4. This variation in position may be brought about by either physiological or psychical factors.

5. The position of the viscera, per se, plays no part in the production of symptoms. It only does so in rare cases when associated with a true abnormality, as for instance an aberrant renal artery.

6. While one or several of the symptoms discussed may appear as transient phenomena in any individual, their persistence is only met with in those of a special constitution.

7. This constitution is not associated with a special body build, but rather with a state of nutrition and state of mind.

8. This state of nutrition betrays itself in the tall thin individual by underweight, and in the short broad individual by overweight. In both it is accompanied by poor muscle tone leading to postural defects. The state of mind reveals itself by abnormal mental reactions.

9. The association of malnutrition, poor muscle tone, and abnormal mental reactivity is characteristic for this group of cases.

10. This association appears to depend on a congenital, possibly inherited inability of the individual to adapt himself satisfactorily to the various strains and stresses of life.

11. One of the failures of adaptation may be lack of resistance to degrees of infection and toxæmia which have no effect on normal individuals. This may account for the failure to discover the 'toxin' present in cases of auto-intoxication.

12. When sensations from malfunctioning viscera rise into consciousness in an individual who is the subject of repressions based upon an inferiority-complex, these tend to be utilized in the form of symptoms to reinforce the repression. The malfunction may originate peripherally from local causes as improper feeding, etc., or centrally from weakening of inhibition produced by fresh mental conflicts.

13. Later, with the establishment of a vicious circle of malfunction-symptoms-malfunction, actual tissue changes may occur in the affected organs, rendering them incapable of a return to normal function.

14. When this occurs there is little chance of restoring the individual to his or her particular standard of health.

15. The treatment of the condition is essentially preventive.

E. A. C.

PSYCHOSES.


A historical survey of the literature bearing on prolonged manic excitements is given. Fully described cases are scarce and there is little agreement as to
the nature, outcome, and clinical evaluation of these cases. The view seems to prevail that there are states of 'chronic mania' which are essentially incurable, while others really belong to the schizophrenic group. Six cases of from five to eleven years' duration are reported. Four had other manic attacks; in two the prolonged excitement was the only attack; no patient had depressive phases before or afterwards. One patient had two attacks of prolonged manic excitement, each of six years' duration. Three patients recovered; two died during the attack; one is still affected. The three recovered cases had later manic attacks. The onset of the prolonged attack occurs in mature or advanced age. The premorbid personality of the six cases shows a "positive charge in mood and activity"; they are very active, persistent, talk a great deal, have many friends and an optimistic nature. All cases were free from "growth disorders" and three belonged definitely to the pyknic type. After years of psychotic behaviour the integrity of the personality was well preserved and there was little or no diminution of intellectual discernment. Conditions favourable to the occurrence of prolonged manic attacks are: (a) the existence of a manic constitution combined with what may be termed (b) an increased "psychobiological rigidity."

There are evidently different groups of psychoses with prolonged manic excitations. The group isolated and here described as cases of benign chronic psychoses has distinct constitutional and clinical features and may serve as a point of orientation for further investigation of prolonged excitations in affective psychoses and of chronic excitations in general. Practically, its recognition is of importance because these cases are frequently wrongly interpreted. On account of the long duration, the intense outbursts on paranoid lines, the great impulsiveness and the contrary attitude, the cases are apt to be diagnosed as paranoid psychoses, as schizophrenia, as paraphrenia, or as involutional psychoses of unfavourable type.

It seems possible to single out a distinct group of benign chronic manic excitations which consists of infrequent cases arising on a foundation of a manic constitution with a tendency to recurring acute manic attacks, an affinity to the pyknic body type, a tendency to the onset of a chronic condition in mature or later life, absence of depressive attacks or circular phenomena, reduction in the manic overactivity with tendency to fluctuation, absence of pronounced signs of deterioration, and a potential possibility of recovery from the chronic attack.

