

clusion is drawn that such convulsive attacks must be definitely included among the clinical signs of dementia præcox. They usually appear at the commencement of the psychosis, sometimes precede the mental symptoms by several years, and tend to diminish in the later phases.

H. DEVINE.

The Binet-Simon Method and the Intelligence of Adult Prisoners.
(*The Lancet*, July 17th, 1915.) Smith, H. Hamblin.

What Tests in Childhood are best calculated to throw Light upon the Capacities of Mental Defectives for Future Work? (*The Lancet*, July 17th, 1915.) Potts, W. A.

In the first paper the writer describes the results obtained from the employment of the Binet-Simon tests on 160 adult prisoners. He comments upon the relative value of the individual tests, and suggests certain alternative or supplementary ones. The result of his observations are tabulated and can scarcely be epitomised, but the conclusions drawn are summarised as follows: (1) The Binet-Simon method is an excellent means of estimating the standard of intelligence of any particular subject; (2) the method having been primarily devised for school-children, would be rendered more useful for adults if certain modifications were made in its details; (3) that defect of intelligence, as estimated by this method, affords strong confirmation of a diagnosis of feeble-mindedness made upon other considerations; (4) that failure to reach any given standard of intelligence is not of itself sufficient reason for regarding a subject as feeble-minded.

The writer points out that a complete clinical study of all the factors is necessary to justify the diagnosis of feeble-minded, and that a marked deficiency of intelligence, as revealed by these tests, is not sufficient in itself to justify a decision, still less to recommend detention as a mental defective.

The second paper consists of a general review of the various tests for the estimation of the capacity of defectives, with a critical survey of their value.

The writer points out that there are no simple tests by which it can be decided as to whether a defective child will develop into a wage-earner, that the subject is complex and difficult, and that the subject of mental tests is only in its infancy.

The most satisfactory decision would be attained by taking a large group who were submitted to tests ten years ago and inquiring what tests those now supporting themselves passed, and in what directions the unsuccessful failed. As this information is not forthcoming other methods must be adopted, and the following are suggested:

(1) A consideration of the causes of failure in normal individuals and then, if these will operate in the case of defectives, devising a set of lists to determine them. Under this heading four principal qualities are enumerated upon which success in life depends, viz., ability, strength of character and will power, good health, and pluck, and it is shown that it is frequently the absence of these qualities which determines the failure of defectives.

(2) A determination of the good qualities common to a group of employed defectives, and a comparison of these qualities with those of

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