They attribute this syndrome to a lesion affecting the head of the caudate nucleus, part of the putamen and the upper part of the globus pallidus.

W. McC. HARROWES.

The Narcolepsies : Cryptogenic and Symptomatic Types. (*Arch. Neur. and Psychiat., vol. xxxi, p.* 615, *Jan.*, 1934.) *Notkin, J., and Jelliffe, S. E.*

Narcolepsy is a group of symptoms that may occur under a variety of conditions. The cases reported in the literature can be classified in five definite groups : (1) Attacks of sleep and hypersomnia in psychoneuroses, in manic-depressive psychosis and in schizophrenia ; (2) narcoleptic attacks in chronic epidemic encephalitis ; (3) narcoleptic attacks in cases of involvement of the central nervous system, exclusive of Group 2, and in cases of somatic disease ; (4) attacks in combination with convulsive (epileptic) attacks ; (5) attacks in cases in which there are no definite signs pointing to organic pathological changes—these are the cryptogenic types of narcolepsy. The authors discuss the theories of sleep, and the ætiological and pathogenic possibilities. It is suggested that the narcolepsies are closely related to the epilepsies. This is based on the following considerations : (1) The paroxysmal nature of the narcoleptic attacks ; (2) the occasional occurrence of various types of aura preceding the attack ; (3) the hyperkinetic manifestations reported during the narcoleptic attacks ; (4) the confusional states reported at times as following the attacks ; (5) the mixture of both types of attack, the narcoleptic and the epileptic, in the same person ; (6) the occasional transition of narcoleptic manifestations into epileptic seizures and vice versa ; (7) the epileptic heredity in some instances ; (8) the fact that, as with the epilepsies, there are symptomatic and cryptogenic types of narcolepsies.

G. W. T. H. FLEMING.

---

5. Oligophrenia (Mental Deficiency).

The Brain of the Mental Defective. Part II : The Corpus Callosum in its Relation to Intelligence. (*Journ. Neur. and Psychopath., vol. xiv, p.* 217, *Jan.*, 1934.) *Ashby, W. R., and Stewart, R. M.*

The authors measured the area of the mesial cross-section of the corpus callosum in 69 brains, 60 being from mental defectives of known mental age and 9 from normal persons. There was no evidence of any specific correlation between the area of the corpus callosum and mental age. The change in size of the corpus callosum with mental age appears to be simply part of the general change in size.

G. W. T. H. FLEMING.

Segregation of the Morally Defective [*L'internement des arriérés sociaux* (*pervers constitutionnels*)]. (*Ann. Méd. Psych., vol. xiv* (*i*), *p.* 157, *Feb.*, 1934.) *Xavier et Abély, P.*

The moral defective and the normal recidivist should be carefully differentiated. In the former group 75% give a history of delinquency in childhood. Education and environment have no ameliorating effect. The moral defective shows evidence of irresistible antisocial impulses, his criminal propensities are frequently bizarre, and there is a discrepancy between risk and profit. The point of discord between him and society is not localized as is usual in the normal recidivist ; there are multiple points of friction ; he is a polymorphous pervert. Lastly the moral recidivist can be disciplined, while the moral defective is as unruly in prison as elsewhere.

Other forms of constitutionally pathological delinquents also come into the differential diagnosis. There are specialized perverts, such as the sexual, the prostitute and certain obsessionals, who commit stereotyped delinquencies ; periodic types suffering from cyclothymia ; and an important group of recidivistic

delinquents, who are not perverse, but who suffer from excessive irritability and lack of emotional control resulting in acts of violence.

The moral imbecile is unsuited to the régime of the mental hospital, where he may either present no symptoms and be prematurely discharged, or may be a constant source of disturbance, deriving no benefit from the usual therapeutic measures. Again, he is not deterred by punishment, the sentence of imprisonment being always too short. In the writer's opinion there should be suitable legislative changes allowing the establishment of special psychiatric centres for this type of delinquent. It is insisted that only deprivation of liberty for an indefinite period, in a hospital provided with facilities for disciplinary measures and social readaption by occupational therapy, would have any effect. Discharge would only be allowed after repeated examinations by specialists and after a prolonged period of good behaviour. It is pointed out that the number of these abnormal delinquents is exaggerated on account of their frequent recidivism; they are compared to the supernumeraries at a theatre, who give the illusion of a long procession by their continual reappearance. STANLEY M. COLEMAN.

---

6. Treatment and Pharmacology.

The Child Guidance Clinic in America: Its Evolution and Future Development. (*Brit. Journ. Med. Psych., vol. xiii, p.* 328, *Dec.*, 1933.) *Hardcastle, D. N.*

The author traces the development of the child guidance clinic in America. He describes the general practice of the clinic, and indicates the ways in which the particular technique of each member of the team—psychiatric social worker, psychologist and psychiatrist—has affected the whole philosophy of the clinic. The almost universal interest in popular psychology is investing the child guidance movement with a much wider aspect, and its ramifications are to be found in all grades of society.

A questionnaire addressed to twelve representative clinics reveals a considerable divergence of opinion regarding fundamental tenets. Most are agreed that a lack of psychiatric education renders the general practitioner unable to co-operate; referrals should come from all sources; personal psychiatric contact with the child is not nullified by the team principle; the aim of the clinic to help the patient to adjust to environment or to change environment depends on the site difficulty; the type of treatment is that which will suit the child, psycho-analysis not being used. The rôle of the social worker is being shifted gradually from the social to the therapeutic level, and the psychologists also are undertaking direct individual therapy. JOHN D. W. PEARCE.

Family Allowances as a Eugenic Measure. (*Character and Personality, vol. ii, p.* 99, *Dec.*, 1933.) *McDougall, W.*

The author advocates the institution of family allowances as a measure of great eugenic possibilities. The premises of this argument, first advanced in 1906, are: (*a*) In Western civilization the operation of "the social ladder" effects a tendency for persons better endowed physically, morally and intellectually to rise in the scale of social strata, or, if born in the upper strata, to maintain themselves therein; and the converse applies. Consequently naturally gifted children are procreated in very much larger proportion by the upper than by the lower social strata. (*b*) The individuals and social classes potentially the most fertile in children of talent have at present, and have had for some generations, an increasingly low birth-rate. New evidence strengthening these premises is briefly summarized. A widespread system of family allowances may be highly dysgenic or powerfully eugenic; in the former a flat rate applies, the same for all; in the latter