According to Plaut, syphilis affects the central nervous system in 10 per cent. of male and 8.3 per cent. of female cases. The relative frequency of paresis in males as compared with females is of special interest. No explanation of this is at hand. Neither mental strain nor station in life seems to predispose to the disease, contrary to popular opinion. Mental disease in general inhibits paresis, for insane patients infected with the spirochaete rarely develop general paralysis. Another curious phenomenon is the rarity of syphilis in epileptics and manic-depressives. Psychoses showing the greatest percentages of syphilitics are alcoholism, narcotic addiction, mental defect and involution forms. According to Plaut 80 per cent. of mental defectives are infected congenitally, while about 6.5 per cent. of all syphilis is congenital.

C. S. R.

PROGNOSIS AND TREATMENT.


Dr. Wuth deals successively with manic-depressive psychosis, schizophrenia, epilepsy, injuries and diseases of brain and meninges, oligophrenia, toxic psychoses and their varieties, senile and presenile psychoses, and syphilitic mental disorders, inclusive of tabetic psychoses and general paralysis. Each is discussed from the above-mentioned point of view, with all the latest methods duly chronicled and examined. He furnishes succinct descriptions of treatment by the production of sleep, of the use of ratbite fever and recurrent fever, of insulin therapy in delirium, and of various other modernities which interest the clinician. The practical usefulness of this paper is augmented by its remarkable bibliography, containing more than 600 titles.

A. B.


A brief histological survey of the views of workers on the psychoses is followed by an account of the psychoanalysis of a case of schizophrenia. The analysis covered 2,000 pages and took place in about 450 interviews of one hour each. The author points out that a preliminary period of “reality testing” is required before the analytic situation is attacked and adds that “it is doubtful whether any type other than the paranoid is amenable to analysis.” No claim for a cure is made.

G. de M. R.
IS HOMOSEXUALITY CURABLE?—WILHELM STEKEL. *Psychoanalytic Review*, 1930, xvii, 443.

This writer is confirmed in his belief that homosexuality is a psychical disease and curable by psychical treatment. The opinion is in direct opposition to that of Hirschfeld who regards the condition as congenital and a matter of fate. It is rare that young homosexuals feel unhappy about their abnormal inclinations. These provide the best prognosis. The older the homosexual, the more difficult it is to superimpose psychotherapeutic influence. Most homosexuals are proud of their cross and simulate a state of happiness. This is merely a defence mechanism to camouflage their true unhappy state and an attempt to forget their inability to indulge in heterosexual love. All persons are bisexual and the disposition toward homosexuality exists in everyone; the homosexual represses his heterosexuality, the heterosexual his homosexuality. What has been overlooked up to the present in the treatment is the fact that these patients are incapable of loving. Without the existence of a psychical love they are heterosexually impotent. This is the real condition that is present, combined with the fear of love. The fear of love is unveiled in analysis as fear of jealousy and its consequences. There is the capacity to form feminine friendships but the avoidance of falling in love. This inability to love is only a subterfuge, and so the homosexual suppresses the emotion by the power of his will, at the expense of his nervous system. The aim of psychotherapeutic treatment is to reestablish the heterosexual instincts in the patient; i.e., the psychical instinct. The physical then follows as a natural consequence. All attempts to determine the heterosexual component of the homosexual fail when the psychical bond is missing, and if the inhibitions which block it are not removed. Predestination to hate, and the contrary, unquenchable desire for love, are so strongly developed that they lead to a characteristic jealous disposition. The fear of jealousy and its disturbing consequences is the most important lever in the complicated mechanism of the homosexual neurotic. There are always other symptoms of neurosis. In the male, homosexuality is not only a flight from women but also from his own ego and recognition. Therefore analysis, which projects the true picture, meets with the patient's keen resistance. The prognosis for success depends upon the desire of the patient to get rid of his inversion. The history of a case that is considered pathognomonic is briefly reviewed.

C. S. R.

PRODUCTION OF SLEEP AND REST IN PSYCHOTIC CASES.—W. J. BLECKWENN. *Arch. of Neurol. and Psychiat.*, 1930, xxiv, 363.

A PRELIMINARY report upon the treatment of over 50 cases of all types of mental excitement and depression. Sodium isoamylethylbarbiturate in doses of from 7 to 15 gr. was given intravenously. In every case drowsiness developed after 4½ gr., and profound sleep after 7½ to 10, had been given. This occurrence
was irrespective of the degree of excitement previously present. Deep and superficial reflexes disappeared, pupils dilated and the corneal reflex was abolished. The systolic blood-pressure fell as much as 88 mm. and the fall persisted in some cases for almost an hour. The profound sleep persisted for from two to eight hours. Patients who were aroused took fluids and food, arranged the pillows, and dropped off to sleep again. A period of from two to six hours of physical relaxation and drowsiness occurred on the return of consciousness and was followed by several hours of normal sleep. In all cases the patient was asleep within five minutes of the commencement of the administration of the drug. As the initial sleep wore off several cases of catatonic dementia praecox had periods of normal existence. In three such cases these periods lasted from two to 14 hours. In nearly all a gradual return towards the previous mental condition occurred after from 12 to 18 hours.

