tion that emotions result from a response to some stimulus or external provoking circumstance, and that catastrophe and misfortune are necessary to induce distressing emotions. There are persons in whom sadness, anxiety, depression, elation and feelings of extreme well-being seem to be almost entirely of endogenous origin. Such a person once beset by a distressing emotional state, and finding no exogenous cause for it, reacts to it in various ways, among which is a vigorous and ceaseless subjective search for its cause. He may search his past for transgressions. If he has somatic distresses, which are frequently associated with anxiety and depression, he may solicit the services of a general practitioner of medicine to hunt for a diseased organ. If an organic lesion is found, it may prove disappointing to the patient and physician to expect relief too soon from the mere treatment of the lesion. If an organic lesion is not found, it is equally disappointing to the patient to be told that his trouble is imaginary, or that he has nothing wrong with him. Depending on the locus of the most vigorous complaints, diagnoses such as nervous dyspepsia, gastric neurosis, and sexual neurosis may be made. If, because of such diagnoses, all therapeutic efforts are directed toward supposedly diseased organs, the miserable personality as a whole may continue to struggle and search for relief far and wide, in and out of the medical profession. The distress of the personality as a whole, while showering many complaints on some part of the body, varies greatly from one person to another, and may be expressed in unusual terms, out of the inherent tendencies and life experience of the patient. Abnormal physiology (probably part of the emotional distress) further tends to disrupt the well-being and functioning capacity of the patient as a whole. Insidious chemical and immunological changes associated with anxiety and depression doubtless favour metabolic disease, as well as infectious invasions. The dichotomy of life into mind and body has retarded knowledge of the biological reactions of man. Thoughts and feelings are as much a product of the patient as the gastric secretions or the pulse rate, and should not be studied in a detached fashion.

C. S. R.

PSYCHOSES.


A case of hallucination unassociated with delusions is described. The author concludes that in addition to the well-known occurrence of hallucinations as an expression of obsessions, the association of hallucinations with delusive ideas in the course of psychoses, hallucinations which occur in connection with organic diseases of the brain, such as tumours, etc., finally besides their development in the course of infectious processes or toxic states of exogenous and endogenous origin—besides all these possibilities, there is a class of hallucinations which stands apart, possessing intrinsically the same autonomic characteristics
as other psychiatric syndromes, viz. confusion or systematized delusional insanity, or mental depression, etc. The example described is a distinct psychosis, which might be termed a true hallucinosis. It is not dependent upon and is totally free from any association with other psychotic phenomena.

R. G. G.


This is a description of a patient who has confusional states either after some (but not all) of her fits, or apart from fits. These phases last about a week, and always begin by a hypomanic state, in which pleasant bodily sensations are experienced and she thanks everybody around her for helping and curing her, excitement rising to a paroxysm of ecstasy and noisy restlessness; then unpleasant bodily sensations appear, and she accuses everybody of persecuting her or of causing her pain and discomfort as a part of their medical treatment. While not disoriented, she misinterprets her own sensations and all occurrences about her, according to her emotional tone, and the regular alternation of pleasant and unpleasant feeling-tone is the peculiarity of the case, the former always preceding the latter. The author suggests that we may regard the epileptic attack as a catastrophe, which strips off the higher levels of the personality and sets free lower mechanisms, and is followed by stages of re-integration, passing upwards through phylogenetic layers; first, a primary general sense of well-being and universal power; then as defensive inhibitions re-form, a negative feeling of being ill-treated and persecutory delusions, projecting what is unpleasant; followed by a re-integration to a normal personality with almost complete forgetting of the preceding phases. An organic disorder, epilepsy, shows manifestations not unlike schizophrenic regressions explainable in terms of analysis of their mental processes as earlier stages of relationship to external reality.

M. R. B.


The thesis of this paper is, that wishes and fears stored up in the unconscious mind during youth, usually before the age of 20, come suddenly into consciousness as current reality, not recognised as having previously formed part of the mental content, and therefore not corrected, but accepted as genuine facts. The writer quotes cases showing that the content of a number of psychotic delusions can be traced to real or phantasy experiences of the patient’s youth, if careful investigations are made of the past history, and that both the delusional ideas and the predominance of wish or fear in any case are determined and limited by that individual’s past, usually from a time when judgment of reality was imperfect. The ego forms the centre of the delusional system, because
wishes and fears are the weapons of attack and defence of the ego. He explains, however, only the content of the psychosis, but gives no explanation (beyond a suggestion of a predisposing constitution) to account for the outbreak of the psychotic failure to correct the delusional ideas by current reality-testing, by criticism of them, or by recognition of them as mere wishes and fears, except in cases of general paralysis, where this is part of a general loss of critical faculties. The author ends with a comparison of his own views with those of Freud, representing the latter quite incorrectly in suggesting that bringing into consciousness of the superficial childish content of the delusion will produce cure. The paper is useful as a clinical study of content, but contributes nothing to our knowledge of causation of delusions.


