

kinds of intoxication and infection, epilepsy and conditions of psychomotor excitation. Prof. Spielmeyer believes that such changes can be produced by circulatory disturbances, the underlying factor being, not a definite disease, but some functional derangement. They could thus be indirectly related to dementia præcox. In spite of the frequency of negative *post-mortem* findings, he is of opinion that dementia præcox is beyond doubt associated with organic changes in the brain, and he bases this conclusion on the following positive findings (from selected cases) :

(1) Cellular loss in the third layer of the cortex, as well as in the deep layers, sometimes associated with large accumulations of fatty material.

(2) In acute cases, phenomena indicating active destruction in the nerve-cells, with regressive changes in the neuroglia, and often the presence of large amounts of disintegration products.

Although these findings sufficiently establish the organic basis of the disease, they do not represent a definite picture on which alone a diagnosis can be given.

S. ANTONOVITCH.

*The Distribution of Calcium between Blood and Cerebro-spinal Fluid in Mental Diseases.* (*Amer. Journ. Psychiat.*, July, 1931.)  
Katzenebogen, S., and Goldsmith, H.

The blood-calcium in organic psychosis ranges between 8.1 and 10.9 mgrm. %. In schizophrenia, manic-depressive psychosis and mental deficiency blood-calcium was found within normal limits. The cerebro-spinal fluid calcium showed an occasional slight fall in schizophrenia and an occasional rise in organic psychosis. In manic-depressive psychosis and mental deficiency only normal figures were found. The calcium content cannot be helpful for diagnosis. The passage of calcium from blood into fluid follows the trend of bromide. There is evidence that the barrier functions somewhat differently in schizophrenia and organic psychosis. The abnormal permeability suggests that the dysfunction of the barrier presents a part malfunction of a diseased organism.

M. HAMBLIN SMITH.

*Gastro-intestinal Motor Functions in Manic-Depressive Psychoses.* (*Amer. Journ. Psychiat.*, July, 1931.) Henry, G. W.

X-ray observations were made in 96 cases. In the manic phase the position of the viscera is from 1 to 2 in. higher than in the depressive phase. Hypomanic patients present a marked increase and depressed patients a marked decrease in visceral tension and motility. Without medical aid some depressed patients retain food residue for a period longer than two weeks.

M. HAMBLIN SMITH.

*Chemical Changes in the Blood during the Course of Alcoholic Delirium Tremens.* (*Ann. Méd. Psych.*, February, 1931.) Toulouse, E., Courtois, A., and Russell, Mlle.

The authors, who have carried out investigations for a period of two years, find that the urea, sugar and cholesterol content of the