

a source of difficulty is the "broken home." In a recent analysis of 200 juvenile delinquents, 101 provided instances of broken homes; this is a much higher proportion than occurs in the history of normal children. These figures do not include many forms of home maladjustments covered by the German expression "Elternkonflikt."

When the acquisitive shortcomings of children under 10 years are considered it is found that they steal mostly articles which minister to the fantasies of childhood. After this age money becomes more desirable because it gives a sense of power and superiority. Flash-lamps and bicycle lamps are favourite articles, as being both useful and saleable.

"Breaking and entering" is simply a manifestation of the gang-spirit, or in other words, the first stirring of those instinctive tendencies towards group action which form the basis of our social life.

G. W. T. H. FLEMING.

2. Psychiatry.

A Statistical Study of Delusions in the Manic-Depressive Psychoses. (Amer. Journ. Psychiat., July, 1931.) Bowman, K. M., and Raymond, A. F.

The delusions found in 1,009 cases of manic-depressive psychosis were studied, with 1,408 cases of schizophrenia and 496 cases of general paresis as controls. The persecutory is the most common type. Marital condition has little to do with the type of delusion. Religion has very little influence. There is a striking correlation between persecutory delusions and auditory hallucinations. There is little correlation between delusions and somatic data. The occurrence of a previous attack appears to have little effect upon delusions.

M. HAMBLIN SMITH.

A Study of the Behaviour Chart in Cases of Thymergasia. (Amer. Journ. Psychiat., July, 1931.) Corson, H. F.

The affective trends found in normal behaviour are present with greater clarity in the thymergasic reactions. "Push" in some degree is wanted for normal behaviour. When "push" exceeds the normal limits in one direction we have hypomanic reactions; when it is more or less in abeyance, we get stupor. Anger, eroticism and over-valuation are closely allied to "push"; sadness may be combined with it. Suicide is correlated most closely with those cases which show the sad trend with fear or "push"—that is, it is less frequent in simple depressive reactions, and more frequent in agitated depressions.

M. HAMBLIN SMITH.

False Simulations in Medico-Legal Psychiatry. (Gaz. des Hôp., May 23, 1931.) Fribourg-Blanc, M.

The author states that an erroneous diagnosis of simulation has frequently been made. He mentions that over-simulation may occur, and that an individual who is actually mentally disordered may be aware of this and wilfully exaggerate his disorder. At

other times the exaggeration may be unconscious. These cases, he says, are, as a rule, schizophrenics, who give the impression of simulation on account of their incoherent, paradoxical and irrelevant replies. He mentions the Ganser syndrome as a feature likely to lead to suspicion; indeed, unless the examiner possesses a knowledge of this reaction, the effect is undoubtedly to give an impression of foolish simulation.

The author, however, takes note of the simulation of the psychopath, which is extremely frequent and very difficult to unravel.

Essentially the whole article is a plea for careful examination of suspected persons without preconceived diagnosis.

The article is followed by a discussion. W. McC. HARROWES.

Late Periodic Psychoses. (*Gaz. des Hôp.*, May 23, 1931.) *Anglade, Roger.*

The chief interest of this communication lies in the study of late developing depressions and maniacal excitements. The author stresses a biological difference and a clinical dissimilarity between presenile melancholia and the melancholic spells of manic-depressive insanity. In presenile melancholia the phenomena of cerebral arterio-sclerosis and a progression towards dementia are most prominent. Late mania is rarer and is frequently associated with paranoid features and gross organic disturbances; consequently the author feels that this mania cannot readily be included in the group of manic-depressive conditions.

The author points out also that *folie circulaire* may begin late in life, and here the manic-depressive swing is rapid, the progression to dementia is quick and the heredity is usually definite.

The author concludes by pointing out that late psychoses are very frequently associated with organic disturbances.

This report is followed by a discussion. Prof. Claude found himself in agreement with the author, and laid stress on the frequently discovered organic basis of late psychoses, and stated that in such cases the prognosis was serious. W. McC. HARROWES.

Schizophrenia and Cerebral Tumour. (*Ann. Méd. Psych.*, January, 1931.) *Claude, H., and Baruk, H.*

Two previous papers are referred to in which the authors described psychotic states in association with cerebral tumours. There then follows the description of a schizophrenic who died at the age of 32, autopsy revealing an extensive glioma of the left temporal lobe, involving the speech centre of Wernicke. There had been no localizing symptoms or aphasia. The history showed a gradual onset of schizophrenic manifestations over ten years, following a schizoid adolescence. S. M. COLEMAN.

Disturbances of Character at the Onset of Dementia Præcox. (*Ann. Méd. Psych.*, July, 1930.) *Heuyer, G., and Serin, Mlle.*

The authors describe seven cases in support of the view that the onset of dementia præcox usually occurs at about the time of