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.

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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

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.) *Notkin, 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