

with food, and was confused. Later there were ideas of persecution by people who compelled her to laugh and grimace in order that she should be thought mad; she believed that she was magnetized and that her food was poisoned. She had to be tube-fed; she was suicidal and attempted her life in various ways.

The second patient had ideas of persecution and of grandeur, with hallucinations of hearing. At times she said she wished to marry, at others that she wished to become a nun. She also had pulmonary tuberculosis, of which she died. The third sister had ideas of persecution and was hypochondriacal.

A younger sister and a brother are nervous, and the family history is distinctly neuropathic, but no record of tuberculosis, syphilis, or alcoholism could be obtained.

In the discussion which followed, M. Leroy mentioned an instance of a brother and two sisters who exhibited the symptoms of dementia præcox. He had regarded the sisters in the first place—ten years previously—as suffering from a form of periodic mental disorder, but later the diagnosis became clear. The difficulty of accurate diagnosis is very great in certain cases; but where definite dementia præcox is noted in one member of a family, it assists in coming to a conclusion where the patient's brothers or sisters show signs of mental disorder.

HUBERT J. NORMAN.

*The B— Family and the F— Family: A Contribution to the Study of Heredity in Mental Diseases [Famille B— et Famille F—: Contribution à l'Étude de l'Hérédité des Maladies Mentales]. (Ann. Méd.-Psychol., July-August, 1920.) Minkowska, F., and Minkowski, E.*

In 1912, in the Burghölzli Asylum, Zurich, were two patients—brother and sister—who had each been admitted five times previously, and who, though they had on former occasions exhibited melancholic depression or maniacal excitement and appeared to be cases of cyclothymia, presented now a schizophrenic condition resembling dementia præcox. It occurred to Prof. Bleuler that this metamorphosis of the mental disorder might be due to a convergent heredity of cyclothymia on one side and dementia præcox on the other. Mainly to find out if this was so, the writers have investigated, under Bleuler's direction, the family history on each side as far back as the great-grandfather, and have collected information as to all his descendants—about 350 from the paternal great-grandfather and about 250 from the maternal. They have been able to give two complete genealogical trees.

The influence of convergent heredity is demonstrated, though not in the full sense of Bleuler's surmise. On the maternal side the mother and the great-grandfather were epileptics. Altogether we find on this side 9 epileptics, 7 cases of mental alienation, and 54 instances of children dying in infancy. Two modes of hereditary influence of the epilepsy are distinguishable: the graver shows itself in sterility, high infant mortality and progressive extinction of the stock, and in the occurrence of isolated cases of epilepsy among adults; the other and less grave shows itself, not in sterility nor in any excessive mortality

among infants, but in the occurrence, as the numbers of the stock increase, of more numerous cases of adult epilepsy and insanity.

On the paternal side the father, grandfather and great-grandfather were all insane, yet, among the whole 350 members, the number of cases of insanity was only 17 all told. Several of these were of a schizophrenic type; concerning the nature of others the information is vague. The predisposition transmitted in this family is not sufficient to produce a psychosis unless other noxious factors co-operate, important among which is convergent heredity. Nor is the predispositional factor such as can give rise to a psycho-pathological state of any sort indifferently; it has a quality that is specific. Although, as the psychoses tend to show themselves at earlier ages in successive generations, a progressive degeneration in Morel's sense is apparent, by the side of it there is incontestably a regenerative process; for we find on review of the generations successively descending from a single psychotic ancestor, in the second generation, 2 insane and 6 not insane; in the third generation, 7 insane and 28 not insane; in the fourth generation, 7 insane and 91 not insane; in the fifth generation, 151, none as yet insane; and in the sixth generation, 60, none as yet insane. Such figures make it questionable how far the fecundity of mentally tainted persons should by any legal measure be restricted, for this would appreciably diminish the procreative forces of the nation.

SYDNEY J. COLE.

*The Investigation of Forms of Mental Disorder [Die Erforschung psychischer Krankheitsformen]. (Arb. für Psychiat., München, Bd. i, December, 1919.) Kraepelin, Emil.*

Kraepelin describes a system of case-cards that he has been using for over twenty-five years past. For each case he fills up a card, giving—besides the patient's name and other personal details—the most important data, in as concise a form as possible, respecting the causes of the illness, its mode of onset, its phenomena, course, and result. To the observer who has the case fresh in his memory and can quickly pick out essentials from the records, the preparation of such a card is very little trouble; and he will find that, apart from its usefulness for the future, the mere act of summarising thus briefly the main features has great immediate value. Kraepelin has long made it his practice to write up these cards himself. They are of different colour for the two sexes, and from the start of the procedure are type-written in duplicate. One set, arranged in order of admission, is bound in yearly volumes, each with an index of patients' names; the other set is kept loose, and can be sorted in any desired manner according to the particular phenomenon to be investigated. Before every such use they must be checked to see that none has gone astray; if any is lost, a fresh copy can be made from the bound one. In investigating forms of disorder the cards save much delving in voluminous records; and many a valuable observation that, however striking at the time, would, if recorded only in the case-sheets, be inevitably buried and forgotten, can, if noted on the card, maintain its rightful place in the psychiatrist's experience.

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