

The Blood-sugar in Relation to Emotional Reactions. (*Amer. Journ. Psychiat.*, vol. *xiii*, p. 987, March, 1934.) *Whitehorn, J. C.*

In psychotic persons emotional excitement rarely, if ever, produces any rise in the fasting blood-sugar. Melancholic reactions appear to depress the insulinogenic function of the pancreas. Usually this depression of function is demonstrable only as a moderately delayed demobilization of glucose, under a load; thus fasting blood-sugars fall within normal limits except in those few persons, usually older than 45 years, whose capacity is already limited by diabetes or other organic disease.

M. HAMBLIN SMITH.

The Genetic Relationships of Blood Groups and Schizophrenia. (*Amer. Journ. Psychiat.*, vol. *xiii*, p. 1285, May, 1934.) *Yorshis, M., and Gottlieb, J.*

From a review of the literature no definite correlation between blood groups and schizophrenia could be established, although there was some evidence of an increase in those groups containing the agglutinin B. From an analysis of 21 intact schizophrenic families, it appeared that there was no atypical distribution of blood groups, save a problematic increase in Group III for the schizophrenics; that the distribution of blood groups according to sex showed no significant differences, and that there was a trend indicating a higher incidence of schizophrenic sons following the blood group of the father and of schizophrenic daughters following the blood group of the mother than in normal sons and daughters of the same families.

M. HAMBLIN SMITH.

Basal Metabolism in Asthma and Epilepsy. (*Amer. Journ. Dis. Child.*, vol. *xvi*, p. 963, 1933.) *Topper, A., and Mulier, H.*

The basal metabolic rate of children tends to be lower than normal in asthma and in epilepsy.

E. R. MAIN (Chem. Abstr.).

Absorption of Urea from the Bladder. (*Arch. Surg.*, vol. *xxviii*, p. 180, 1934.) *Fender, F. A.*

The inflamed bladder mucosa transmits urea in quantities sufficient to raise the non-protein N of the blood appreciably. This may be a factor in the development of uræmia in patients with neurologically incapacitated bladders.

J. T. M. (Chem. Abstr.).

Curves Showing the "Inhibition Phenomenon" in Urine and Spinal Fluid under Various Febrile Conditions. (*Boll. soc. Ital. biol. sper.*, vol. *viii*, p. 1459, 1933.) *Donaggio, A.*

After the injection of chemical substances having pyretogenic properties (sulphur, proteins, vaccines, etc.) the reaction is not revealed by the urine or spinal fluid until 24–36 hours after the injection, or 12–24 hours after the onset of fever.

Physical agents such as general diathermy do not produce this latent period. Malarial pyretogenesis causes the reaction to appear in the urine a few hours before the onset of fever. Urine or spinal fluid which give a positive "inhibition reaction" lose this property if dialysed or if mixed with kaolin or animal charcoal and filtered.

P. MASUCCI (Chem. Abstr.).

Donaggio's "Inhibition Phenomenon" in the Urine and in the Spinal Fluid of Neuro- and Psychopathic Individuals. (*Boll. soc. Ital. biol. sper.*, vol. *viii*, p. 1476, 1933.) *Canziani, G., and Longo, V.*

Normal individuals gave a negative Donaggio reaction; a delayed precipitation of the thionine was occasionally noted. Individuals in the febrile state (malaria, suppurative processes) gave a positive Donaggio reaction. There was a close parallelism between the Donaggio and Buscaino reactions. Epileptics only in

convulsions gave a positive reaction, otherwise they gave a negative reaction. Dementia præcox and neuro-psychopathic cases always gave a negative Donaggio reaction. P. MASUCCI (Chem. Abstr.).

8. Criminology.

An Intensive Psychiatric Study of Prisoners. (Amer. Journ. Psychiat., vol. xiii, p. 1184, May, 1934.) McCartney, J. L.

Describes the routine procedure at the classification clinic of the Elmira Reformatory. Newly received inmates remain in this clinic for the first thirty days of their detention. A full examination, both mental and physical, is conducted, and the fullest possible information as to the inmate's previous history is obtained. At the conclusion of the fourth week the case is reviewed at a staff conference, and a diagnosis is made. About 10% of inmates should have been sent to an institution for the feeble-minded, and 37% would not be likely to profit from any form of treatment given at the reformatory. More than 50% of commitments have a favourable prognosis, but at least 40% should never be released from close supervision, as they will undoubtedly continue to be anti-social. It is not, however, easy to define the type of case which requires this permanent supervision. Prisoners should be dealt with as mentally sick individuals. An indefinite stay in a correctional institution should be prescribed. Marked differences between the results given on intelligence and performance test and lack of uniform results in the latter are characteristic of emotional instability.

M. HAMBLIN SMITH.