ABSTRACTS


After a brief history of dementia praecox and the neuroses, some clinical examples are given of cases illustrating the relation of neurotic symptoms to schizophrenia. In order to ascertain the incidence of the type of case under discussion, a series of 100 schizophrenic reaction types were investigated. Of the total cases, 29 patients made readjustments, which have been maintained in 22, who have therefore recovered: while seven have made a partial readjustment only, and are not functioning members of society, although they do not require to be in hospital. Out of this group of 29 it was found that nine cases showed sufficiently marked symptoms of a neurotic type in the prodrome to justify their inclusion in the variety of case under consideration. Out of the total 26 examples could be demonstrated as having a neurotic reaction first and later psychotic.

The points of importance are that a progression from a neurotic to a psychotic reaction not uncommonly takes place. The neurosis may be clear-cut, and may exist as a condition in its own right, without psychotic features, for a considerable period of time. The pre-occupations or content of thought can be shown to be the same during the neurotic and the psychotic phase. It is suggested, therefore, that the difference between neurosis and psychosis is in a large measure one of degree in the same process of mal-reaction to some psychic difficulty. The findings give grounds for a more cautious view of neurotic reactions, and a less pessimistic attitude towards the schizophrenic.

C. S. R.

PSYCHOSES.


Some observations are given here on 114 problem children of various types referred to a child-guidance clinic. Particular attention was directed to 19 of these cases which were called ‘schizoid’ children. Comparisons were made between the total group and the smaller special group, particularly in the matter of phantasy productions. While no syndrome was formulated to facilitate diagnosis and prognosis, several criteria were utilized in judging the nature and extent of the children’s maladjustment. These were (1) the nature and extent of the child’s social incapacity; (2) his habitual reaction to the situations and requirements of reality by withdrawal rather than by attack or by conforming; (3) the nature, extent, and purpose of his phantasies;
and (4) the occurrence in a given child of such definite mental symptoms as are usually observed in adult schizophrenics.

There was no evidence that these children were inherently different at birth from any other group of children. Nevertheless the social histories, as well as the statements of the children themselves, indicated strongly that such physical deviations as existed acted as handicaps or were used as such by the children in their adjustment. In every case a set of circumstances was found that might well explain the general or habitual attitude of withdrawal from the social requirements expected of the average child. In 13 out of the 19 cases, the child was found to be occupying an unusual position in the family. A large number, too, had passed a comparatively long period in circumstances that to a considerable degree prohibited normal play or other associations with other children. While the 19 cases termed schizoid fell into the age-group from 10 to 16 years, this is not to be taken to mean that these children had not in earlier years shown developments in the direction of retreat from social adjustment. On the other hand, it would seem that the greatly increased social demands of this period intensified their struggles and served to bring out a more clear-cut picture of the syndrome.

These children are all difficult to treat and the older they are, the less satisfactory treatment is. The causative factors, chiefly to be found in the family life and all of them deep-seated, are not easily modifiable. It is believed that in cases of this type there is serious mental illness in the making. Many such children, unless their lives are radically changed, will in due time become the psychotics of adulthood. The psychosis will very likely be a schizophrenia.

C. S. R.


This study was made in 1009 cases of manic-depressive psychosis, with 1408 cases of schizophrenia and 496 cases of general paresis as controls. Delusions were absent in 43 per cent. of the males and 41 per cent. of the females in the manic-depressives as compared with 10 per cent. of the males and 7 per cent. of the females in schizophrenia, and 39 per cent. of the males and 42 per cent. of the females in general paresis. The most common type of delusion in the manic-depressives was the persecutory type, which was present in 20 per cent. of the cases. This delusion was also the most common in schizophrenia, 54 per cent. of the males and 58 per cent. of the females having this type. In paresis the persecutory delusions were much the same as in the manic-depress-
ives, but males showed 27 per cent. and females 12 per cent. of grandiose delusions, indicating that these latter are the most common type to occur in general paralysis. The schizophrenic group show a consistently higher percentage of religious and erotic delusions than do the manic-depressives, whereas the grandiose and hypochondriacal delusions show no significant differences. Marital condition had apparently little to do with the type of delusion and age showed nothing of significance except that in persons with schizophrenia delusions were less frequent among the younger. The pre-psychotic personality and intelligence of the patient seemed to show several significant associations with the number and types of delusions. Marital condition had apparently little to do with the type of delusion and age showed nothing of significance except that in persons with schizophrenia delusions were less frequent among the younger. The pre-psychotic personality and intelligence of the patient seemed to show several significant associations with the number and types of delusions. Considerable correlation existed between delusions and hallucinations, the most striking being between persecutory delusions and auditory hallucinations, which show a positive association in all groups except schizophrenic females. The occurrence of a previous attack seemed to have no important effect upon the number of types of delusions for all three types of mental disorder. With regard to alcoholic habits the only important findings seem to be that no delusions occur more frequently in schizophrenic and general paretic males who are abstinent, than in schizophrenic males who are temperate. There was no significant association between the white blood count and delusions.

C. S. R.

PSYCHOPATHOLOGY.

[70] Experimental catatonia in animals and man (Catatonia sperimentale negli animali e nell'uomo).—V. M. Buscaino. Riv. di pat. nerv. e ment., 1930, xxxvi, 593.

Certain substances, notably bulbocapn in and somnifen, when injected into animals or man produce symptoms identical with those observed in catatonic dementia praecox and postencephalitic parkinsonism. These substances have the structure of amines and provoke the symptoms by an extracortical action, with a preference for the basal ganglia. This suggests that in the above-mentioned diseases the symptoms may be due to a poisoning by the amine group.

R. G. G.


Bulbocapnin is an alkaloid extracted from corydalis cava. The author conducted experiments of administration by the mouth and intramuscularly, and