large series of cases, and on a broad outlook the emphasis of the present paper is incorrect. Nevertheless, from his own experience the author concludes that he would "regard all bearers of cervical ribs with extreme suspicion and accept them as possessed of well-balanced minds and structurally normal central nervous systems only after very close scrutiny." JOHN GIFFORD.

3. Clinical Psychiatry.

Two Cases of "Folie à Deux" [Deux cas de "folie à deux"]. (*L'Encéphale, March*, 1920.) *Laignel-Lavastine and Boutet, A.*

Two varieties of *folie à deux* have been described, one by Régis—the simultaneous type—and the other by Lasègue-Falret—the communicated type. The authors presented four patients to illustrate these two varieties. Thus two sisters, æt. 46 and 44, exemplifying the simultaneous type, developed delusions and hallucinations independently of one another. How long each had been affected is not known. Finally, in January, 1919, the elder sister, weary of supporting her troubles alone any longer, related everything to the younger sister, only to discover that the latter had been for years past experiencing similar phenomena. Within a short time of this exchange of confidences the elder sister was admitted into the asylum, being followed by the younger three months later. The authors realised that what they had to deal with in the case of these two sisters was "a double chronic hallucinatory psychosis developed in some sort of parallel manner."

The second variety of *folie à deux*—the communicated type—is illustrated by an old married couple, æt. 66 and 64, who had been much affected of late years by the loss of two sons killed in the war, as well as by the death of a granddaughter. The wife first developed false interpretations and delusions of persecution—the chief offender being the occupant of the rooms above her own. She communicated her delusions to her husband, a somewhat feeble-minded man, who accepted them without question and who, moreover, found proof of them in his own hallucinations and interpretations.

Of these two varieties the authors state that one much more frequently meets with the simultaneous type of Régis. It is a question of a chronic hallucinatory psychosis, in the genesis of which contagion plays no part; on the contrary, it depends on hereditary predisposition like the familial form of paranoid dementia præcox, to which condition it is somewhat closely related. NORMAN R. PHILLIPS.

Periodic Psychoses and Diabetes. Synchronism of the Attacks [Psychoses et diabète périodiques. Synchronisme des accès]. (*L'Encéphale, April*, 1920.) *Porot, A.*

Dr. Porot, of Algiers, draws attention to the intimate relationship that may exist between periodic melancholia and diabetes, the one not only following the fluctuations of the other, but also appearing and disappearing simultaneously with it. It is true that other observers have remarked on the occurrence of mental depression in the course of diabetes; some have even demonstrated a parallelism between the two

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conditions. Probably, however, no observer has been able to bring forward cases where the synchronism of the glycosuric crisis and the melancholic attack has been more clearly and distinctly defined. Of the two cases described the first was that of an army officer who had served chiefly in tropical countries. There was a previous history of malaria. He had four recurrent attacks of melancholia, each being accompanied by glycosuria, as much as 80 grm. of sugar per litre being found on one occasion. The attacks began about the age of 37, and succeeded one another at intervals of two to four years.

The second case, æt. 50, was that of a North African Jew, who was somewhat obese but previously healthy. He had three recurrent attacks of melancholia which were accompanied, as in the former case, by glycosuria. There was an interval of about two years between the attacks.

In each of the two cases the attacks were treated on strict dietetic lines, with the result that both glycosuria and melancholia completely disappeared.

In his concluding remarks about the second case the author points out how particularly striking was the parallelism between the two crises—melancholic and glycosuric—with their simultaneous onset following on a common cause (emotional shock), their synchronous evolution and their contemporaneous cure. It cannot be said that the diabetes preceded the melancholia, as the urine, which was submitted to a monthly examination in the intervals between the attacks, showed no trace of sugar in spite of the fact that the diet was not restricted. For similar reasons it cannot be claimed that the melancholia was the primary element.

Dr. Porot argues that: did we possess a direct and specific method of attacking the psychic factor, it might conceivably be used indirectly to reduce the quantity of sugar. But, in the dietetic regimen we have a means of directly attacking the physical element; and the results obtained show conclusively the success which may attend the employment of this method of treatment. NORMAN R. PHILLIPS.

A Comparative Study of Personality Traits in Early and Late Dementia Præcox. (*State Hosp. Quart., February*, 1921.) *Rowe, C. E.*

A Personality Study of Late Dementia Præcox. (*State Hosp. Quart., February*, 1921.) *Perkins, A. E.*

The Mental Make-up of Cases of Dementia Præcox occurring in Early and Late Life. (*State Hosp. Quart., February*, 1921.) *Grover, M. M.*

Personality traits—mainly the shut-in personality—have for some time been recognised as occurring in the subjects of dementia præcox. Whether these traits represent the onset (Kraepelin) or not is still in dispute. Certain kinds of people become precocious dements, but who can say of a given child or youth whether that one will become a precocious dement or not? Are there any differences between the personal histories of early and late cases of dementia præcox, taking late cases to mean those developing after thirty years of age? Are the types different after dementia præcox has set in (or set in as far as that the patient is certified and confined)? Why does a given