Some recent work suggests that the functions of the liver are deranged in mental disease. This results in an alteration in the output of the derivatives of tyrosine, tryptophane and histidine in the urine, and perhaps also in the amount of bacterial fermentation in the intestine. This derangement of the liver may be either a cause or a symptom of the mental disease, and the increased intestinal fermentation may in the same way be either a cause or effect of the liver disturbance. In this paper, methods of quantitative analysis are given by which the intestinal fermentation of tyramine and the excretion of the derivatives of tyrosine, tryptophane and histidine can be estimated.

C. S. R.

PROGNOSIS AND TREATMENT.

The author states he has endeavoured to rid hypnotism of everything that should be looked upon as extraneous and to discover what was common to all sets of hypnotic procedures. He concludes that this is placidity (sometimes, but not always, accompanied by drowsiness), sometimes aimed at, and at other times a result of having strained—and thus fatigued—attention. On the basis of placidity, easy attention can usually be imposed; and by means of such attention, extraordinary mental and physical effects (due to favourable distribution of energy) can be obtained. Ordinary attempts at close attention, being accompanied by strain, contract and cramp the mental power; whereas by hypnotic artifices attention is rendered mobile and imagination vivid. Hypnotism is defined as "an artificially-induced contemplative mood." Some persons act ridiculously because they purposely simulate, some because they imagine themselves dominated, and others because they are very suggestible and so may be easily rushed into acting a part. The fictitious nature of ascribed hallucinations and illusions can readily be proved without reference to the unprompted admissions of suggestible subjects. It is among very suggestible people that the particular phenomena occur which have misled operators regarding hypnotism. Hypnotism tends to develop a commonly neglected side of the mentality—the meditative, and can be a valuable reclaiming influence provided desire of moral improvement be aroused in the sinner. Had hypnotic processes never come into existence, but had there been a desire to increase most effectively the capacity of attention, rendering it easy and at the same time profound, the same kind of training should have been adopted here as with other powers; we should have sought to obtain a condition of mental relaxation, and gradually built upon that a habit of mental economy. This is what hypnotic processes do when successful. Whatever in addition occurs is incidental—due to expectancy, mainly. An increase in the capability of using
various mental powers during hypnosis is a peculiarity noticed by all experienced observers. Hypnotism is seen, in its ultimate analysis, to be an educational expedient—an expedient by means of which the essential groundwork for the complete development of our powers, physical and mental, is readily laid. Through its agency the student may be enabled to have a ready hold on much of the knowledge previously obtained, to increase rapidly the available store of knowledge, and to utilize more thoroughly what he knows. The writer states that through hypnotism he has effected much for the alleviation and cure of bad habits, helped the memory, skill in pianoforte-playing and singing, and greatly aided the would-be fluent speaker. C. S. R.


This valuable paper sums up the points in the new code in which the modern growth of interest in mental influences affecting crime and in hypnosis, as well as in charlatanism of all kinds as practised by lay persons and not for treatment, has come to be taken into consideration as a factor in the production of crime. The author shows that in most of the cases tried in court, the influence brought to bear, whether in inciting to criminal actions or in rendering victims passive if not unconscious, had been gained by lay persons, any misuse of hypnotism or suggestion as part of medical practice being very rare. The interpretation of unconsciousness or unawareness or subsequent forgetting when pleaded as excuse, seems most difficult to assess on the definition in the code.

The author's summary contains six points:

1. Hypnotiser and hypnotised alike may come into conflict with the law, the latter, however, usually only if having consented to the hypnosis.

2. It is possible (cases quoted) that a hypnotised person may commit a crime under hypnotic suggestion, even if one contrary to his moral feelings, though usually some degree of acquiescence or a general defect of moral or intellectual development is present.

3. Similarly crimes, especially of a sexual nature, may be committed on a hypnotised person, even if the latter resists.

4. Hypnosis practised by lay persons for display, or by charlatans, does involve risk to the subject of the hypnosis.

5. Hypnosis cannot alter the character of the subject, who may lie or conceal facts just as much when hypnotised as otherwise.

