

the amount of allowance per child is proportionate to the salary of the parent. Negative eugenic measures (sterilization of the feeble-minded, etc.) can bring only very limited benefits, whereas positive eugenic measures are the most urgent need of our time.

JOHN D. W. PEARCE.

*Occupational Therapy in Veterans Administration Facilities.* (*Occupat. Ther. and Rehabil.*, vol. xii, p. 357, Dec., 1933.) Kefauver, H. J.

Occupational therapy is an essential form of treatment for neuro-psychiatric patients, and is very valuable in tuberculous and general hospital cases. Articles made by patients in veterans administration hospitals are Government property, to be disposed of by a board of appraisers. The primary objective is the physical and mental betterment of the patients, the material benefits accruing to the hospital being of secondary importance.

JOHN D. W. PEARCE.

*Musical Experiment with Patients and Employees at Worcester State Hospital.* (*Occupat. Ther. and Rehabil.*, vol. xii, p. 341, Dec., 1933.) Searle, W. F.

A musical test given to over fifty patients and employees indicated that mental patients respond emotionally to music, and derive as much benefit therefrom as do normal people.

JOHN D. W. PEARCE.

*Epilepsy: Treatment of Institutionalized Adult Patients with a Ketogenic Diet.* (*Arch. Neur. and Psychiat.*, vol. xxxi, p. 787, April, 1934.) Nolkin, J.

The author treated 20 institution adult patients with essential epilepsy by means of a ketogenic diet for periods varying from 108-729 days. Each patient showed evidence of mental deterioration, and 89.5% gave a positive acetone reaction in the urine.

With the exception of two cases there was an increase in the number of fits.

Eight patients of this group showed a decrease of the basal metabolic rate during the diet, sometimes reaching very low values.

G. W. T. H. FLEMING.

*Malarial Delirium and Paralytic Paraphrenias* [*Onirisme Malariaque et Paraphrénies Paralytiques*]. (*L'Encéphale*, vol. xxix, p. 73, Feb., 1934.) Masquin, P., and Borel, J.

Malarial therapy brings about certain modifications in the course of general paralysis. These are divided into—

(a) Psychoses of the febrile period.

(b) Late psychoses—the so-called paraphrenic states.

Of the delirious states it is stated that they are relatively frequent and are typical with fluctuating hallucinations of all the senses, definitely due to the malarial injection, and to be distinguished from other delirious states supervening in general paralysis by the absence of the "luxuriant richness habitual to toxic deliria" and by a tendency to become stereotyped. Auditory are more common than visual hallucinations. The accompanying confusion is less marked than in other deliria. The condition tends to clear up entirely, leaving no confusion, and does not appear to be continuous with the enfeeblement which may later appear. A post-delirious psychosis is described, generally of a paranoid nature. Delirium as a feature of general paralysis is no new concept, and its association with alcohol has been suggested, but is denied by the authors, who state that it is due to the malaria alone, and as a rule appears only in cases where there is evidence of hepato-renal inadequacy.

The late psychoses (*paraphrénies paralytiques*) develop after malaria and after the febrile period has passed, either early or late. They have been described by other authors as confusional, hallucinatory, systematized, stuporose, with ideas of reference, manic-depressive, hypochondriacal, depressive and catatonic. This polymorphism has led the authors to suggest that all such psychoses might be subsumed under the term they have used, "paralytic paraphrenia". The article