To reduce the occurrence of tuberculosis and arrest the disease a systematic procedure is necessary. Specially constructed tuberculosis cottages accommodating 3 *per cent.* of the population are required, and in addition a large ward (the "preventorium") surrounded by porches for suspicious cases who do not cough or expectorate. As soon as a case is diagnosed as suffering from active tuberculosis it should be transferred to the tuberculosis cottage, but if the disease becomes arrested it should be transferred back to the "preventorium" first, and later sent back to the general ward or to the tuberculosis cottage as conditions direct. The routine followed in the tuberculosis department consists in giving patients additional food, as milk and eggs, at fixed times between meals, and in rest or the avoidance of strenuous work. A thorough examination of patients in the "preventorium" should take place at least once monthly, weighing weekly, and the pulse, respiration and temperature charted twice daily and cough and expectoration noted. The management of the tuberculosis department should be under a specially-trained physician, or if impracticable, it should be entrusted to a member of the staff who is best fitted for the work. The staff nurses in this department should not be transferred to ordinary wards. The co-operation of physicians in charge of general wards is necessary, as they are in contact with the cases in the earliest stages of the disease, when removal to the tuberculosis department can be a help both as regards cure and the prevention of the spread of the disease. Special attention should be paid to dementia præcox cases as they are very vulnerable to tuberculosis. In order that an early diagnosis of tuberculosis may be made the following rules should be observed:

(1) A thorough initial physical examination; (2) the weight of every patient noted on admission and at regular intervals thereafter; (3) persistent cough or expectoration should be reported to the physician; (4) a full history should be elicited if possible; (5) all cases showing symptoms of tuberculosis should be carefully examined.

F. E. Stokes.

5. Pathology of Insanity.

The Correlation between Mental Defects and Anomalies of the Hard Palate. (*Amer. Journ. of Insanity, April*, 1919.) *Case, Irene.*

This investigation was carried out in the Psychopathic Laboratory of the University of Chicago, on the casts of the palate of forty-six normal and abnormal children brought to the laboratory, and is an attempt to test the doctrine, taught for over three centuries, that a deformed palate is frequently found in the feeble-minded. Is it really true, the author inquires, that a defective palate indicates a defective mentality?

The cases seem too few for assured results, but the examination was elaborate, and the measurements of the palate were considered in relation to the measurements of the head and to the "mental age" of the subject. The author's main contention is that the size of the palate is correlated with the size and shape of the head. The abnormal palate varies more than the normal simply because the head varies

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more in size and shape in abnormal than in normal individuals. In general two types of palate were noted: (1) High and narrow, associated with a dolichocephalic head; (2) low and broad, associated with a brachycephalic head. Thus the head form determines the palate form, and either of the two forms may be normal. There is no necessary connection between a low mental capacity and a high palate. The female palate is smaller than the male, except as regards height; this depends on a general tendency for small heads to have high palates. As for asymmetry, the normal individuals showed it as generally as the abnormal and sometimes to as marked a degree.

HAVELOCK ELLIS.

Notes on the Relation of Tuberculosis to Dementia Præcox. (*Journ. Nerv. and Ment. Dis., September*, 1918.) *Southard, E. E., and Cameron, M. M.*

The statistics used for this study were obtained from the autopsy series of the Massachusetts Institution for the Insane. Of 5,040 autopsies there were 403 cases of dementia præcox, of whom 301 died of proved and 15 of doubtful tuberculosis, and 339 cases of manic-depressive psychosis, of whom 224 died of proved and 20 of doubtful tuberculosis. There were 87 cases of dementia præcox and 95 cases of manic-depressive psychosis who showed no signs of tuberculosis *post-mortem*. In this group of dementia præcox cases the tuberculosis hypothesis could not be raised as to ætiology on any anatomical grounds. It is possible that these non-tubercular cases were incorrectly diagnosed? To test this hypothesis the symptomatology of non-selected cases from the Danvers collection was examined. These cases of dementia præcox were divided into two groups: (1) Tubercular, (2) non-tubercular—proved so *post-mortem*—there being 36 of the former and 27 of the latter. The tubercular as compared with the non-tubercular cases were equally subject to dementia and to delusions of persecution, were more apt to be resistive, violent, and subject to psychomotor excitement, were more suicidal, manneristic, disorientated and confused, and slightly more subject to delusions involving personality; the non-tubercular cases were more apt to be peripherally restless, mute, refuse food, and be subject to somatic delusions. Can it be that tuberculosis supervening in dementia præcox directs the symptoms more towards catatonia and to hyperkinetic symptoms presumably of a psychogenetic or central nature, and less to peripheral forms of hyperkinesis, and may tuberculosis cause a trend of symptoms towards the manic-depressive psychosis?

F. E. STOKES.

6. Sociology.

Psychiatry as an Aid to Industrial Efficiency. (*Amer. Journ. of Insanity, April*, 1919.) *Bell, Ju Don.*

The psychiatrist who realises the changed conditions of the times and the urgency which labour and economic conditions are to-day assuming may sometimes ask himself where he comes in. Dr. Bell attempts to

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