sulphur. He obtained complete remissions in six of the cases of general paralysis and in one of cerebral syphilis, and slight improvement in five other patients. He noted a certain therapeutic action, of no great extent, in some cases of dementia praecox.

R. G. G.

[102] Clinical observations on malaria by inoculation from the point of view of ordinary malaria and its parasitology (Osservazioni cliniche, malarioriologiche e parassitologiche sulla malaria da inoculazione).—A. MARI. Riv. di pat. nerv. e ment., 1929, xxxiv, 672.

The clinical symptomatology of malaria by inoculation is the same as that of malaria acquired by the ordinary channels. The irregularity of the fever in the former type is not due to the passage of the parasite from man to man, but to the peculiarities of the strain used. There is no convincing evidence of the existence of a spontaneous and acquired immunity for malaria. Malaria by inoculation, whether benign, tertiary, or quaternary, does not show relapses if enough quinine is used.

The bodily and haematological manifestations are the same however the malaria is acquired. There are no variations in the morphology or life-cycle of the parasite brought about by numerous passages from man to man. Gametocytes may be produced in both, and are disseminated in the same way.

R. G. G.

Psychopathology.

Psychology.


It may be concluded that the galvanic reflex, when properly safeguarded against both uncontrolled emotions within the body that are foreign to the emotional situation and the fortuitous factors in the electrodes, affords us a promising approach to a quantitative and graphic analysis of the emotional life. We can say with some degree of certainty that we have a means of graphically recording the temporal course of an emotional process with its intensity closely corresponding to the amount of variation in bodily resistance. We may say further that the most primitive and instinctive emotions, i.e. those having large bodily components in terms of kinesthesia or organic sensations, more definitely show graphic disturbances: emotions that are full of ideational material, on the
other hand, give much more reduced deflections. In any case the disturbances accompanying emotional experiences can ordinarily be distinguished from bodily responses as a whole through the appearance of the initial latent period followed by a rapid incidence of the curve of deflection. C. S. R.


The writer possesses the faculty of being able to wake at any predetermined hour and also of being able to state the time—with considerable accuracy—on being asked. Concerning the latter he has observed some singular points. As far as he knows it is in no sense guess work. In fact, if, before answering, he thinks what the time is likely to be, he is inaccurate by wide amounts. Again, if it has so happened that a short time before being asked he has looked at his watch and noted the time, and then, conscious of that fact, is asked, and tries to estimate the time, he finds himself very inaccurate in his reply. But the unpremeditated answer is accurate.

This faculty appears to the writer to differ somewhat from that of being able to wake at a predetermined hour. The latter was upset by summer time, the former was not. He finds it difficult to advance any satisfactory explanation of it other than on the lines that man may possess a definite time sense, which is suggested also by certain post-hypnotic experiments. C. S. R.


We are accustomed to receive certain sensations from the eyes in conjunction with others from the soles of the feet, joints, back, or other points of support. Normally the two sets agree with one another, or rather their occurrence in a given conjunction we are accustomed to regard as normal. This normality is disturbed on board ship. Our eyes here tell us that we are stationary, since we are moving with the room. But our sensations of support will have it that we are moving. We feel changes of pressure as the ship goes up and down. Under all known conditions, sensations of that kind would be accompanied by movements of the room about us (relative to the eye). Here there are no such movements. Some sense or other, it seems, must be misleading us. The assumption that sea-sickness is due to the unaccustomed conflict between sensations normally combined in other ways will be found, so the writer thinks, to fit all facts. In swinging, the sensations of movement are in accord with the movements seen and anticipated by the eye. No sickness results. The situation is different on a ship. The horizon is too far away to serve as an indicator to the eye of relatively trifling movements with regard to it.

The view here advanced was known many years ago to Trousseau and others as 'cerebral surprise.' C. S. R.