

imagine they need police protection. The author states that he has observed, in a large number of cases, that such delusions are preceded by a period of actual bodily ill health, and if at this time the condition is recognized the medical care of the patient is greatly facilitated.

Indiscriminate confinement tends to aggravate the mental condition, and, while recognizing certain risks involved, Dr. Capgras is of opinion that advantages are offered by greater liberty than is at present usually permitted.

In estimating the probable risks both to the patient himself and to others, due attention must be paid to the intellectual, moral and ethical sentiments which underlie the psychosis.

The author suggests that in many cases it is possible to allow such patients partial freedom of the kind possible in a work colony.

R. S. GIBSON.

*Communicated Insanity? [Délire à deux?]. (Fourn. de Neur. et Psychiat., November, 1927.) Massaut, J.*

This paper relates how an exalted delusional patient, a doctor of law, converted another male patient (of his own age, but inferior intellectual development and social position) to his own delusional ideas.

W. D. CHAMBERS.

*Clinical and Anatomical Findings in Three Cases of Acute Delirium [Notes anatomo-cliniques sur trois cas de délire aigu]. (L'Encéph., September-October, 1927.) Claude, H., and Cuel, J.*

This uncommon condition is characterized by mania of sudden onset with hallucinations, fever, progressive asthenia and emaciation, terminating usually in death. The authors describe in detail three cases, all females, in each of which a *post-mortem* examination was obtained.

Outside the central nervous system no characteristic changes were found. Beyond congestion, there was no naked-eye abnormality in the brain. Histological examination showed changes in the direction of chromatolysis and karyolysis with lipoidal degeneration of ganglion cells.

In view of the histological findings the authors consider that although pre-existing mental instability and emotional trauma may predispose to the condition, the essential ætiological factor is toxic or infective.

R. S. GIBSON.

*The Cure and the Sequelæ of Acute Delirium [Guérison et séquelles du délire aigu]. (Ann. Méd. Psych., January, 1928.) Damaye H., and Warschawski, S.*

The authors state that delirium tremens and acute delirium occur only in individuals of neuropathic heredity, and that the latter is, as a rule, only an episode in the course of some subacute or chronic psychosis, such as anxious melancholia or schizophrenia.