from other children. The immediate precipitating factors in the psychoses were usually quite trivial. The constitution of the child seemed to be the most important single factor in the etiology of the breakdowns. The occurrence of an affective disorder in childhood carries with it a serious prognosis.

C. S. R.


The magical character of the thought of paranoia is familiar, and in the opinion of the author may be an important factor in the development of homosexuality and frigidity or impotence.

The paranoiac delusion may be partly grounded in primitive blood-thirst and excessive desires for vengeance. Magical fulfilment of blood-thirst activates in paranoia a weakening of the mechanism of projection by generating sense of guilt, and becomes an essential curative agent. The disintegration of the delusion cannot be reached, however, by actual, but only by magical fulfilment. Apparently inexplicable remissions in other forms of psychosis may be due to ‘magical’ fulfilments of primitive cravings, which take place, however, without being observed.

R. G. G.

PSYCHOPATHOLOGY.


The blood calcium in organic psychosis ranges between 8.1 and 10.9 mgm. per cent. Figures below the normal level have been found in eight out of 42 cases of organic psychosis. In schizophrenia, manic-depressive psychosis and mental deficiency it was found to be within normal limits. The cerebrospinal calcium showed a slight deviation below the normal in four out of 40 cases of schizophrenia and a moderate rise in three out of 42 cases of organic psychosis. In manic-depressive psychosis (ten cases) and mental deficiency (21 cases) only normal figures were found. Slightly increased ratios of fluid calcium with blood calcium were elicited in five out of 42 cases of organic psychosis. In the schizophrenic group ratios below normal were observed in four out of 40 cases. In manic-depressive psychosis and mental deficiency the ratios are within normal limits. The contents of calcium in blood and cerebrospinal fluid and the distribution ratios of calcium can
hardly be helpful for diagnosis, since abnormal figures have been found only in a small number of cases. The similar behaviour of calcium and bromide with regard to their penetration from blood into fluid contributes to the view that the hæmato-encephalic barrier functions somewhat differently in schizophrenia and organic psychosis. The abnormal barrier permeability found in various heterogeneous pathological conditions suggests that the dysfunction of the barrier is not altogether specific to certain nervous and mental diseases but presents a part malfunction of a diseased organism.

C. S. R.


The material of 186 cases used in these experiments was classified into the following groups: (1) Psychosis with organic defect of the cerebrospinal system (anergastic reaction type)—67 cases. (2) Schizophrenia (parergastic reaction type)—64 cases. (3) Affective disorders: mania, depression, agitated depression (thymergastic reaction type)—22 cases. (4) Mental deficiency: idiocy, imbecility (oligergastic reaction type)—33 cases. The patients were given bromide by mouth, 3 gm. a day during five days. The sixth day lumbar and venous punctures were performed simultaneously. With this dosage was obtained in each case a sufficient concentration of bromide in blood and cerebrospinal fluid to allow a good reading in Buerker's colorimeter. The fluids were examined with regard to the Wassermann test, the content of protein, cells and Pandy reaction.

In each group the prevalent number of cases had a normal permeability. The percentage of normals was strikingly high in organic psychoses and schizophrenia, in which an essentially abnormal permeability has been found by others. In the experience of the authors the dysfunction of the barrier manifests itself by an increased permeability more frequently in the anergastic group than in any other; and by a decreased permeability in a relatively high percentage of cases of schizophrenia, as compared with the organic psychoses. Age did not appear to affect the permeability. In the light of these findings one is thus justified in speaking of only a certain tendency to an increased permeability of the hæmato-encephalic barrier in the organic psychoses and a decreased one in schizophrenia. Such a tendency is not however characteristic of only these two psychotic reaction types; in the affective psychoses and cases of mental deficiency, idiocy and imbecility, similar tendencies are seen, approximately as pronounced.

C. S. R.
PSYCHOPATHOLOGY


The sugar tolerance curves were studied in 85 psychotics. The hyperglycaemic index is defined, and is a quantitative measure of the departure of a sugar-tolerance curve from that found normally. It is an expression of the sustenance of hyperglycaemia found in many psychotic cases. The index is referred to as H.I. It is shown (a) that in the manic-depressive group there is the closest parallelism between the magnitude of the H.I. and the emotional tension of the patient. Out of 43 melancholic patients examined, only ten gave a normal or slightly abnormal index. An explanation is given for this anomalous behaviour of the ten patients. (b) In the schizophrenic group there is a relatively low incidence of patients (two out of 29) showing an index consistently greater than 50. High figures in the schizophrenic group are associated with toxæmia, endocrine imbalance or other physical disorder.

In cases of mania a low index is recorded, except when the excitement is accompanied by an aggressive, paranoid mood. In cases of benign stupor a low index was recorded, showing that the defence mechanism of the stupor reaction abolished the emotional tension. Arteriosclerosis per se was not a cause of a high H.I. During menstruation there was a departure from the normal sugar tolerance curve in both normal and psychotic cases. Practical use can be made of the H.I. in determining prognosis, progress and recovery of the patient.

C. S. R.


This paper is a study of 175 criminal patients including six juveniles. Of these, 156 are males and 19 are females. Of the 175 cases, 86 were acquitted on account of insanity at the time of the crime; 89 were under trial; and the remaining 50 were undergoing imprisonment when they were transferred to the mental hospital. The youngest murderer was a boy of seven, and the oldest a man of about 60. Heredity was an important factor. In 86 males and six females a definite family history of insanity could be got. In the majority of remaining cases the family history was stated to be unknown. Of the 125 patients who were found to be insane at the time of crime, 78 males and six females had a definite history of previous insanity. There were 36 who recovered, 86 are permanent dement, and the rest are still suffering from their ailments. Alcohol played a very minor rôle and eight cases showed syphilitic taint. As many as 101 out of 175 are murder cases.

