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
and mental diseases, of the total number of 147 patients, 43, or 29·25 per cent., showed a positive reaction. The latter was most frequently positive in ‘anergastic’ disorders (organic reaction types) viz., in 47·5 per cent. of the 40 cases. In the groups of ‘thymergastic’ (manic-depressive), ‘merergastic’ (psychoneuroses), ‘parergastic’ reaction types (schizophrenia, paranoia), epilepsy and some unclassified cases, it was positive in a percentage between 11·1 and 33·3. In the control cases a positive reaction was obtained in 42·5 per cent. of the 40 cases of acute and chronic affections of different systems, and in 8·6 per cent. in the group of 35 normal individuals. In the specimens of urines with positive black reaction the ratio between uric and sodium chloride was higher than in the urines with negative reaction. Both uric acid and sodium chloride were found in lower amounts in the positive cases than in the negative ones; and the high ratio between these two chemical compounds in the urines with black deposit is essentially due to a low concentration of sodium chloride. In the light of the fact that, on the one hand the black reaction was found positive in varying pathological conditions and even in a few normal individuals, and on the other hand that the positive reaction was accompanied in most cases by a higher ratio between uric acid and sodium chloride than the negative reaction, the conclusion is justified that the Buscaino reaction does not depend upon the diseases themselves, but only upon epiphenomena. These changes are probably, at least partly if not altogether, due to the diet of hospital patients, which is usually reduced in proteins and salt. The findings are thus completely unfavourable as to the value of the reaction.

C. S. R.

[187] Comparison of Kahn and Wasserman tests in 368 mental patients.—


Throughout there was a close correlation of the two tests. In two cases of dementia praecox (acute stage) positive Kahn tests were observed with persistingly negative complement fixations and without clinical evidence of syphilis. After about one month each gave negative reactions with each test and without any treatment. A false positive reaction may occur, due to an unknown change in the colloidal stability of the serums or a congenital syphilis, since false negatives in the latter condition are also observed. Besides dementia praecox, false indications were observed in two cases of alcoholism without clinical evidence of syphilis though the actual presence of the disease could not be ruled out with certainty. Both Kahn and Wasserman reactions were positive on the patients’ admission. Subsidence of the acute symptoms in each case brought negative results in both serological tests. These cases were followed for several months without further positive findings. Complete disagreement was noted in one case of senile dementia, in arteriosclerosis, manic-depressive psychosis, involution psychosis, toxic psychosis, narcotic
disorder, and cerebrospinal syphilis. In general paralysis there were 11 disagreements in 66 cases—a high percentage. In some treated cases the Kahn test remains positive longer than the complement fixation. The few exceptional cases noted may suggest that false serological reactions may occur with mental or nervous conditions which clear up without further treatment than some few weeks of rest. The question awaits more evidence.

C. S. R.


Dermographia in the insane tends to occur slightly more frequently among females than males, and with less consistency with regard to the related phenomena of urticaria. Dementia is the only class of insanity which shows a percentage of dermographia sufficiently in excess of the average to warrant its being claimed as a characteristic phenomenon, but the total percentage is even then so small as to preclude any suggestion of its being pathognomonic. While dementia praecox is said to be the commonest form of insanity to show dermographia, the most conspicuous examples are to be found in other classes, so that in any individual case the symptom cannot be regarded as diagnostic in any more than a relative sense and of proportional valuation.

C. S. R.


Since the majority of people are infected with tuberculosis at some time and only comparatively few of them break down with a chronic form in adult life, there must be some factor other than the tubercle bacillus which is responsible for the failure of the body to defend itself against the disease. In view of present-day knowledge with regard to colloid structure, the mechanism of the vegetative system, and the fact that repressed unhealthy emotions, though unrecognized by the subject, act through the sympathetic, causing a rise of the metabolic rate with attendant toxic symptoms and destructive de-energizing structure changes, submerged emotional conflicts can be regarded as an important phase in the lowering of resistance. Certain unfavourable traits and trends may appear in any human being, but in the individual who breaks down with chronic tuberculosis in adult life they become exaggerated; of these traits and trends a definite group is constant for the respiratory type which develops chronic tuberculosis. The common features for the adults are inertia, fatigability, oscillating mood, perseverations, irritability, masochistic and sadistic traits, suggestibility, hypersensitiveness, selfishness, regressive and suicidal trends, depression and abnormal respiratory behaviour. Other frequent characteristics for the adults are ambition, evidence of dissociative
trends, memory impairment and day-dreaming. The regressive feature is deeply rooted and the so-called optimism is only a compensatory reaction for the depression and suicidal trends which have been found in the unconscious of all the patients. So-called 'pathological optimism' is not present in the child with incipient tuberculosis but the tendency toward depression is present. Common characteristics in children are: suggestibility, irritability, depression, fear, anxiety, selfishness and intensified type expression (energy imbalance). If children with incipient tuberculosis can be re-educated emotionally and have their energies directed along the right lines so that they would be free from repressed emotional conflicts it is argued that there would be little adult chronic tuberculosis. It is held that psychotherapy as a means of releasing these pent-up conflicts and of helping to readjust these patients, adult as well as juvenile, has a distinct place in the treatment of tuberculosis.

C. S. R.

PROGNOSIS AND TREATMENT.

[190] Notes on the emotion of fear as observed in conditions of warfare.—
F. AVELING. Brit. Jour. of Psychol., 1929, xx, 137.

After dealing with the nature of fear, its antecedents, its immediate and after-effects, its control is discussed. The chief methods indicated are:—
(1) Drugs, alcohol, etc., which have a more or less immediate beneficial effect but later are favourable to the genesis of fear. (2) Bodily activity: this is probably due to more than one factor. There is the draining off of nervous energy through the nerves supplying the muscles involved, and also the distraction of attention. (3) Breathing, deep and regular: this has its repercussion on the circulatory and perhaps other systems, thus tending to counteract some of the unusual and irregular physiological activities which increase the emotion. (4) Singing, especially chorus singing aloud; the rhythm makes for good breathing, attention is distracted, and through a sense of gregarious solidarity inhibitions to fear are set up. Probably also the tune and words of the song arouse associations which drain off energy from the emotion. (5) Distraction of attention would seem to be one of the most efficacious methods of controlling fear. The desired effect may be brought about in various indirect ways, thus providing a motive for self-control. (6) Feeling or sense of responsibility: this would apparently involve the mechanism of distracted attention, at the same time providing motive for self-control. (7) Human respect: shame of appearing to be afraid; possibly also thoughts or representations of the penalties of giving way to fear and cowardice. (8) Tranquil conscience: this may be secured chiefly by religious and moral means. (9) Imagination and instinctive false judgment: the practical instinct to take cover manifests itself in greater confidence and decrease of fear even when cover is totally inadequate and worse than useless. (10) Emotional conflict: