2. It cannot be called up voluntarily on the one hand, or suppressed by the same agency on the other.

3. It is invariably accompanied by mental disquiet and a state of anxiety. A series of clinical illustrations from diverse psychopathic states are here recorded, and the admission is made that it may occur in subjects who are practically normal. Among the cases quoted is one of cerebral tumour in which the symptom disappeared after decompression. It is well recognised in an early stage of dementia praecox.

J. V.

PSYCHOPATHOLOGY.

[244] The sedimentation test and icterus index: a few observations on their uses in a mental hospital.—HELEN S. E. MURRAY. Jour. of Ment. Sci., 1930, lxxvi, 85.

The sedimentation test is a sensitive indicator of biochemical changes in the entire organism. It is not a specific test for any one disease, but is found in all conditions in which there is accompanying tissue destruction. As in a leucocytosis, an increased sedimentation reaction always indicates morbidity, but does not localize it. The test is of practical aid in detecting many pathological conditions, especially in dealing with insane and uncooperative patients. It is helpful in determining the diagnosis and progress of both mental and physical diseases, though its use in psychiatric diagnosis is limited. It does not give marked deviations from the normal in functional disturbances of the nervous system, but is modified in the majority of diseases of the central nervous system. Abnormally rapid sedimentation is associated with organic disease, and may be taken to exclude a purely functional disorder such as neurasthenia. It is also useful in the case of a neurotic and complaining patient who may have developed some pathological condition. The technique of the test is simple; it is helpful in determining the progress of mental and physical diseases in addition to the diagnosis and differential diagnosis of many pathological conditions, especially in dealing with the insane, and so is of sufficient practical and clinical value to deserve further attention in mental hospitals.

C. S. R.


Following on the increased respiratory ventilation after waking in the morning, the normal person shows an increased output of chlorides in the urine. In the psychotic patients examined there is a varying degree of retention of chlorides over the same period associated with a varying degree of defect in respiratory regulation. In katatonic dementia praecox there appears to be a
reversal of the normal shift of chloride from plasma to corpuscle during sleep. Evidence has been adduced to show that there is a heavy acid load on the corpuscles in these patients during the waking state, that their pulmonary ventilation is very inadequate, and that the decrease in metabolic rate during sleep causes a fall in alveolar CO₂ tension and a consequent decrease in the acid load of the corpuscles. In normal persons exercise appears to have no effect on the distribution of chloride between plasma and corpuscles, while in katatonic dementia praecox the same amount of exercise causes a decrease in the acid load of the corpuscles consequent on a decrease in alveolar CO₂ tension. It is suggested that a degree of exercise sufficient to cause increased respiratory ventilation will have a beneficial therapeutic effect on these patients.

C. S. R.


In 946 practically consecutive male admissions to Long Grove Mental Hospital, 125 cases gave a positive Wasserman reaction. Of these 125, 87 were diagnosed as general paralytics, two being cases of the congenital type. Thus during the five years under consideration the incidence of general paralysis in male admissions was 9·2 per cent., and that of congenital general paralysis was 0·2 per cent. In the remaining 38 positively-reacting cases, the cerebrospinal fluid gave negative laboratory findings, except in a few cases in which the clinical and laboratory diagnosis was cerebral syphilis. Ignoring general paralysis, the proportion of admissions who had contracted syphilis, as indicated by a positive Wasserman reaction, was 4·4 per cent. Investigation of figures indicates that there has been a progressive fall in the incidence of positive Wassermann serum reactions during the years 1913–1929; there is also a marked fall in the incidence of general paralysis among the admissions examined, but among cases giving positive Wassermann serum reactions the incidence of general paralysis remains about the same.

C. S. R.

[247] The mental aspect of gynaecological practice, and some notes on the pelvis as a focus of sepsis.—MURIEL KEYES. Jour. of Ment. Sci., 1930, lxxvi, 91.