6. Hence there is no justification for using hypnosis with the idea of extracting truth from witnesses, and such an attempt would be regarded as extracting evidence by force and wrongfully.
From the cases quoted, however, it is evident that as a general rule the subject of hypnotism or other undue influence who claims this as his excuse should be regarded as at least partly responsible, either for having acquiesced in the hypnosis, or as consenting to, while accepting, the hypnosis as a justification for the criminal act, and the author regards such excuses as valid only in exceptional cases, mostly where the victim is feeble-minded and unable to resist. He deplores a growing tendency to exonerate criminals and to regard as blameless victims who plead hypnotic or suggestive influence as giving them freedom from responsibility.

M.R.B.


As the result of a combined antisyphilitic and malarial treatment of neurosyphilis, the clinical course has been favourably affected and the prognosis of such diseases as paresis, taboparesis and cerebrospinal syphilis has been changed to a more hopeful status. Clinical improvement following this treatment is accompanied by favourable laboratory findings in both blood and spinal fluid. Histological studies of the brain of cases which had been on malaria therapy indicate definite reparative attempts, and attest the efficacy of the treatment.

In the U.S. Veterans Bureau the treatment of neurosyphilis by malaria, particularly in cases accompanied by intensive antisyphilitic therapy, has yielded excellent results. Clinical and laboratory statistics are most favourable and even surpass those of civilian hospitals. This may be attributed to the age of the Bureau beneficiaries under treatment for neurosyphilis (36-38), the early diagnosis, and the persistent intensive antiluetic treatment and excellent care which these patients receive in the Bureau hospitals. The longest period of treatment and observation was forty-seven months, and the average period was twenty-seven months. It is believed that these periods are sufficient in which to judge clinical results and the effectiveness of this therapeutic measure.

A number of cases had complications during the period of malarial infection; these, however, were not of any serious consequence and disappeared after appropriate treatment was instituted or after the administration of quinine.

R. G. G.


Malarial treatment differs from every other in that we are dealing with a remedy which cannot be measured out in fixed doses. The aim of every kind
of treatment is to achieve the maximum of benefit in the shortest time with the greatest possible sparing of the patient. The more the dangers of malaria therapy can be reduced, the wider will the indications for this treatment become. Two requirements must, however, be fulfilled: (1) the first, which is already attained, is to bring the fever quickly to an end, without fear of recurrence: this will reduce the recovery period which has to be spent in hospital and so reduce the call on beds; (2) it must be possible, if there are threatening symptoms, immediately to stop the febrile attacks for a time without extinguishing the malaria altogether, that is to say, to influence the course and severity of the fever to suit the individual patient.

To attain the second, recourse has been had to very small doses of quinine, and also to neosalvarsan, both of which are unsatisfactory because their action is variable in degree and they are liable permanently to abolish the attacks. A much more successful measure has been found in plasmoquin, in regard to which the author of this paper reports some interesting observations. Sioli had already found that with inadequate doses the effect of plasmoquin was to cause a temporary cessation of the fever.

Schellworth began by giving all his patients in the febrile stage 0.02-0.03 g daily (divided into several doses) and in many cases achieved the desired interruption of the fever during the period of administration without affecting its subsequent course. In a few cases, however, the fever ceased absolutely, and plasmodia disappeared from the blood. In some cases, on the other hand, the febrile attacks were not interrupted at all, but their severity was reduced, the fever being 1.1-1.2°C lower than before. Administration of plasmoquin on the day of the rigor produced no effect on that day’s rigor.

As the same strain of malaria was transmitted from patient to patient, it became gradually more resistant to the action of plasmoquin, and the dosage of the drug consequently had to be increased, two or three times the quantity being necessary in the second host. On this account the later results were much less favourable than those in the early cases, but if it is possible always to use a strain of plasmodium which has not been subjected to the action of plasmoquin, probably, with experience, better results could be obtained. Unpleasant symptoms which may be associated with the taking of plasmoquin are cyanosis and a livid-grey colour of the face, and these may persist for as long as three weeks after administration of the drug has been stopped. During the time plasmoquin is being taken degenerative structural changes are found in the plasmodia.

