

stage. Visual and auditory hallucinations are less vivid and more transient than in the acquired disease. Delusions occurred in 19% of the cases. Memory loss is a common finding. A schizophrenic picture is unusual. Excited periods were present in about 23%, but were usually transient. Restlessness is the outstanding symptom in the field of volitional activity.

M. HAMBLIN SMITH.

*Nature of Delirium and Allied States; The Dysergastic Reaction.* (*Arch. of Neur. and Psychiat.*, vol. xxxiii, p. 1175, June, 1935.) Wolff, H. G., and Curran, D.

This investigation was carried out to determine to what degree content may be correlated with the specific type of noxious agent and the individual equipment and experience of the subject. The term "dysergastic reaction" proposed by Meyer covers mental states "due to disorders of the nutrition and circulatory support of the brain". It is largely interchangeable with delirium. In this series of 106 patients, there was no evidence that there was any relation between a particular noxious agent and the form and content of the psychosis. The condition is usually worse at night and during the latter part of the day, with attempts at sustained effort and immediately after awakening. The defects were aggravated by complex environmental conditions, or by situations that demanded discrimination of which the patient was incapable. Distinctive personal characteristics, habits of reaction, dominant interests, past experiences, age, sex and intellectual endowment moulded and individualized the resultant reaction to any noxious agent. Paranoid misinterpretations were common, though systematization seldom occurred except when the dysfunction was of prolonged duration and of relatively slight intensity.

G. W. T. H. FLEMING.

*Mental Symptoms in Cases of Tumour of the Frontal Lobe.* (*Arch. of Neur. and Psychiat.*, vol. xxxiii, p. 986, May, 1935.) Strauss, I., and Keschner, M.

The writers conclude from a consideration of a series of 85 cases that (1) abnormal mental reactions occur in 90% of the cases. (2) Mental symptoms were the earliest manifestations of tumour in 43% and changes in personality in over 30%. (3) Symptoms referable to disturbances of the sensorium were most common; next in order of frequency were changes in personality and disturbances in affect, intellect, memory and orientation. (4) Euphoria was present in 30%, facetiousness in 22% and both in 13%. (5) Determining factors in the frequency of occurrence, nature and severity of mental symptoms in the order of their importance were: (a) The extent of involvement of brain tissue, (b) rapidity of growth of the tumour, (c) the increased intracranial pressure, (d) the patient's previous mental make-up, and (e) possibly the convulsive state. (6) In cases of rapidly-growing infiltrating tumours and of diffuse tumours, mental deterioration and changes in personality appear much earlier than in cases of slowly-growing tumours; in the latter, changes in personality may for a long time be the only mental symptom.

G. W. T. H. FLEMING.

*The Meteorological Factors in Mental Diseases.* (*Amer. Journ. Psychiat.*, vol. xcii, p. 131, July, 1935.) Hoverson, E. T.

The former work on this subject has been largely inconclusive, and this on account of a partial consideration of the complete picture. The oxygen content of the air is of great importance. Meteorological environment plays an important part in determining cellular reactions. In mental disease there are two factors, organic and psychogenic. In the organic factor, chemical instability appears to be the important thing. The meteorological environment conditions the organic factor. We must, however, be careful not to lay undue stress upon the organic side.

M. HAMBLIN SMITH.

*Post-encephalitic Behaviour Disorders.* (*Amer. Journ. Psychiat.*, vol. xcii, p. 17, July, 1935.) Bond, E. D., and Smith, L. H.

A survey of 85 post-encephalitic children admitted to the Franklin School, Pennsylvania, during ten years. Results may be summarized as "good" 20,