The writer has in mind individual cases where either pelvic disease, sterility, the thwarted or abnormally active reproductive instinct or involuntary incomplete consummation of marriage (as apart from coitus interruptus) has been accompanied or followed by a degree of mental unbalance. Cases are briefly outlined to illustrate the point. In mental hospitals many parallel cases might be found if only the chain of events in each case could be followed. Sepsis, of dental and other origin, as a possible causal factor in mental or other
ill-health, is now definitely established. Experience shows that although exhaustive searches have been systematically made into every part of the body, yet the female pelvis has often been overlooked.

C. S. R.


The writer's observations on some 120 cases lead him to believe that individual or psychic tendencies, especially if they are strongly hereditary, fail to reveal at all clearly the underlying pathology of the internal environment by ordinary signs and symptoms. Though a fairly definite physical symptomatology may exist, there will come a time when this is finally overshadowed by the masking effects of disordered cerebral function. Focal infection is regarded as of the greatest importance. If in mental disorders special bacteriological methods enable one to associate definite types of focal infection with disordered biochemical functions, and upon treating these conditions by specific and general therapy there is an improvement in the mental and physical condition, we may assume that we have been dealing with factors which we must regard with strong suspicion in possible etiology. In mental disease there is strong evidence that we are dealing with special types of microbial infection superadded to what can be found by ordinary bacteriological methods. Invasion of the tissues by anærobic forms the major part of the bacteriological flora in mental patients. The insane, without doubt, harbour anærobic bacteria of the diphtheroid and lepto-streptothrix group, which not infrequently infect the major part of the alimentary canal. Many of the former are morphologically identical with the Klebs-Lœffler bacillus, but are rarely found except as strict anærobics. The correlation of the biochemical and haematological data with the toxic conditions presented shows how variable the response of the individual may be. It must be in some measure dependent on physiological balance, and in mental disorders we must recognize not only somatic, but neuronic resistance.

C. S. R.


The case is that of a youth of 20 who suffered from epidemic encephalitis three years previously, and who eventually developed involuntary movements of the lower maxilla, polydipsia, excessive hunger, and attacks of a hypomanic kind. Examination revealed the characteristic picture of postencephalitic Parkinsonism in moderate degree. The manic seizures passed through an acute phase lasting from a few hours to two days, and were followed by a phase of
equilibrium during which the patient was well oriented, accessible, and not autistic. The stage of excitation was distinguished by its severity and by the almost criminally violent nature of the phenomena—justifying the expression 'rage motrice.' The lucid intervals occupied from one or two days to several weeks. At the outset of the manic periods the pupils dilated, the face became congested and the pulse accelerated; at the same time, the patient commenced to exhale a specific foetid smell from the skin generally, more especially that of the trunk. It did not come from the mouth, and though it resembled that of stale sweat the skin remained entirely dry. On the other hand, towards the end of the attack profuse perspiration always set in, and with it the odour disappeared. In a particularly severe attack, with an intensely foetid exhalation filling the ward where he was, the patient died. At autopsy the ventricular system was found dilated, especially the third ventricle.

References are given to a number of articles dealing with analogous though not perhaps identical cases, and suggesting that the centre for sweat representation is in the corpus subthalamicum.

J. V.


Post-mortem examination of cases of mental disorder frequently reveals diseased conditions of the nasal sinuses; all types of inflammatory states have been found, at all ages from adolescence to senility, and associated with many types of mental disorder. To a certain degree it may be said that acute inflammatory processes are associated with the acute phases of the mental disorder. Evidence exists suggesting that infection may pass directly from a diseased sphenoidal sinus to the pituitary gland and hypothalamic region of the brain, the latter containing the head ganglion of the sympathetic nervous system. Many physical symptoms met with in mental disorder are explicable on the basis of toxic disturbance in this region. Case histories of newly admitted patients frequently contain references to nasal catarrh persisting from childhood, associated sometimes with a family history of nasal catarrh, to which considerable importance is attached. Sometimes before the onset of the mental symptoms, the catarrh apparently diminishes, pointing to the deeper extension of the pathological process responsible for it. Examination of the nasal sinuses, shortly after admission, has demonstrated the existence of sinusitis, amounting in the year 1928 to 33 per cent. In many cases, following irrigation, ventilation and drainage, with non-specific protein therapy in some instances, there has been an amelioration of or recovery from the mental and physical symptoms. To illustrate these observations, summaries of a few cases of certified mental disorder are submitted.

