

to the manic-depressive psychoses. In this case the hypertonicity of the vagus was characteristic. (2) A confusional state. Here the reflexes were not marked, but they reappear when the causes of intoxication disappear. (3) Temporary asthenia: in this disorder the vago-sympathetic reactions were not marked; they appear after the use of pharmacodynamic agents. (4) Dementia præcox, particularly of young people; the atony of the neuro-vegetative system was irreducible.

*States of anxious agitation.*—When the dominating symptom is an anxious agitation with or without delusional ideas the case may be—(1) a depressed or a maniacal state belonging to the manic-depressive group; (2) a state of emotional instability with hyper-sympathicotonia; (3) a confusional state; (4) an episodic symptom of degeneracy—obsessions, impulses, phobias; (5) dementia præcox.

To each of these states there is a corresponding vago-sympathetic formula. To depression and anxiety are often added delusions. They may occur—(1) in intermittent insanity: delusions develop consecutive to a moral grief. (2) In affective depression: the delusions are linked to a state of anxiety of psychogenic origin, and develop on a soil of hyperemotivity and hypersympathicotonia. (3) In degenerates: here one can find delusional formations with depression in the course of the outbreaks and of the various episodic syndromes. (4) In dementia præcox: patients frequently show delusional ideas of a melancholy type.

In these different forms diagnosis and prognosis can be facilitated by the examination of the neuro-vegetative tonus. In a depressed patient who has apparently given up his delusion, the finding of a sharp solar reflex would lead one to apprehend anxious reactions with attempts at suicide.

*Conclusion.*—The authors relied mostly on the oculo-cardiac and solar reflexes. In applying the alimentary glycosuria test of Lewis and Benedict, the authors gave 1·8–2 grm. of glucose per kilo body-weight. If this is tolerated the patient is vagotonic. The test is repeated up to the limit of tolerance.

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*A Study of Memory Deterioration in Encephalitis Lethargica.* (*Journ. of Nerv. and Ment. Dis.*, April, 1925.) Bebb, Grace L.

The special memory test for psychotics devised by Dr. F. L. Wells, of Boston, was given to 21 patients suffering from the residua of encephalitis lethargica. All, with one exception, gave excellent co-operation, being obviously interested in the tests. There was a general slowness of movement and response. The author concludes that, judging from the average scores of each of the tests, there seemed to be a memory deterioration. There was greater difficulty in tests of remote memory, in the substitution test, the paired association test, giving of the digits backwards, and in the test of recalling unrelated objects. The duration of the patient's illness apparently has no effect on memory deterioration. The slowness of movement seemed to be the most marked feature.

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