

*Continuous Manical Excitement in an Epileptic treated by Luminal* [*État d'excitation maniaque continu corrélatif du traitement par le gardénal chez un épileptique*]. (*Bull. Soc. Clin. de Mén. Ment.*, 1925.) Trénel and Lacroix.

In this chronic epileptic (who has been exhibited before) the administration of luminal, even in a dose of gr. i daily, is followed by a state of strong manic excitement lasting till the luminal is stopped. The authors state that luminal is a valuable drug, and cases of this kind are an exception. W. D. CHAMBERS.

*Demonstration of Nasal Feeding without a Tube* [*Démonstration de l'alimentation par voie nasale sans sonde*]. (*Bull. Soc. Clin. de Méd. Ment.*, 1925.) Trénel.

The patient refused all food by the mouth. She was fed for some weeks by nasal tube without any resistance, till it occurred to the nurse to introduce the feed directly into the patient's nostril. It was accepted, and the method has continued to be successful for three weeks. W. D. CHAMBERS.

*Dementia Præcox, Schizophrenia and Schizoidism* [*Démence précoce, schizophrénie, schizoïdie*]. (*Ann. Méd. Psych.*, March, 1926.) Minkowski, E.

This paper is an excellent review of the states named in the title, and of their relations to one another. It begins with an outline of Kraepelin's original conception of dementia præcox in four principal forms and the criteria on which it was founded—the interchangeable character of the symptoms, the specific terminal state and the similar heredity. Neither precocity of onset nor final dementia is claimed to be essential to the conception.

Bleuler reached his conception of the four forms of schizophrenia by another route. While Kraepelin described "samples" and later synthesized them, Bleuler sought a common factor for this group and found it in disorders of ideation, affectivity and volition. These constitute the fundamental disorders of schizophrenia and other symptoms are secondary or accidental. By another step the concept of "latent" schizophrenia, comprising maladjustments of the same three psychic functions but not amounting to psychosis, was reached.

Following his study of Freud, Bleuler elaborated the psychopathology of schizophrenia with the idea of the complex, the content of the psychosis, and autism. He is, however, not a psychoanalyst, and he does not restrict the morbid activity of the complex to schizophrenia, or even regard it as mainly causal in this disease. While the presence of a complex may have to do with the genesis of symptoms, schizophrenia and schizoidism, according to Bleuler, rest on a physical basis.

Bleuler's interest in schizophrenia is not merely diagnostic and analytical, it is also therapeutic. By early discharge to private care, occupation therapy, psycho-therapy to establish contact with the