for instance, the emotion of timidity. These results are in several points in contradiction with the conclusions arrived at by Kraepelin in his well-known investigations, and this is the more surprising in that Effingham's "combination" method, which was employed by Signora Sertoli, is largely a test of judgment, and most observers have found that accuracy of judgment is decreased by alcohol. In Signora Sertoli's experiments, not only was the rapidity of the reaction increased, but the proportion of errors and omissions was notably lessened.

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2. Clinical Psychiatry.

Periodic Dementia Præcox [*La Demence Precoce à evolution circulaire*]. (*Rev. de Psychiat. et de Psych. Exper., Sept.*, 1913). *Halberstadt.*

This article is in the main a criticism of Urstein's contention that manic-depressive insanity is not an entity, but often only a periodic form of dementia præcox. Dr. Halberstadt regards the characters of the attacks of manic-depressive insanity as of more importance than its periodicity. He holds that there are eight syndromes of symptoms which are peculiar to this form of mental disorder, each syndrome containing motor, ideational, and affective elements. He points out, on the other hand, the fact that Magnan demonstrated periodic phases of depression and mania in degenerates, so that periodicity is not a feature peculiar to manic-depressive insanity.

Kraepelin describes three intermittent forms of dementia præcox.

First, there is the "circular" variety. This opens with depression, accompanied by auditory hallucinations and hypochondriacal delusions. Later, acute attacks of agitation occur, with impulsive behaviour and mannerisms. Frequent and rapid alternations between calm and agitation may take place. Remissions may occur, but progression of the mental disorder is more common. Finally the scene closes with the dementia characteristic of terminal dementia præcox.

In the "periodic" form the attacks are remarkably regular, varying from alternate days to years in their incidence. The agitation is blind, stereotyped, and impulsive: the typical dementia eventually supervenes. Finally, in the "catatonic" form, initial depression with delusions and hallucinations leads to profound stupor. This in turn gives place to agitation, and eventually to terminal dementia.

In all three forms careful analysis shows that the *ensemble* of symptoms is that characteristic of dementia præcox. Dr. Halberstadt suggests that an intermittent form should be added to the recognised paranoidal, hebephrenic, and catatonic form of dementia præcox.

Is it possible for manic-depressive insanity and dementia præcox to occur together? Though descriptions of cases suggestive of this superposition have been described, the writer considers the phenomenon to be sufficiently rare to be neglected in practice. He concludes with the remark that it is useful to remember that manic-depressive insanity is not the only mental disorder which develops intermittently.

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