

action. The observations are based on the changes in the three different ways which occur in the ordinary pulse-tracing, *viz.*, (1) the pulse wave; (2) the respiratory wave; (3) a wave which occurs after every five or more beats. This latter wave is the one to which importance is to be attached. It is feebly marked in healthy people, but increases in intensity in proportion to the state of dementia. There is reason to believe that this wave is a manifestation of the reactions depending on psychical activity, and has its origin in a regularly alternating cyclical contraction and dilatation of the central circulatory system.

Three cases are given with considerable detail, together with a description of the blood-waves and blood-pressure in each case.

In the case of dementia præcox there was peripheral vaso-dilatation with congested extremities. The pathogenesis of this is central in origin. After rest in bed the pulse diminishes in frequency and volume, dicrotism is less marked, and the third wave almost disappears.

In a second case with excitement it was found that rest in bed increased the dicrotism and the tension, but the third wave disappeared. In another case of dementia rest in bed greatly increased the pulse tension and tendency to dicrotism, but the third wave, which was present before bed treatment once in every twenty-three heart-beats, was found to be absent.

The writer says there is a constant relationship between the form, frequency, volume, and pressure of the pulse and the third wave. The third wave appears with any psychical activity or only a simple effort.

COLIN MCDOWALL.

*A Comparison of Personal Characteristics in Dementia Præcox and Manic-depressive Psychosis.* (*Amer. Journ. of Ins., Jan., 1912.*)  
Bond, E. D., and Abbot, E. S.

This research consists of a study of the personal characters of a number of cases of dementia præcox and manic-depressive insanity in the pre-psychotic period. It was undertaken to test the validity of those observers who have laid especial stress on the constitutional make-up as a factor in the development of the psychoses. Fifty definite examples of each psychosis were chosen, and a careful analysis made of the mental traits existing before the onset of the disorder.

The writers arrive at the following conclusions:

- (1) Normal traits predominate in manic-depressive psychoses.
- (2) Abnormal traits are found in about an equal proportion in dementia præcox and manic-depressive psychosis.
- (3) Certain abnormal traits—reticence, peculiarity, precocity—are found more in dementia præcox than in manic-depressive insanity.
- (4) Normal personalities are found fairly frequently in both diseases, but more frequently in manic-depressive psychosis.
- (5) Abnormal personalities are much more frequent in dementia præcox.
- (6) The "shut-in personality" is found almost exclusively in dementia præcox.
- (7) If all doubtful and abnormal personalities are conceded to predispose to dementia præcox, on the one hand not more than half of

the dementia præcox cases are so predisposed, and on the other, a third of the manic-depressive cases have the same predisposition.

(8) The special "shut-in personality" is found in too small proportion to substantiate fully the claims made by some writers for its prevalence as an ætiological factor in dementia præcox.

H. DEVINE.

*Differential Diagnosis between Manic-depressive Psychosis and Dementia Præcox (Journal of Nervous and Mental Diseases, Jan., 1912.)*  
Gordon, A.

Though the manic-depressive conception marks a step in the progress of psychiatry, it is frequently not easily differentiated from other psychoses, especially dementia præcox. With the view of illustrating the difficulty in differentiating the two types of reaction, the writer gives an account of four cases which he has been able to observe for several years.

The essential features of these cases consist in the fact that three of them commenced as forms of the manic-depressive group, and terminated as typical cases of dementia præcox, while the fourth case presented at first the clinical picture of dementia præcox for four years, and that of manic-depressive insanity for the last two years. In all these cases the earlier phases were scarcely typical in so far as the manic-depressive forms included symptoms suggestive of dementia præcox, e.g., pronounced loss of affective sentiments, and the dementia præcox case exhibited marked periods of improvement and remissions from its onset, before assuming the true manic-depressive symptoms. These observations suggest an important diagnostic point, viz., if in an individual affected with alternating outbreaks of depression and exaltation, each characteristic of melancholia and mania respectively, a change of his affective and intellectual faculties, and particularly of the first, is observed, the presumption is in favour of dementia præcox.

The writer concludes further that Kraepelin's generalisation of manic-depressive insanity tends to create a risk of including other affections under this category with a very different prognosis, and considers that further study is necessary before it can be entirely accepted.

H. DEVINE.

*Melancholia and the Manic-depressive Psychosis [Mélancholie et Psychose Maniaque-dépressive]. (Rev. de Psychiat., Dec., 1911.)*  
Perrin, G. G.

This paper consists of a discussion of the question raised by Dreyfus that melancholia of the involuntal epoch is to be regarded as belonging to the manic-depressive group of cases. The writer does not consider that the position is tenable, but regards involuntal melancholia as a clear clinical entity, distinguished from the manic-depressive psychosis by the absence of any degeneration and hereditary element, by its appearance in the age of maturity, by the absence of psychic and motor inhibition, by the existence of crisis of anxiety with delusional ideas, and by a completely different mode of evolution.

H. DEVINE.