C. S. R.

Depersonalization is a specific reaction to a disturbance of the affective life. It takes place:

1. When there is an extreme degree of dissociation between the Ego-emotions and It-emotions in individuals who have great natural lability of affect. In consequence, there arises doubt whether, in view of the altered affects, the self really remains the same.

2. When, as consequence of great lability, the Ego-affect and It-affect are projected into the territory of the “I” and the “Thou.” The formula of the doubt is here: “Are you the person whom my ‘I’ knows, that is, whom I love; or are you the person who my ‘It’ knows, that is, the person whom I hate?”

3. When there is a profound identification with another person. As a consequence a doubt arises in the patient whether as a result of the altered emotional investment the present self in the critical moment is identical with the former self. To this identification mechanism belongs the incorporation (assimilation) of those persons who had drawn to themselves the love the patient longed for, resulting through the withdrawal of the self-love in an alienation from the self.

C. S. R.

One hundred traffic offenders.—Theophile Raphael, Alfred C. Labine, Helen L. Flinn and L. Wallace Hoffman. Mental Hygiene, 1929, xiii, 809.

In view of the major problem ‘traffic’ has now come to represent, it was felt that a clinical study of a comprehensive series of actual violators might lead to constructive findings. An investigation of 100 English-speaking male offenders who appeared in court was undertaken. The study included a psychiatric and general physical examination of each case, and such investigation as was possible in regard to past history and present circumstances, personal and social; also enquiry as to matters of significance in relation to traffic problems. The more striking of the findings may be listed as follows:

12 were definitely feebleminded;
42 were classifiable as of inferior intelligence;
1 was psychotic or ‘insane’;
1 showed an active epileptic tendency;
3 (at least) were seriously handicapped physically. Also 7 showed significant defects in hearing and 14 in vision. Four manifested varying degrees of colour-blindness.
46 were seriously handicapped by alcoholism;
3 had no licence;
35 had no insurance;
25 had no liability insurance;
2-4 was the median number of previous difficulties;
13 were acceptable as drivers on a liberal valuation.

From the foregoing it would appear, to the extent that the group may be considered as representative, that an appreciable percentage of the traffic violators who actually came to court are hardly to be deemed adequately competent or safe drivers. Further, it would seem a permissible inference that a certain fraction, although naturally a much smaller one, of the general driving public as well must be so regarded.

C. S. R.

PROGNOSIS AND TREATMENT.

[253] Intensive antisyphilitic treatment following induced malaria in nineteen cases of general paralysis.—J. C. RAMSAY. Jour. of Ment. Sci., 1930, lxxvi, 82.

The balance of evidence shown in this paper is neither for nor against the use of intensive antispecific therapy (potassium iodide, mercury and tryparsamide) compared with a short course of sulfarsenol as the supplementary routine procedure. The number of cases, however, is small, and it would be a presumption to condemn the treatment before observing the results in a larger series. Possibly better figures might be obtained if the therapy were more protracted, or delayed until the lapse of a longer postmalarial period.

C. S. R.


In the cases under consideration it was found that changes occurred in the bone-marrow and blood in paralytic dementia, which showed that the leucopoietic functions were impaired and the leucocyte reserve was diminished. In untreated cases there was a definite leucopenia. When leucocytosis was stimulated the intensity of the neutrophilic reaction varied inversely with the stage to which the paralytic dementia had advanced. Under the same conditions the Schilling index rose in direct proportion to the stage of the disease. The rise was most marked in those cases whose decline was accelerated by pyretotherapy, and least marked in those who were benefited. Six to nine months after treatment by the induction of relapsing fever the Schilling index, in favourable cases, was restored to normal limits after having been at a high level before treatment. The better the condition of the patient after treatment, the nearer did the differential leucocyte count and Schilling index approach the normal, and the converse was equally true. The changes