or that of individuals harassed by a sense of inferiority. The excessive emotional tone of the dominating idea and its acceptance as the chief interest in life are the main characteristics.

Compulsive or obsessional ideas are recognised by those who have them as being strange and unusual, logically false and unreal, yet possessing a sort of compelling belief in them; the intelligence is unimpaired, and they lack the strong emotional tone of the over-emphasised ideas. Obsessing thoughts, tunes, fears and actions are sub-headings. The sufferer is well aware that the obsession is unreasonable, but feels obliged to act in accordance with it. This distinguishes it from the delusional idea.

Delusions are usually accompanied by strong emotion and represent emotional relationships with the environment. They may be described as falling into two main groups: those representing wishes and hopes of the patient such as grandiose delusions, and those whose content is his fears, as in delusions of jealousy, persecution, hypochondria, and of wickedness or unworthiness. They may arise on a basis of an over-emphasised idea which the patient has failed to conquer or resolve into his general personality, so that he becomes incapable of correcting its falseness.

Conclusions: the dominating idea is subjectively compelling and therefore felt as a painful feeling of lack of freedom of thought.

The over-emphasised idea is objectively compelling, the bearer identifying himself with it, and therefore without influence on feeling. Both of these arise on a basis of exaggerated feeling-tone, and cannot be spontaneously shut off; both may have a normal content.

Obsessional ideas are subjectively compulsive, sometimes without affective basis, not necessarily accompanied by emotion or incapable of being shut off; they are pathological in their content and subjectively recognised as abnormal, and therefore rejected by reason.

Delusions are objectively compulsive, distorted in content, arise from morbid causes and are incapable of correction.

M. R. B.

PSYCHOSES.


determinations of the basal metabolic rate in persons with dementia praecox showed that the rate averages more than 10 per cent. below normal.

R. M. S.

[133] Millon’s reaction in the urine in toxic psychoses (La reazione di Millon dell’urina nelle psicosi tossiche).—E. Scheiner. Riv. di pat. nerv. e ment., 1928, xxxiii, 298.

The author maintains that in alcoholic psychoses and in the amentia syndromes
of postinf ective, postpuerperal and similar psychoses, and in hebephrenic-
catatonic dementia praecox, the urine constantly shows a substance positive to
Millon's reaction. This is not free phenol or an aromatic acid or tyrosine.
Accompanying the substance, which seems to be due to a destruction of liver
cells, are other substances characteristic of hepatic degeneration such as
urobilinogen and urobin.

R. G. G.

PSYCHOPATHOLOGY.

[134] The relation of unresolved infective processes following acute infective
diseases to the causation of mental disorders.—T. C. Graves. Jour.

Chronic infective processes in cases of mental disorder are generally of long
standing. They do not merely include focal infections in the form of diseased
teeth, tonsils, nasal sinuses, gall-bladder, etc. Such a process implies a general
biochemical disorder, the full extent of which may not be fully realised, and of
which one example may be a calcium deficiency. It has generally been pre-
ceded by an acute infective process more or less well marked, which subsides
but leaves behind areas of unresolved infection, and in these areas general
poisoning goes on. Here are emphasized, and illustrated by specific cases,
mental disorders associated with unresolved infection such as that following
measles, scarlet fever, encephalitis lethargica, pneumococcal, intestinal,
influenzal and other septic infections, sometimes pure and in other cases mixed.
Why the acute infective process associated with these diseases should leave
behind it areas of unresolved infection the author does not know, but supposes
that there may be some local maldevelopment of structure together with a
general biochemical disorder. As regards influenza and mental disorder some
interesting conclusions have been reached. (1) In persons without psychotic
inheritance but with pre-existing septic states in the head, an attack of in-
fluenza by causing an acute exacerbation of the old pathological process may
precipitate serious mental disturbance, even though constitutional symptoms
of influenza may be slight or absent. (2) The mental symptoms and the
corresponding pathological conditions of septic foci with deficient or defective
drainage may continue indefinitely. (3) The usual influenzal symptoms dis-
played by a relatively healthy person may show considerable differences from
those occurring in persons with an existing septic process in the head. (4)
Within the skull, therefore, pathological processes may exist, the extent of
which may determine the degree of mental symptoms displayed.

The cases of encephalitis lethargica investigated have fallen into two main
types—the chronic and the acute. The former were cases in which the patients
had passed into a chronic stage, and with progressive mental and physical
deterioration became certified after many years. In these cases areas of un-
resolved infection had been operating over a long period of time. On admission,