

limits. Katatonic and schizophrenic patients showed records with wide individual differences and great variation from normal.

Schizophrenic patients with marked feelings of passivity deviated to one extreme, those of the active or paranoid reaction type deviated to the other. Variations in skin resistance are of more value in showing changes in the emotional and mental condition of the subject than determinations of basal metabolic rate, respiration, etc.

In psychopathic patients there are often large variations in skin resistance without any corresponding peculiarity in behaviour. The resistance of the palm of the hand is chiefly dependent on the activity of the sweat-glands, and is controlled by nervous impulses, partly from sympathetic and partly from somatic nerves. The resistance from the back of one hand to the back of the other is dependent on the epithelial cells and is largely, if not entirely, free from nervous control. This back-to-back resistance varies with the amount of heat liberated by the muscles under varying degrees of tension. The heat produced stimulates the epithelial cells, increasing their permeability, and more moisture is given off. In tense, strained subjects there is a high permeability of the dorsal surfaces, in persons free from strain a low permeability.

Variations in the palm-to-palm resistance are associated with changes in the central nervous system rather than with changes in the muscles. The author found that a high palm-to-palm resistance over a prolonged period is apt to be associated with a depressed mental condition, while high individual palm-to-palm readings are associated with feelings of sleepiness. The palm-to-palm resistance was found at a constantly high level in some narcoleptics even when they were not having a sleeping attack. During the attacks the resistance showed a marked additional increase.

G. W. T. H. FLEMING.

*Psychosis and Hyperthyroidism.* (*Journ. of Nerv. and Ment. Dis.*, June, 1928.) Johnson, W. D.

Johnson analyses the records of the Cleveland Clinic Hospital, containing 2,286 operative goitre cases. In this series there were 24 cases of true psychosis confirmed by a psychiatrist. A case of hyperthyroidism that has a psychosis or is delirious should not be operated on, as the results are uniformly bad. Hallucinations and delusions with a predominance of depressive states are the rule in this type of case. In the cases of true psychosis there is no tendency to improvement before the fifth day and the prognosis is always uncertain. Psychosis in association with hyperthyroidism is relatively rare, and when it does occur is most often a manifestation of a pre-existing psychotic state. G. W. T. H. FLEMING.

*Psychoses in Criminals (Part II).* (*Journ. of Nerv. and Ment. Dis.*, April, May, June and July, 1928.) Karpman, B.

The author describes at great length two cases of prison psychoses, and discusses in great detail the differential diagnosis of this psychosis from a schizophrenic or a manic-depressive one. In conclusion he states that when an individual is confronted by an external