an unfavourable leucocytic response. With regard to induced malaria, which, so far as the polymorphocytes are concerned, produces leucopenia, it is significant that a condition which gives the leucopoietic tissues a rest should be associated with a clinical improvement. It is suggested that when pyrexial therapy of a leucogenic type is contemplated, a preliminary test should be carried out in order to eliminate those cases which give a poor leucocytic response, since these are apt to deteriorate under such treatment.

C. S. R.

[143] Medical examination prior to marriage and mental disorders (Examen médical prénuptial et troubles mentaux).—L. REDALIE. *L’Hygiène mentale*, 1929, xxiv, 15.

After discussing the various points connected with such an examination, the writer concludes that in the present state of knowledge any medical certificate would not solve such a complicated problem as that of pathological character or psychopathic heredity in their relations to marriage. The obligation of having such a certificate risks an increase in the number of free unions and thus of not preventing the procreation of degenerated stock. The best means to combat undesirable marriages from the point of view of medicine consists in the propagation of mental hygienic ideas.

C. S. R.

PROGNOSIS AND TREATMENT.

[144] The psychology of readjustment, with special reference to mental hygiene work in college.—KARL F. MUENZINGER and FLORENCE WEAVER MUENZINGER. *Mental Hygiene*, 1929, xiii, 250.

In the process of readjustment, according to these writers, the factors to be considered are: clarification and change of purpose, counterbalancing thoughts, substitution of overt responses ('habits'), attaching emotional reactions to new persons and situations, appeals, counteraction by fear of consequences, the attitude of detachment, definiteness of attack and planning ahead, self-help, and change of environment. The last named is often difficult, if not impossible, to effect. If a change of environment is not planned, the student realizes from the beginning that there is no possibility of 'running away' from his difficulties. He must face these frankly and solve his conflicts rationally. This means an insurance against future maladjustments. This change of the psychological situation at times means the substitution of conscious desires and purposes for unconscious ones. In guiding a change of the psychological situation of the maladjusted, the adviser cannot hide entirely his own personal bias and prejudice. He must always be aware of the necessity of preserving the integrity of the maladjusted person and not inject his own desires. It may even be necessary that the adviser warn the student not to
accept the adviser's evaluation of the factors of the situation but to work out his own. Such dilemmas have been found especially in difficulties of a sexual or religious nature.

C. S. R.


If some parents treat the education of their children as a hobby so that they may be induced to experiment too much or never allow the child enough elbowroom to develop along its own lines, but only in those strictly laid down by authorities, another type of modern parent runs to the opposite extreme of repudiating the responsibilities of parenthood and in the guise of giving the child unlimited freedom, withdraws the help and support that the child needs and expects from those older than itself. Unconsciously it is a revenge reaction, and a coward's method of escaping from any blame that may arise afterwards. Whatever evil consequences make havoc of the children's future lives, these parents feel they will not be censured—for they will claim they left the children to do as they liked, to take their own way and to learn through experience. This seems one of the most direct ways, although it may be carefully disguised, of exposing the infant so that it will be destroyed and not become a future rival to the parent's prosperity. Unconsciously the parent does nothing because he or she fears reaction. He fears blame and therefore remains inactive.

C. S. R.


The results of treatment by the following means were compared—Ford Robertson serum; urotropin; sodium nucleinate; and salvarsan, mercury and potassium iodide. Of 12 serum cases, two showed marked improvement. In seven others there was considerable improvement, but none were considered fit for discharge, and in eight to ten months' time they again deteriorated. In three cases there was no improvement, and two of the patients died from convulsions after the treatment had stopped. Four cases were treated with urotropin, grs. 15, thrice daily. Only one of the four showed any improvement. He was discharged to his friends, but soon afterwards had to be sent to another hospital. With sodium nucleinate none of the patients showed the slightest improvement. The other cases were given 0.6 g salvarsan intramuscularly, three doses at weekly intervals. This was followed by mercurial inunction and medium doses of liq. hyd. perchlor. and potassium iodide, continued for twelve months. There was no change in the mental condition, and both patients died shortly after from convulsions. The four control cases were interesting in that three of them showed remarkable
improvement. Two patients, in fact, were discharged to the care of friends, but one returned in a fortnight and the other in a couple of months and died within a month or two of their return.

C. S. R.


The author examines the question of the influence of vaccination and smallpox on the incidence and progress of general paralysis, but concludes that there is no relationship between the two. He also concludes that whatever the therapeutic value of malaria it has no preventive influence.

R. G. G.