

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

attempts to weigh up and assign relative importance to the three features of delirium, psychosis and dementia as they tend to appear in general paralysis. Hereditary factors are mentioned as being of significance for the type of psychosis which is developed, and the responsibility of the malaria for delirium and possible subsequent psychosis is weighed up against the recoveries.

W. McC. HARROWES.

*Treatment of Dementia Paralytica with Typhoid H Antigen Vaccine.* (*Arch. Neur. and Psychiat.*, vol. xxxi, p. 579, Jan., 1934.) Schnitker, M. T.

The writer used a water-clear saline filtrate containing the flagellar (H) antigen, the somatic (O) antigen having been blocked by phenol. The reaction after H antigen consists in a slightly higher level of fever which is more constant and is maintained at its peak for a longer time, while the decline in temperature is more gradual. The systemic reaction is much less severe than with whole vaccine. The contra-indications to the use of H antigen are four: (1) Severe cardio-renal disease, (2) active pulmonary disease, (3) severe cachexia, (4) acute infections with rapid sedimentation. Tryparsamide can be given at the height of the fever, with better clinical results and no increase in the dangers of complications. The results obtained in 25 cases were just as good as with malaria.

G. W. T. H. FLEMING.

*Indications for Treatment in Manic-Depressive Depressions* [*Richtlinien für die Behandlung Manisch-depressiver Depressionen*]. (*Acta Psychiat. et Neurol.*, vol. viii, p. 425, 1933.) Tomasson, H.

Four basic symptoms of depression are recognized: abnormality of mood, inhibition, anxiety phenomena and somatic reverberations.

Forty-six cases were carefully studied, and in each case the author attempted to analyse which of the basic symptoms could be regarded as subjective complaints of the patient. The cases were then treated with sympathetic and parasympathetic stimulants and depressants according to the symptoms. The parasympathetic system was either found to be normal or showed diminished activity. The action of the sympathetic was generally normal, but in cases where anxiety was present a definite sympathicotonia occurred in all instances. The treatment in mild cases of depression gave the following results:

- (1) A combination of bromide and codeine had an unfavourable effect on all basic symptoms.
- (2) Pilocarpine (given in the form of inf. jaborandi) favourably affected the mood, to a less extent also the inhibition (retardation) and the somatic reverberatives. Anxiety was lessened only in very mild cases.
- (3) Anxiety is increased, even in the mildest cases, by ephedrine.
- (4) Acetyl choline had not the slightest effect on the anxiety.
- (5) Ergotoxin (depressant of sympathetic) considerably improved the anxiety and to a less extent also the other basic symptoms.

R. STRÖM-OLSEN.

*States of Mental Confusion: Considerations upon their Treatment Without and Prior to the Mental Hospital* [*Los estados de confusión mental: consideraciones sobre su tratamiento fuera y antes del manicomio*]. (*La Semana Méd.*, vol. xli, p. 977, March 29, 1934.) Ferrer, C. O.

There exists a group of illnesses which have, as a common factor, conditions of mental confusion of toxic origin. The general practitioner allows himself to be unduly influenced by the mental picture, and hurries the patient to the mental hospital, without having taken the smallest therapeutic precaution, and without having made any investigation of the most important physical organs. Death often occurs within a few days of admission, and various untreated physical conditions are often found at the post-mortem. For the benefit of general practitioners the author describes some of the affections which commonly lead to these disasters, and suggests the appropriate lines of clinical investigation and possible treatment.