

or alternating psychoses. Of 138 siblings, none suffered from involuntional melancholia, 3.3% had "affect psychoses". 228 siblings of the parents were found, of whom 1.34% were cases of involuntional melancholia and 2.5% of "affect psychoses."

S. L. LAST.

*On the "Mixed Psychoses" [Über "Mischpsychosen"]*. (*Zeitschr. f. d. ges. Neur. u. Psychiat.*, vol. *clix*, p. 668, 1937.) Wyrsch, I.

The author discusses 18 cases of mixed psychoses. He feels inclined to classify them into two groups. In the first group there is a basal schizophrenic condition, and on top of that there are manic and depressive phases. The author feels inclined to say, "strictly speaking there is no mixture but a mere addition of two different diseases" in the group. The psycho-somatic constitution of these cases is asthenic-schizoid. In the second group the clinical syndromes vary more; here there are phases of affective changes which occur together with acute catatonic symptoms and disappear at the same time. The constitution here is sthenic-syntonic.

S. L. LAST.

*Investigation of the Fertility of Certain Groups of Insanity (Schizophrenics, Manic-Depressives and Epileptics) [Untersuchungen über die Fruchtbarkeit gewisser Gruppen von Geisteskranken—Schizophrenen, Manischdepressiven und Epileptikern]*. (*Acta Psychiatrica et Neurologica, Suppl. viii*, 1935.) Essen-Möller, E.

This valuable and important study is based on material from the genetic department of the Munich Research Institute for Psychiatry. Apart from the wealth of facts and their interpretation it is remarkable for the clearness of exposition and the methods applied to get reliable figures. It is impossible to discuss in this review all the points brought forward by the author. The figures were obtained from nearly 5,000 psychotic patients and compared with 1,200 normals. Altogether 20,000 persons were included in this investigation.

The main results were the following:

The fertility of the manic-depressive group is much the same as that of the normal population.

The number of children of schizophrenic men was less than half that of a normal population, but increased with the fall of the birth-rate in the country to nearly three-quarters of the normal. The corresponding figure for schizophrenic women was one-quarter first, subsequently rising to one-half of the normal population. A group of schizophrenics with a clinical picture resembling manic-depressive insanity have a higher birth-rate which approaches that of the manic-depressive type. A careful analysis of the figures seems to show that the low birth-rate of the schizophrenics is principally due to their high proportion of unmarried patients.

The figures for epileptics are about as low as those for schizophrenics, but the cause here seems to be more their higher mortality and the early onset of the illness.

Of manic-depressives two-thirds have probably had a manic-depressive parent, but of schizophrenics and epileptics only one-tenth have had a parent suffering from the same illness as the patients in question.

If every manic-depressive and every schizophrenic were sterilized during his first stay in hospital, the number of their children would only be reduced by 10% for the manic-depressive group and 33% for the schizophrenic group. The lowness of these figures is explained by the fact that most of the children are born before the patients are admitted to hospital. It will therefore take many generations before sterilization of insane persons will reduce the numbers of patients to an appreciable degree.

These are only some of the conclusions reached; every student of genetics will find it an advantage to read this book for its methodical approach if for nothing else. Some of the factors taken into account are the falling birth-rate of the