anxiety, varying in nature with the individual case. The author adds that he believes such anxiety symptoms, though of psychogenic origin, arise on a foundation of metabolic and endocrine dysfunction, which needs further study, and that the emotional disturbance in its turn adds to such dysfunction; hence treatment must include such drugs, diet or physico-therapy as may be appropriate. By such methods it may be possible to alter the morbid reflex and remove the underlying disposition to the formation of others of a similar kind.

In discussing the investigation of the first stages of the habit-formation, he suggests that psycho-analysis is unnecessary and useless if these are intellectually known to consciousness. (This is, of course, incorrect, since mere intellectual knowledge does not remove the compulsion. His methods may often be useful, but cases which do not yield to them may yet resort hopefully to analytic treatment). M. R. BARKAS.

---

7. Pathology.

Blood in Personality Disorders. (*Arch. of Neur. and Psychiat., June,* 1925.) *Henry, G. W., and Mangam, E.*

These authors examined the blood of 200 consecutive admissions for carbon dioxide combining power, and found it unaffected unless there is some underlying physical disease. Determinations of the urea nitrogen of 143 cases gave negative results. Further studies of the non-protein nitrogen, uric acid, dextrose and chloride content of the blood gave negative results. Glucose tolerance tests showed more or less characteristic changes in the glucose content of the blood of patients in either phase of affective psychoses and in the acute stages of dementia præcox. These changes indicate a definite retardation of functions of the vegetative nervous system in manic-depressive depression and in the acute stages of dementia præcox, and an acceleration of these same functions in manic-depressive excitement. G. W. T. H. FLEMING.

On Dysoxidative Carbonuria [*Über dysoxydative Karbonurie*]. (*Zeits. für Arzt. Fortb., August,* 1925.) *Bickel, A.*

Attention is drawn here to a series of conditions in which the proportion of carbon in the urine is increased as a result of defective bodily oxidation processes. The carbon in the urine appears in nitrogen-containing substances, such as urea, amino-acids, and creatinin, and in nitrogen-free bodies, such as carbonates, oxalates, and a dextrin-like carbohydrate; in diabetes also as dextrose.

In normal individuals on an ordinary mixed diet and with moderate exercise the 24-hour excretion is roughly in the following proportions:

	Through kidneys.	Through lungs.	Through skin.	Through intestine.
C	10 grm.	270 grm.	2·3 grm.	3·0 grm.
N	15·6 ,,	0 ,,	traces	0·9 ,,