For immediate application, it might seem wise to rather speak for a broader coefficient of maturity in which the sex maturity would get its due but not too *exposed* a position. If we should demand for the sizing up of a child the traditional items of efficiency in school tasks, fitness in conduct demanded for a certain school and age, we might put under the line the index of the relation of body weight to the average weight of the age; further, an index of general health and working capacity, all of which are relative to sex maturity. It would already be an innovation to demand an index of physical efficiency and health as an essential feature in classing children into definite classes, and if we add to this the puberty issue as a not too conspicuous point we shall be more likely to carry our point with school boards, etc.

The paper is a most vigorous and noteworthy appeal to good sense, and deserves the attention of every physician.

ADOLF MEYER (New York).

THE DIAGNOSIS AND TREATMENT OF MENTAL DISEASES IN CHILDHOOD.

Raecke. *Deutsche medizinische Wochenschrift*, May 21, 1908.

Raecke divides all mental diseases in childhood into two parts: (1) congenital—idiocy, cretinism and imbecility; and (2) acquired—epilepsy, hysteria, catatonia, melancholia, mania, delirium accompanying infectious diseases, amentia, chronic paranoia and dementia paralytica. Epilepsy is usually manifested in early childhood by petit mal, twilight of consciousness and variability of mood. Not infrequently these epileptic stigmata pass unnoticed and the disease is not recognized till it is fully developed. Not in all instances can the peculiar mood and irritability in a hysterical child be differentiated from those of epilepsy. However, in the former they are usually reactionary to external influences. The relative frequency of manic depressive insanity and dementia præcox in childhood is not discussed, but allusions are made to catatonia, mania and melancholia. At the present state of psychiatric knowledge catatonia, mania and melancholia have no relative significance as far as clinical psychiatric realities are concerned and therefore for statistical purposes they are of no import. Delirium may occur in infectious diseases and it was observed in children of two or three years of age. Amentia or hallucinatory confusion is quite often seen in chorea minor. Chronic paranoia is extremely rare and the retrospective falsification of memory of childhood should not be regarded as an early symptom of this disease. Dementia paralytica often develops on a hereditary luetic basis in the twelfth year. In regard to treatment Raecke offers no specific measures or original ideas.

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