

5. Mental Deficiency.

Mental Defectiveness: The Psychological and Psychiatric Diagnosis of the Higher Grades. (Med.-Legal Journ., July-August, 1931.) Meagher, J. F. W.

To consider, as some do, 2 or 3% of the general population to be feeble-minded is erroneous; from the standpoint of social efficiency $\frac{1}{2}$ % is a more correct estimate. When the ætiological difficulty is in the germ-plasm, the results of tests are usually clear cut. Where the condition is acquired, the testing shows much unevenness. The normal level should be taken as ten years, and many individuals with a lower mental age are quite successful in a humble way. For the calculation of I.Q. 14 years is preferable to 16. Test answers are one thing, and interpretation is another. No tests will take the place of knowledge and experience on the part of the examiner. The Terman scale is too linguistic, and should be supplemented by tests of a performance character; the Binet and the Porteous maze test is the best combination. For proper mental testing we must understand the viewpoints and problems of children. Other mental traits must be considered, in addition to intelligence, if we would make a satisfactory character study. But the fact that we do not know what the "intelligence" which we measure is does not constitute a valid objection to intelligence testing; we measure electricity without knowing what it is. Development of responsibility depends upon the development of certain social attitudes, which come with the ripening of the instincts. The old estimates of the percentage of defectives amongst criminals were much too high. The intelligence in criminals who commit serious crimes equals that of the population from which they come.

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6. Pathology.

Anatomical Changes in Schizophrenia. (Arbeiten aus der Deutschen Forschungsanstalt, München, 1931.) Spielmeyer, W.

Three possible sources of error must be borne in mind before concluding that any given *post-mortem* finding is definitely connected with schizophrenia. The first is a matter of common knowledge, namely, that other coexistent conditions may produce anatomical changes in the brain, and that it is impossible to assess, *post-mortem*, whether the psychosis or the organic disease is the responsible factor. The second relates to changes, hitherto ascribed to dementia præcox, which Prof. Spielmeyer has found in the brains of young individuals who had died healthy. As examples are given the presence of cell-free zones in the cortex which used to be interpreted as cellular losses, and an abundance of fatty material in neuroglial cells and in the walls of blood-vessels, which were formerly looked upon as pathological changes, or signs of senile degeneration. Thirdly, the fact that linear, necrobiotic areas of irregular distribution, with the blood-vessels intact, have been demonstrated in other conditions, notably eclampsia, various