designation as a special mania, but is the same thing no matter with what diseased mental condition it is associated. The great amount of literature on wanderlust in mild dementia præcox cases does not receive the proper attention by this author.

Tramer, M. POSTOPERATIVE PSYCHOSES. [Correspond. Bl. f. Schw. Aerzte, Feb. 23, 1918.]

In the two cases which Tramer reports extreme dread of the operation seems to have been a factor in the causation of the psychosis. Surgeons should recognize such an abnormal dread and warn the family as to its possible psychotic outcome. Tramer considers these cases of a benign character and susceptible to skilled treatment.

Stokes, C. E. NARCOTIC ADDICTION. [J. A. M. A., March 16, 1918.]

The military, industrial and public health features of narcotic addiction are discussed by the author. He claims that in some sections of the country 90 per cent. of the narcotic victims are heroin users, and nearly all of these are in the period of adolescence, and many have reached military age. It would be illogical to expect 100 per cent. efficiency at the outset of treatment of these persons, but with proper care and study many of them can be redeemed. Sooner or later the condition develops individualistic fetters. A chronic depression of nervous functions, and, further, this depression involves the ductless glands and other organs, causing disturbances of nutrition and emotional disorders, which are especially evident when the drug is suddenly stopped. From his experience with drug addicts, gained while in charge of an institution for their care and cure, it was clearly shown that they could be controlled by enlightened methods of discipline and administration, with proper environment. It is time, he says, that an educational drive be started, in which this problem can be taken up, stripped of its mystery and sensationalism, and the facts of the situation laid bare.

Lafora. ORGANIC BASIS OF DEMENTIA PRÆCOX. [Siglo. Med., Dec. 8, 1917.]

Lafora supports the toxic origin of both physical and mental symptoms of dementia præcox through imperfect functioning of the sexual glands. The protective ferments of the blood do not properly act upon their products so that they circulate in the body as toxins chiefly injurious to the brain cortex and probably the vegetative nervous system. He believes that the remissions which sometimes occur indicate the temporary suspension or neutralization of these products. The dementia præcox inheritance may be an inferiority of the same gland or of different glands and is Mendelian in appearance.

Evarts, Arran B. THE EPHEBIC PSYCHOSES. [Am. Jl. Insanity, 74, 1917, 1.]

The authoress considers, first, the characteristics of adolescence, and the bearing of the changes which occur at that time upon mental in-

stability, next describes four cases, all in negroes from fourteen to sixteen years old, in whom, though the symptoms closely resembled those of hebephrenia, there was recovery apparently without mental impairment. Three of the four cases showed mental retardation by the Binet tests, the fourth passed the tests for her age. She feels that we have here to do with a class of cases somewhat different from dementia præcox and of more favorable prognosis and proposes for them the name "ephebic psychoses."

Lowrey, Lawson G. SOME OBSERVATIONS ON THE RELATIONSHIP BETWEEN SYPHILIS OF THE NERVOUS SYSTEM AND THE PSYCHOSES.
[Am. Jl. Insanity, 74, 1917, No. 1.]

A study based upon eleven cases showing a divergence of the clinical and serological pictures.

1. Of about 2,500 cases examined in three years eleven are sufficiently unusual to be reported on.

2. Of these, four gave the clinical picture of dementia præcox, one of constitutional inferiority, one of imbecility, two organic, and three parietic dementias.

3. In two cases of dementia præcox, the serology of neurosyphilis was found early. In the other two only after many years. In none was it expected. One case has tabetic symptoms, the other no symptoms of neurosyphilis. The case with tabetic symptoms also exhibits catatonic symptoms.

4. These are the only cases of dementia præcox in the hospital showing such serology, though other cases have positive blood tests.

5. One hysterical or constitutionally inferior person developed secondary syphilis five years before death. A year before death, the serology of neurosyphilis was demonstrated. Autopsy confirmed this. No clinical symptoms.

6. An "imbecile" developed general paresis in the hospital. Autopsy and serology typical.

7. An "organic" case without signs of paresis gives the serology of it.

8. A case clinically of Huntington's chorea gives the serology of paresis without clinical signs of it.

9. One case, clinically paresis at first, seems now like dementia præcox, serology positive.

10. One case, clinically paresis, has run an extremely long stationary course. Wassermann negative in blood and fluid, other tests positive.

11. One case clinically and serologically paresis, has as his most prominent symptom, the only one at the present time, auditory hallucinations.

12. We have to with (a) neurosyphilis in unusual causal relations, or (b) coincident psychoses and symptomless neurosyphilis.

13. Diagnoses should be based on both clinical and laboratory findings. The neglect of either may lead to improper results.