more first-born children in the community. The second-born child is a behaviour deviate relatively more frequently than children in other ordinal positions only when a small high grade community is studied. The sex of the sibling nearest in age to the problem child may have a bearing upon the incidence of these problem children. The only child does not appear to be a spoiled child as frequently as children from two-children families—if one accepts personality and emotional difficulties as the outward manifestations of a spoiled child. Only children are troubled more by scholastic difficulties than children with brothers and sisters. The only child commits more acts of delinquency than children with one brother or sister. But most delinquents appear in very large families where economic and social conditions are more important than family inter-relationships.

C. S. R.

PSYCHOSES.


Among 130 subjects of dementia praecox a group of 18 was diagnosed as suffering from thyroid deficiency. Of these 16 received thyroid treatment. Significant mental improvement followed in 14 or 88 per cent. of the cases and five became well enough to go home. In the control group of 41 patients receiving similar treatment the incidence of significant improvement was 34 per cent. There was probably some degree of thyroid deficiency in various subjects of the control group, since 31 were recorded as showing 'endocrine deficiency unclassified.' A considerable number of the control subjects received other than thyroid medication which probably contributed to the improvement shown. In general, cases presenting a favourable initial prognosis were excluded from treatment. The results of the study are interpreted as indicated that thyroid deficiency plays a significant role in more than ten per cent. of state hospital cases of dementia praecox and that in properly selected cases thyroid medication in adequate dosage and for a sufficiently prolonged period results in significant improvement. On the other hand, relatively little success is to be anticipated from thyroid medication in cases selected at random.

C. S. R.

[27] Unconditioned and conditioned reactions to pain in schizophrenia.—Lauretta Bender and Paul Schlder. Amer. Jour. of Psychiat., 1930, x, 365.

The reaction to pain in catatonics is usually said to be awkward, incomplete or absent. A series of sixteen cases were experimented with by the use of a simple electrical apparatus to see if it would be possible to build up a condi-
tioned reflex towards pain in stuporous conditions. It was generally found that the reaction is often retarded and incomplete, is influenced by the quality and strength of the stimulus, and may be limited to a tonic 'squirming' one. The squirming is usually local, at the most spreading only to the next joint. The phenomena of arching of the hand, spider position of the fingers, and rebound of isolated hand or fingers, and increased athetoid movements of fingers were outstanding types of reactions. The reaction may be an expressive stiffness of the whole body, and emotional reactions and changes in breathing may be present. Effective pushing back or escape did not occur in cases with marked motor phenomena. The complete or incomplete return to the disagreeable stimulus was a common feature. The most striking feature was that the defence of the individual no longer seemed to be integrated. Disintegration in the pain reactions was also evident in that the individual part acted in an isolated way and there was less of a reaction of defence than an expression of attitude. The resemblance between the reactions to pain noted in some gross brain lesions and those in catatronics seems more than superficial. It may be that the dissociation in the organic cases is less changeable but there is enough in common in the two types to justify the opinion that also in the catatonic cases the dissociation is in connection with a change in the function in the brain. The clinical facts do not allow any conclusion whether this changed brain function only results from the general psychic attitude which tends to decentralized actions and to the loss of interest in an action of a rightly integrated and differentiated structure, or whether there are primary changes which coalesce with the changes coming from this general attitude. Pain is an important factor in all life situations. Change in the attitude towards pain indicates either a deep change in the general psychic response or in the apparatus which serves in the integration of attitudes to the life situation.

C. S. R.


The existence of reactive manias is denied by some authorities. Etiology is discussed, and two cases are quoted in which excitement with manic features and toxic phenomena (indicating a reaction of the whole personality) appeared as a result of definite situational difficulties, the proof of this lying in the thought-content of the patient during the more acute stages of the illness. The importance of the formulations which have been made here lies more especially in ability to give a more definite prognosis in cases of this really common type. It is of paramount importance that if the content of thought has a close connection with the total series of events in the illness, then a careful evaluation of these will assist in deciding whether a condition of a long-term or a short-time nature is being dealt with.

C. S. R.

The family histories of 633 cases in private practice were examined. In cases whose family was free from neuropathic taint the onset was late (median, 33 years of age); the median for the length of attacks was four months and for the length of the intervals seven years. In cases with both parents neuropathic, the median of the age at onset was 22 years, of the length of the attacks five months, and of the intervals four years. Cases with migraine in one parent showed a median of 29 years of age at onset and of three years for the length of the intervals. A median of five years for the length of the intervals was found for cases with a psychosis in one parent, whereas cases with a neuropathy in a parent and a grandparent showed a median of 26 years of age for the onset. Although the conclusions refer to 485 cases, the table refers to 633.

It is unfortunate that the median has been used and that the author has omitted the actual figures and the means.

G. DE M. R.

PSYCHOPATHOLOGY.


The following facts are demonstrated: (1) The inhibitory influence of cholesterol on hemolysis and its activation by lecithin, also the presence of a thermolabile ferment in serum which activates hemolysis, and which appears to vary directly with the blood cholesterol content. (2) The influence of cholesterol as a controlling factor in oxidative processes, its controlling power being best exercised in relation to lecithin in the ratio to that substance normally existing in the blood. (3) Lecithin has an attractive influence on potassium ions, and the presence of cholesterol in the membrane definitely retards diffusion of potassium. (4) The retarding effect of cholesterol on the anionic movement of colloidal lecithin. (5) Increase of protein diet has no effect in stimulating metabolism in dementia praecox. (6) The blood-cholesterol content in dementia praecox is greatly diminished, while abnormal increase is noted in states of mania. (7) In general paralysis there is great diminution of cholesterol in the brain substance.

C.S.R.