

præcox, is quoted as bearing out the view of Schilder that organic focal lesions may, under some circumstances, disturb psychogenic cerebral mechanisms.

Finally the differential diagnosis of the syndrome from hysteria, the sensitive "reaction type" of Kretschmer and schizophrenia is discussed, and a case of the latter disease is quoted at some length, in which depersonalisation appeared at an early stage before severe deterioration and dissociation of the personality had developed.

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*True Melancholia and Periodic Asthenia [Melancholie Vraie et Asthenie Periodique]. (L'Encéphale, December, 1922.) Benon, R.*

The author controverts the view that true melancholia is either part of a periodic insanity or of dementia præcox. This view of Kraepelin is seductive, but incorrect, and mixes two essentially different syndromes.

The periodic melancholia of authors is asthenia. The fact that true melancholia is liable to relapse, although rarely, has helped this confusion. True melancholia commonly occurs in people between 40 and 50 years of age, but can occur in young subjects. The onset is gradual, and the cases have a feeling of sorrow and anxiety. The grief is sometimes associated with the idea of past evil, and sometimes with the idea of future trouble, in which cases anxiety is more prominent. A sense of anguish is more marked in these cases as compared with the resignation of ordinary melancholics. True melancholia progresses slowly and recovers slowly, and recurrences are rare. A case, exceptional in this respect, with four relapses is described. Periodic asthenia, on the other hand, is not an emotional disturbance, but a trouble of nerve force (dysthenia). Hallucinations and mental confusion are rare, and agitation is seldom marked. Recovery occurs suddenly and relapses are common.

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*Studies of the Complications and Mental Sequelæ of Lethargic Encephalitis (Bradyphrenia) [Études sur les Complications et les Sequelles Mentales de l'Encéphalite Epidemique (La Bradyphrenne)]. (L'Encéphale, July, 1922.) Naville, F.*

All serious infections can be accompanied by various mental phenomena, and also by muscular tremors, pupillary disturbances and ocular palsies, but encephalitis lethargica, while it may show similar disturbances in the early stages, shows certain mental complications which rarely occur in other diseases. Cases are quoted of the various psychoses which have followed encephalitis lethargica, such as manic-depressive and confusional insanities, Korsakow's syndrome and dementia præcox, but these sequelæ are noted as exceptional, although an initial delirium is frequent and mental prodromata are commoner than in other diseases. Insomnia in adults may be troublesome and may persist for as long as a year, and is often associated with a dreamy state during the day. In children the disturbed sleep is characteristic, and may be associated with