "birth injury". The lesions present at birth are not invariably caused by birth. The most conspicuous features are spasticity and athetosis. Mental retardation is not an indispensable symptom; birth lesions are often associated with high intelligence. Prematurity and first birth strongly predispose toward birth lesions. All extremes of behaviour in the newly-born child are to be regarded with suspicion. The lesions are not progressive after the first few days of life. Heredity is relatively unimportant. The mental examination of the birth-injured subject presents special problems. The handicaps of verbal and motor expression, which are the distinguishing marks in these subjects, greatly increase the difficulties of examination.

M. HAMBLIN SMITH.

*Size in Mental Deficiency.* (*Journ. of Neur. and Psychopathol.*, vol. xiii, April, 1933.) *Ashby, W. R., and Stewart, R. M.*

Two hundred and sixty-nine male defectives were examined by the authors. They found that head size diminished with decreasing intelligence. This falling-off affected equally head length, head breadth, head height and ear-to-ear measurements. Brain volume, when made comparable, altered in the same way. The falling-off was most marked among the idiots. Body weight, arm length and foot length all vary with alterations of mental age. (See paper on "The Measurement of the Corpus Callosum", p. 553.)

G. W. T. H. FLEMING.

*Nature of Feeble-mindedness.* (*Amer. Journ. Psychiat.*, vol. xii, May, 1933.) *Myerson, A.*

The most practical working field is the influence of environment upon germ-plasm, and upon the mind and personality of the human being. Uterine conditions should be a sphere for research. A careful study is needed of nutrition before pregnancy, and of the effects of infectious diseases upon ovulation. It is possible

that a defective individual in a normal family may represent, not a hidden Mendelian character, but the effect of some passing infection upon germ-plasm. We must not confine ourselves to the study of material conditions which surround groups of the population; emotional states cannot be neglected. Heredity is the name given to a set of internal forces which operates in a fairly stable way, but is constantly influenced by an immense number of other forces. To explain the defective individual by the internal forces alone is to neglect the rest of life in all its varied aspects.

M. HAMBLIN SMITH.

*Mental Deterioration and Deficiency.* (*Amer. Journ. Psychiat.*, vol. xii, March, 1933.) Fay, T.

The subject is considered from the standpoint of certain vascular volume relationships. Dehydration and spinal drainage have been found useful in some cases. Various groups of acute and subacute cerebral conditions associated with mental deterioration are presented. The results of dehydration may indicate a possible line of approach in the more chronic cases. There is a field for preventive measures on the lines of correcting disturbed fluid metabolism.

M. HAMBLIN SMITH.