Status epilepticus is stated to be controlled by the drug. Sodium isoamylethylbarbiturate is contraindicated in cases of advanced myocarditis or generalized arteriosclerosis.

G. de M. R

[177] Cure of a case of dementia paranoides following prolonged narcosis (Heilung eines Falles von Dementia paranoides nach Dauernarkose).


The case was that of a man born in 1893, whose symptoms commenced about 1927. They seem to have been quite characteristic of paranoid dementia praecox. A long series of clinical notes describe his condition at intervals from September 1929 to February 17, 1930, when treatment by prolonged narcosis was begun. It was continued for some 20 days, during which on an average he slept for 13 hours out of the 24. During that period he received 41 ampoules of somnifen, 13 mg. of hyoscine, 4 g. of chloral, 6 g. of veronal.

Within about one week he more or less suddenly appeared to have become normal, and a day later had unexpectedly two epileptic fits. Thereafter he was to all appearance entirely normal. News received from him as late as November 1930 contained the information that he was perfectly well, and working.

The case possesses considerable interest even if it seems to be almost unique. The occurrence of epileptic fits at the close of long narcosis has been reported before.

A. B.


The technique of 'assisted respiration' is as follows: Sylvester's method of artificial respiration with minor modifications was carried out for a quarter of
an hour daily. The object was to reinforce the patient’s respiratory movements so as to eliminate carbon dioxide without the patient’s ‘acidity’ being at the same time increased by violent exertion. A pause was made after every five respirations, and a complete natural respiration observed before assisted respiration was again commenced. The patient’s natural rate of breathing was noted at the start, so that the assistance could be made to synchronize with it. The pause enabled any readjustment to be made, so that the patient’s natural respiration was assisted by the method instead of being replaced by it.

As his volition increased, breathing exercises, swinging the arms in time to music, exercise with the medicine-ball and gymnastics were introduced into the course. Dancing and skipping were also permitted. Step by step with the games and exercises tasks were allotted. Assisted respiration was abandoned as soon as benefit was shown by an increase in spontaneity, which was generally accompanied by the desire of the patient to be released from this operation and be given some active employment.

Twelve cases are briefly summarized in illustration. Of these four showed great improvement, which has been maintained, with one exception, for nearly six months. One patient has deteriorated in usefulness recently, but is still better than she was at first. Six have shown slight but definite improvement, and have maintained the level reached without further advance. Two did not benefit, and in their case the treatment was abandoned after a month’s trial.

Improvement was shown chiefly on the conative side and it was also noticed that there was a tendency for impulsive attacks of violence or destructiveness to give place to harmless but somewhat mischievous pranks. Generally speaking, there was less change in the cognitive and affective spheres, except that the patients would answer more readily and accurately when spoken to, and would show a more appropriate response emotionally. All the cases were in an advanced stage of the disease. The most striking improvement always occurred immediately after a spell of assisted respiration and an early response was generally of good augury.

C. S. R.


In untreated general paralysis there is an apparent excess of serum protein with corresponding globulin increase. Following malarial therapy in general paralysis there is no discernible alteration of serum protein, but the albumen-globulin balance is disturbed, with an apparent increase of globulin. Pyrexial therapy induced by sulfoxin appears to affect the serum protein in exactly the same way as malaria; the same sulfoxin treatment in dementia praecox is not associated with an increase of total protein, but there is an apparent increase
in the globulin fraction. Tryparsamide treatment in general paralysis has no obvious effect on the total serum protein or the albumen-globulin partition. There is no apparent relation between any altered state of the serum protein and the intensity of the Wassermann reaction.

C. S. R.

[180] Use of psychiatric facilities in criminal courts in the United States.—Winifred Overholser. Mental Hygiene, 1929, xiii, 800.

In order to supplement the results of a preliminary survey of the extent to which psychiatry is employed in the criminal (and juvenile) courts of the United States, questionnaires were sent to 115 courts which had previously reported the regular use of psychiatry. Seventy-six courts, located in 26 States, replied. One-half of the courts replying (38) were of juvenile jurisdiction only. The employment of a full-time psychiatrist is reported by four, that of a part-time one by seven, and the use of an outside clinic by 39. Twenty-six courts out of the 76 seem to be casual users of a local physician, or even to seek psychiatric advice almost not at all. There is no uniformity of standards in the selection of psychiatric advisers. Only 20 judges stated definitely that the court psychiatrist should be a specialist; only one that all cases are examined mentally before disposition. Twenty-six courts examine less than 10 per cent. of all cases, and 19 examine less than 5 per cent. Cases are usually selected for examination by the court (29), probation officer (9), or by either (11). In three the selection is left to the counsel for the defence, and in two to the counsel for the prosecution.

C. S. R.