was often slight compared with other instances in which there was little or no distension of the ventricles. The majority of this series of cases showed undoubted signs of increased intracranial pressure, and the authors believe that this factor with or without ventricular distension operates directly or indirectly in slowing cerebral circulation, diminishing conscious receptivity of environmental stimuli and producing somnolence.

G. W. T. H. FLEMING.

*Psycho-galvanic Studies in Schizophrenia.* (*Arch. of Neur. and Psychiat., December*, 1926.) *Syz, H. C.*

The average electrical resistance in catatonic stupor was found to be more than twice as high (280,000 ohms) as it is in normal persons (111,000). The average resistance of paranoid schizophrenics was similar to normal persons (120,000). In a group of 15 depressives the average resistance was high (216,000). In considering the galvanic reactions the author recognized direct reactions occurring in less than 4 secs., late reactions in 4–8 secs., and disconnected reactions after 8 secs. Disconnected waves of lesser amplitude and occurring in groups were classed as spontaneous waves. Spontaneous and disconnected waves occurred in almost all paranoid schizophrenics (78%), and also in a fair number of catatonics (38%) and depressed patients (32%). Direct reactions occur less frequently (22%) than in normal persons (34%). In depressed patients they are only 19% and in catatonic patients 5%. In paranoid schizophrenics there are fewer reactions closely connected with outside stimuli, but many waves appear spontaneously, quite independent of environmental influences. In catatonic stupors there is greatly diminished galvanic activity. In one case even sensory stimuli like pin-pricks and sounding a motor horn did not cause a deflection of the galvanometer string. The galvanic records of persons of the same reaction type show features which are typical and fairly consistent.

G. W. T. H. FLEMING.

*Manganese Toxæmia; with Special Reference to the Effects of Liver Feeding.* (*Brain, March*, 1927.) *Charles, J. R.*

The clinical manifestations of manganese poisoning are lack of energy and mental languor, bodily fatigue on exertion, emotional instability with excessive smiling and hilarious laughter. The face at rest shows a Parkinsonian mask, although sometimes on this is superimposed a set, spastic smile. The voice is low in tone and monotonous. There is marked rigidity in all the muscles of the limbs and trunk. The patient walks with a stiff gait on a wide base. Retropulsion is almost constant in advanced cases. There is atrophy or alteration in the electrical reaction of the muscles. Tremors of a coarse type are seen in the head and limbs. These vary from fine twitching of the hand to rhythmical movements of the head, limbs and trunk. No changes in sensibility were noticed, but cramps were common. The deep reflexes are increased.