The scope of this work is to show the variations in blood-pressure and pulse, together with secretory and vasomotor changes, resulting from injections of adrenalin and pilocarpine. The response of certain reflexes is also recorded. As the action of adrenalin and pilocarpine on the human subject is influenced by other factors than the state of the autonomic nervous system, the specific pharmacological action of these drugs cannot be tested. There is nothing characteristic in the mode of reaction of cases of schizophrenia to the two. There is no definite correlation between types of reaction to these drugs and clinical types. No reliance can be placed upon the reflexes used as tests of the activity of the autonomic nervous system.

C. S. R.


It is pointed out that a fulminating type of dementia praecox may be met with. At Rainhill Mental Hospital such cases only constitute 0.5 per cent. of the total admissions. The special features of this type are illustrated by three cases and the post-mortem findings are described. The conclusions are that (1) dementia praecox (like many other chronic disorders) occasionally runs a very acute course. (2) It should be considered in the light of a physical disease. (3) It exhibits a constant and characteristic pathology, which may be summed up thus: (a) Infantilism of the cardiovascular system; (b) general fibrosis of the organs, including the endocrine glands; (c) a large complex type of cerebrum.

C. S. R.

[50] Schizophrenic syndromes in paralytics treated by malaria (Sindromi schizophreniche in paralitici progressivi curati con la malaria).—A. Bertolani. Il Cervello, 1929, viii, 16.

Four cases of general paralysis are narrated in some detail to exemplify the somewhat rare and insufficiently studied transformation of the clinical picture
to that of schizophrenia, in the course and as a result of malarial therapy. Cases of this kind have been several times recorded and the references are here given. The change is one manifested clinically by the development of hallucinatory, paranoid, catatonic, and other forms of reaction. It has been seen in cases of general paralysis with spontaneous remissions, and in others of the same affection treated with tuberculin, typhoid vaccines, nuclein, etc.

It is suggested as conceivable that the effect is produced by the combination of lues and malaria, though if so one might expect it to occur with greater frequency. The writer is inclined to see in it a change of locality from cortex to deeper-lying cerebral structures. The schizophrenic syndrome may either disappear with further treatment or persist indefinitely. S. A. K. W.


A statistical study at the Boston Psychopathic Hospital of certain physical and historical data in 1,196 cases of schizophrenia, with 836 cases of manic-depressive insanity and 412 cases of general paresis as controls, shows the following results:

The physical findings in schizophrenia are essentially the same as in manic-depressive insanity, whereas the findings in both differ significantly in many respects from those found in general paresis. Leucocytosis in a frequent finding in schizophrenia and affective disorders but is more common in general paresis. Alcoholism is infrequent in schizophrenic and affective disorders but is more common in general paresis. Pregnancies, births and living children are fewer among cases of schizophrenia. This appears to be because fewer of such cases marry. One reason that fewer marry may be because schizophrenia comes on slightly earlier in life. A study of the number of pregnancies among those who do not marry shows that there are as many pregnancies for the schizophrenic group as for the other two groups. C. S. R.


Underlying the catatonic syndrome are signs of involvement of the cerebral cortex, which can be proved both clinically and experimentally. The syndrome differs from Parkinsonism, in spite of certain resemblances; in the latter the immobility is secondary to the rigidity and varies with it; in catatonia the immobility is as it were primary. But this cortical involvement will not explain all the phenomena of the syndrome, such as the relative 'inexcitability' of the vessels of the limbs, vasomotor derangements, disorders of salivation and of general metabolism, etc. Catatonia therefore cannot be considered as a localised affection, but must have a diffuse basis. On the motor side,
catatonia resembles pathological states producible in the cat by the use of bulbocapnine. Presumably there is some toxic condition underlying the phenomena of catatonia as observed in clinical cases.

J. V.


A historical survey and a brief outline of the phenomena upon which this work is based are given. The technique and the results obtained are discussed. The conclusions arrived at are that Cooper's technique is superior to that of Boehner and Wassing and similar methods. The sedimentation test is of no value in the differential diagnosis between various psychoses. It also has no value in estimating the degree of mental improvement or deterioration. The existence of a constant and marked acceleration of sedimentation velocity in general paralysis has not been confirmed. The sedimentation test is of value in mental hospital practice in assisting towards an earlier diagnosis of pulmonary tuberculosis than is usually obtained in those cases where, owing to mental impairment, the patient is unable to give the necessary intelligent co-operation in the physical examination. It appears probable that chronic processes do not materially influence the sedimentation velocity of the erythrocytes.

C. S. R.


Based upon the study of about 1,100 psychotic patients coming to necropsy at St. Elizabeth's Hospital, Washington, in the past ten years, figures are presented to show graphically what has always been recognised, that individuals in their susceptibility to disease vary according to their psychological responses. The preponderance of tuberculosis in the schizoid individual is contrasted with the susceptibility to carcinoma, chronic streptococcus infections and circulatory disasters in the extroverted individuals, particularly the paranoid. Methods of prevention of morbidity and mortality are suggested. It would seem possible to apply these preventive measures intensively to the groups to which they are best adapted.

C. S. R.

PSYCHOPATHOLOGY.


Pick in 1892 described regional atrophy of cortical convolutions in some senile brains. The atrophy was usually more or less symmetrical but greatest on the left side. Clinically the most evident symptoms were dementia and a