It was not found possible to obtain any resistance of the organism to quinine similar to that which developed to plasmoquin, and even when resistance to the drug had been acquired the usual dose of quinine was always sufficient to bring the fever to an end.

J. P. M.

The authors of this valuable communication visited two states of the Argentine Republic (Jujuy and Salta) where malaria is frequent, to study its possible effects on the evolution of syphilis. They examined personally a large number of patients, and also communicated with various medical men in malarial localities by means of a questionnaire.

Their first definite conclusion is that in areas where paludism is rampant general paralysis and tabes are practically unknown. They cite a few alleged cases of these conditions investigated by themselves, showing the diagnosis to be uncertain in more than one, and leaving a maximum of two or three. On the other hand, syphilis exists, in quantity. For the purposes of this study seven groups were made and the Wassermann blood test performed in all, as follows:

<table>
<thead>
<tr>
<th>Clinical condition</th>
<th>Number of cases</th>
<th>Wass. in blood +</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute malaria</td>
<td>...</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>2. Latent malaria</td>
<td>...</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>3. Syphilis</td>
<td>...</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>4. Latent syphilis, acute malaria</td>
<td>...</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5. Latent syphilis, latent malaria</td>
<td>...</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>6. Acute syphilis, acute malaria</td>
<td>...</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>7. Acute syphilis, latent malaria</td>
<td>...</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

Making a further three groups, the 72 cases can be reclassified as follows:

<table>
<thead>
<tr>
<th>Clinical condition</th>
<th>Number of cases</th>
<th>Wass. in blood +</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Malaria alone</td>
<td>...</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>2. Syphilis alone</td>
<td>...</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>3. Syphilis + malaria</td>
<td>...</td>
<td>39</td>
<td>11</td>
</tr>
</tbody>
</table>

From these figures the benign effect of malaria on syphilis is readily deducible; in fact, syphilis and malaria, occurring separately, give a percentage of positive Wassermann reactions more than twice as high as in the case of malaria +syphilis, occurring together.

S. A. K. W.


KIRSCHBAUM records briefly seven years’ experience in using quartan malaria for the treatment of general paralysis at Weygandt’s clinic in Hamburg. He concludes that there are no contra-indications to its use, that it is as sensitive to quinine as tertian and, being milder than tertian, it may be used for less robust
patients; the results obtained do not in any way fall behind those with tertian. Quartan fever is not likely ever to be as much used as tertian, but it should be used when a second course of treatment is required in a patient who has already undergone a course of tertian and for the rare patients who are resistant to that infection. The longer duration of the quartan febrile attack may be advantageous or disadvantageous according to the circumstances of a particular case. In the regularity of its course quartan malaria is superior to recurrent fever. Recurrent fever is generally considered as being less severe on the patient than tertian malaria, and, in Kirschbaum's view, quartan malaria is at least as well borne as recurrent fever. Although it has these various advantages, it must be recognised that every precaution in treatment is just as necessary as when tertian malaria is used.

J. P. M.


The opinion of the author is that:
1. Beneficial results of the treatment occur in indirect ratio to the duration of symptoms before treatment is instituted.
2. Improvement is first noted from the sixth week to the third months after treatment is started.
3. By long continued treatment, clinical and serological cures were produced in 5 per cent. and clinical and mental improvement in 38 per cent.
4. Eye complications occur in a small percentage of cases, but are of sufficient importance to be looked for at all times.
5. Best results are obtained in cases presenting a manic type of symptoms.

R. G. G.


Working in Wagner-Jauregg's clinic at Vienna Kanders, in a series of twenty cases of general paralysis, used the saprovitan treatment and the malaria treatment in alternate cases and compared the results in two groups. Of those treated with saprovitan one was in the initial stage, five were cases of moderate dementia, and four were advanced. These cases presented on the whole more intellectual defect than those in the malaria group, which consisted of two early cases, five in a stage of moderate dementia and three advanced cases.