C. S. R.


Psychoses in children are relatively rare. There were only 160 children under the age of 16 of a total number of about 6,000 patients who were admitted to the Boston Psychopathic Hospital in the years 1923, 1924, 1925. Only
ABSTRACTS

65 children were found to be psychotic. Twenty-one of these were diagnosed as dementia praecox and four as manic-depressive insanity. These two groups were studied and re-classified. The children diagnosed as manic-depressive psychotics did not necessitate any change in diagnosis. The 21 cases diagnosed as dementia praecox were grouped as follows: six were considered to be typical cases of schizophrenia; five had reactive psychoses; two were regarded as cases of 'Prophebephrenie'; two showed evidences of a toxic psychosis; two cases exhibited essentially hysterical reactions: one case had a traumatic psychosis; two cases were essentially atypical or psychopathic personalities and one case remained undifferentiated. The outcome was as follows: two children died, seven are still patients in state hospitals, and 16 are back in the community. The toxic and the typical schizophrenic cases are the most ominous. All the toxic cases died. Of the six typical schizophrenic cases and the two cases of 'Prophebephrenie' only three patients were able to go back to the community. Physical factors, including menstruation, were of significance only in a few cases. Heredity was definitely poor in the clear-cut cases of schizophrenia and the affective disorders. Poor heredity was also present in some of the other cases. Sex with its various problems played an important rôle in most. Environmental stress in its various forms seems to be of definite etiological significance. The content of the psychoses gives only limited knowledge of the prepsychotic problems of the children, except in a few cases.

C. S. R.


While narcissism is a normal, constructive force in the personality, an excess or decrease of this element is a pathological expression, a compensatory inferiority reaction, or one of libido-fixation at lower integrated levels. In the psychoanalytic treatment of these cases, the following points must be observed: The same methods may not be applicable to the analysis of psychoneurotic and frankly psychotic patients. In treating the former it is found that there has been a faulty construction of the ego-ideal, but generally the patient, with the assistance of the analyst, has sufficient forces within himself to build up an ego-ideal. Under these conditions the duty of the analyst is to bring forth repressed material and reconstruct the personality including the ego-ideal, in accordance with a reality principle. In the patient with a psychopathic personality there is a weak ego-ideal. This maladjusted class of patients cannot be reached by psychoanalysis because of excessive self-love and inability to transfer libido to a love-object or to accept any principle consonant with social well-being. In the psychotic patient there has been an extensive injury to, and sometimes destruction of, the ego-ideal, with
consequent regression. Narcissistic forces have been hampered or destroyed and the patient does not always have the capacity to restore or rebuild the ego-ideal; he requires assistance in this direction. A reconstruction of the personality in these cases takes place by means of an educational process similar to that given to children. In the psychotic patient many of the repressions have risen into consciousness, producing abnormal behaviour symptoms, and in treatment the instinctive forces must be recognized, dealt with, and directed into socially acceptable channels. This involves analysis of the ego-ideal. Psychoanalytic success with psychotic patients depends on the degree to which they can be made to understand the real motives behind their symptoms and can be brought consciously to correct their behaviour in the direction of socially acceptable standards.

C. S. R.

PSYCHOPATHOLOGY.


In common with other investigators these writers have found that the Buscaino black reaction in the urine is associated merely with the concentration of normal urinary constituents, and conclusions based on the incidence of this reaction in the urine of psychotic patients in regard to the existence of toxic substances or the possible influence of intestinal toxaemia are fallacious. The same applies to the value of crude tests on untreated urines, such as the simple addition of Millon reagent. The technique attached to such investigations presents extreme difficulty and the cases under examination should be rigorously controlled as regards diet and time of collection of specimens. No simple tests of the urine are of any value and all investigations should be on the scheme elaborated by Stewart, with chemical and numerous normal controls. The evidence so far available does not warrant the assumption, based on urinary reactions, that the presence of bodies arising from protein putrefaction has any peculiar significance in psychotic subjects. If such be the case it is necessary to assume the presence of some hitherto undiscovered toxic substance arising from intestinal toxaemia, or to assume that the psychotic organism is more prone to be affected by putrefactive products than is the normal organism.

C. S. R.


This reaction was studied chiefly in psychoses and (for purposes of control) in diseases of other systems and in normal individuals. In the group of nervous...