"poor" 56, still in school 9. Some tendency to improved behaviour was seen in 80 of the cases. The improvement often breaks down on discharge from the school to unsatisfactory home environment. Parkinsonian symptoms appeared in only three cases. M. HAMBLIN SMITH.

A Psychiatric Concept of Acute Alcoholic Intoxication. (*Amer. Journ. Psychiat., vol. xcii, p. 89, July,* 1935.) *Fleming, R.*

This condition presents a very varied symptomatology, which depends upon the interplay of two main factors—the action of the alcohol on the several physiological systems, and the personality of the individual. Under the latter heading acquired characteristics must be considered, as well as constitutional factors. The action of the alcohol may be modified by the dose, by the nature of the beverage containing the alcohol, and by the physiological condition of the organism; but it ultimately depends upon the concentration of the alcohol in the tissues. The contribution of the personality to the clinical picture of drunkenness offers a promising field for psychiatric investigation on modern lines. The current classification into the two types of normal and pathological intoxication is too simple and requires revision. M. HAMBLIN SMITH.

Encephalographic Studies in Mental Disease. (*Amer. Journ. Psychiat., vol. xcii, p. 43, July,* 1935.) *Moore, M. T., Nathan, D., Elliott, A. R., and Laubach, C.*

The problem of establishing an organic basis for the so-called functional psychoses is of more than academic interest. This paper studies the results found in 159 encephalograms from 151 patients. In the organic psychoses there were deviations from the normal cyto-architecture. Similar results were found in schizophrenia, manic-depressive psychosis and epilepsy with psychosis. In dementia paralytica and schizophrenia there is a tendency towards an individual pattern-complex. It is not unusual to find mental deterioration more marked in patients with a selective parietal lobe atrophy. The encephalograms in all the various groups of psychoses were abnormal. M. HAMBLIN SMITH.

Psychoses of Myxœdema. (*Amer. Journ. Psychiat., vol. xci, p. 1263, May,* 1935.) *Karnosh, L. J., and Stout, R. E.*

These psychoses are due to well-recognized physiological disturbances which affect all the tissues of the body. There is a wide variation in the form of the psychosis, which is attributable to differences in hereditary, constitutional and environmental backgrounds. Myxœdema occurs frequently at the climacteric, and is specially prone to upset the affective equilibrium of the individual. In elderly patients with cerebral arterio-sclerosis, myxœdema leads to a further reduction of the cerebral circulation, and so to the production of an organic psychosis. The administration of desiccated thyroid gland may lead to marked relief of these symptoms. Young patients with myxœdema are prone to develop a vivid dissociation and hebephrenic regression. M. HAMBLIN SMITH.

Clinical Study in Epilepsy. (*Journ. of Compar. Psychol., vol. xx, p. 13, Aug.,* 1935.) *Fetzer, M. E.*

An atropine assay was used. The lying, resting pulse is recorded; this figure represents the pulse as controlled by the sympathetic and parasympathetic. Atropine is injected intravenously. When the pulse no longer accelerates after two successive doses, the orthostatic pulse is determined. The final, lying pulse represents the control of the sympathetic. The difference between the initial and final pulse represents the control of the vagus. This study of the physiology of the autonomic nervous system revealed no difference between epileptic patients and normal individuals, or between types or phases of epileptic patients. Incidentally, it was observed that the majority of patients complained of feeling drowsy when a certain dose of atropine was reached. This confirms the theory that sleep is a parasympathetic phenomenon. M. HAMBLIN SMITH.