With the saprovitan treatment, in none of the cases was even a transitory remission or improvement of the symptoms attained; after the treatment, the cases showed a more or less rapid deterioration and the results must be
considered nil. With the malaria treatment there were two complete remissions, and three incomplete remissions, leaving the patients capable of returning to work; in two other cases the patients are in institutions but capable of some work; one patient died three months after the treatment; two others had a second course of malaria with good results.

Four of the patients of the saprovitan group subsequently had malarial treatment, but they bore it badly; three of them quickly developed complications which rendered the continuation of the treatment impossible; the fourth was able to have the complete course and made such improvement that he was eventually able to return to his work.

While in this series there were no fatal or serious complications actually during the saprovitan treatment, the patients in some cases had unpleasant symptoms such as diarrhoea, vomiting and irregular fever, and severe and even fatal complications have been recorded by other writers. A modified preparation (‘Neo-saprovitan’) has been introduced, which in Kanders’ opinion is likely to be less harmful than saprovitan but from which greater influence on the course of general paralysis is hardly to be expected.

J. P. M.


Sodium hexophane is one of the quinolin preparations of the antipyretic group, the use of which was suggested by Weichbrodt, who explained its quietening effect in excited patients by an association between chronic rheumatism of joints and the endogenous psychoses. Transient but not lasting effects were obtained by Klein and Wuth, the latter ascribing its effect to some action on vegetative centres. The author gave a 10 per cent. solution intramuscularly daily, starting with 0.5 g of this, and increasing after five-day periods until reaching 3 g, and continuing this dose for at least a fortnight, then breaking off abruptly. The only ill-effects were vomiting in two cases, diarrhea in one, all on the second day and not repeated thereafter, though the treatment continued. One patient vomited a little daily for a week, but reduction and more gradual increase of the dose stopped it. Another had urticaria on the ninth day, and the treatment was stopped. Thirty cases were fully treated, all men. One manic patient, age 60, showed only slight decrease of excitement for two periods of three days and was otherwise unchanged, needing other sedatives. The rest were all schizophrenics, in excited and violent phases, except for one violent postencephalitic, and one patient with stupor. The last improved only in a decrease of negativism. The rest all were quieter by day and slept with less or no sedative at night, and remained after stopping treatment, still showing these improvements, though none could be considered cured. On the whole, the hallucinated cases became less actively hallucinated.

M.R.B.
ABSTRACTS


The marriage rate of the psychotic of both sexes is markedly below that of the general population at all ages. While male psychotics marry freely (though in diminished proportion) at all ages, the female marriage rate remains almost constant after the age of thirty. Since three-fourths of all first admissions are aged thirty or over, it appears that a woman who is single on admission to a hospital for mental diseases is, even if promptly discharged, likely to remain single during the rest of her life. A far-reaching programme of sterilization must therefore find some way of dealing with these women in the pre-psychotic stage. There is some indication that in women the lower marriage rate is partly due to deliberate abstention from marriage, and not merely to failure to attract a mate. Wide differences exist in the marriage rates of men with various types of psychosis. The same variation is found in women, but one-third less than in men. The marriage rate of sterilized patients with dementia praecox is lower than that of the manic-depressive at all ages. The two curves do not show any other striking disparity.

In a small group of males with dementia praecox the percentage having more or less normal heterosexual libido is much larger than has been reported in previous studies. 

R. G. G.


Society should utilize every scientific instrumentality for self-protection against destructive elements in its midst, with as little interference with the free life of its members as is consistent with such an aim. To put this principle into practice, scientific individualization of peno-correctional diagnosis and treatment is necessary. Individualization should be effected by a scientifically qualified treatment board, to begin to function after the individual offender has been found (or has pleaded) guilty in the existing criminal court. In addition to the original disposition of cases, the treatment tribunal should periodically review the progress of offenders under treatment, modifying the original "prescription" (sentence) if necessary. The board should utilize existing scientific facilities (psychiatry, psychology, social work) in individualization. Provision is necessary for protecting individual rights against possible arbitrariness or other unlawful conduct of the treatment board. Certain modifications in substantive law may be expected to result from this basic change of procedure, and these, together with a truly indeterminate-sentence provision and improvements in peno-correctional practice, would facilitate the work of the treatment body.

C. S. R.