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Dementia praecox was the predominant disease found (75 males and five females) and 15 cases had this superimposed on a previous high-grade defect. There were 84 male manic-depressives and seven females. Of epileptics there were 18; 12 were mental deficiencies; nine had senile or presenile psychoses; eight were confusional; and two were anxiety hysterics. The records show that only six could be termed normal. In 28 cases of murder definite hallucinations and delusions influenced the crime.

C. S. R.


The degree of mental affection varies in different cases. There may be merely a modification of character, with irritability and changing mood. Where the mental disturbance is more pronounced, the psychosis most frequently met with is of the paranoid type, with delusions of persecution and suspicion, these delusions being more particularly directed against those who are responsible for the patient’s welfare. A night delirium with terrifying hallucinations is frequently noted. The time of onset of the mental disorder is variable. It was formerly thought to be a terminal state but it may occur at any stage of the disease. When it occurs in the early stage errors of diagnosis are liable to be made and the underlying disease escapes attention. This may also be the case because the mental symptoms are pronounced and therefore a systematic examination of the blood should be undertaken in all cases where there is the least suspicion.

C. S. R.

[137] **An investigation into the position in family of mental defectives.**—**F. Douglas Turner and Lionel S. Penrose.** *Jour. of Ment. Sci.*, 1931, lxxvii, 512.

Though from these studies no dogmatic conclusions can be drawn, there is some evidence as to the following generalisations. In low grades of amnesia (idiots) the first-born child is somewhat more frequently affected than the other members of the fraternity.

In high grades of amnesia the defectives are more frequently found among the later members of the fraternity. Certain special groups of cases have their own peculiar distribution in the family. Mongols tend to come last, and cases with a history of difficult labour tend to come early. The data give no support to Goddard’s hypothesis that mental deficiency is due to a single recessive gene substitution.

C. S. R.
Three cases of malingering in persons accused of crime.—A. MYERSON. Arch. of Neurol. and Psychiat., 1931, xxvi, 447.

The writer expresses the opinion that malingering is, on the whole, rare in persons accused of crime, although occasionally people prefer to be regarded as mentally ill. The questions that the author asks himself in the examination of criminals are, whether the crime arose under circumstances that could be explained by sane, if criminal motives, and whether the clinical picture presented by the prisoner hangs together. He states that there is usually a marked disharmony, and that it is but rarely that the pretended deterioration goes as far as personal habits. It is therefore necessary to arrange for the prisoner to be watched without his knowing it.

G. de M. R.


Depersonalization is defined as a disturbance of personality which manifests itself in such mild forms as a feeling of strangeness of the individual towards his surroundings and his own self, the feeling of loss of his own self, and even that of the splitting of the personality and the outer hallucinatory projection of the double personality. In extreme cases it attains the feeling of the destruction of the universe and its reconstruction.

This syndrome can be observed in melancholia, in hysterical and epileptiform deliria, but most frequently in the initial phases of schizophrenia.

Three cases of more or less pure depersonalization are described, as well as the findings of psychoanalytic investigation. This is claimed to have revealed various types of sex repression whose resolution resulted in improvement or cure of the condition.

R. G. G.

Maternal overprotection and rejection.—D. M. LEVY. Arch. of Neurol. and Psychiat., 1931, xxv, 886.

Twenty cases in which maternal overprotection was present were examined. Maternal overprotection was taken to mean the following:—

(1) Excessive contact, e.g., a mother sleeping with her son, aged 14; (2) prolongation of infantile care, e.g., breast feeding to the age of four years; (3) prevention of the development of independent behaviour, includ-
ing such descriptive terms about the mother-child relationship as 'she won't take any risks,' 'she always fights his battles'; and (4) lack or excess of maternal control, shown in over-indulgence of the child in regard to privileges or possessions, and by the child's disregard of eating and sleeping time—in general, by his doing what he pleases undeterred by the mother's commands or pleadings.

The primary relationship between mother and child is affected by:

(1) Period of anticipation during pregnancy and childbirth of patient. All conditions that delay the coming of a wanted child in the form of relative sterility, miscarriages or still-births obviously compel the mother to go through periods of anticipation and frustration.

(2) Extra hazard. The illnesses of infancy and childhood were evaluated in terms not of their actual seriousness but of the maternal response. It was found that frightening illnesses or accidents in which the child 'looked dead,' as in fainting or convulsions, from whatever cause, stimulated more over-protective response than familiarly known through serious diseases.

(3) The overprotection is of the submissive, dependent type—mothers who, divested of other social relationships, cling to the child as though in a hostile environment. Such mothers are in contrast with the larger group of aggressively overprotective mothers. The picture of the latter group is that of mothers, independent and competent, who, attaining their love-object in an offspring, push away everyone in the effort to create a mother-child monopoly.

(4) Paternal factors. The following characterization of the fathers is consistent in the series: responsible, steady workers, submissive to their wives, dependent on them for family decisions, who exert little influence on the patient or add to the over-protection. The fathers in the series do not exert authority in the family, are not looked up to by the wife for family decisions, or do not aid in disciplining the child; hence they do not help in mitigating the effects of the maternal overprotection.

(5) Other factors modifying overprotection. Of these factors, relatives chiefly were considered.

(6) Problems of the patient. The general attitude of the patients may be classified according to behaviour manifestations, as aggressive, submissive or indifferent. All of these forms may be represented in any given case. Aggressive behaviour, however, is the most frequent of all of the forms, and also most readily understood as an expression of the dynamics of the mother-child relationship.

G. de M. R.
The handedness and eyedness of speeders and of reckless drivers.
—C. Quinan. Arch. of Neurol. and Psychiat., 1931, xxv, 829.

Of 2,381 university students, 19 per cent. were RL sinistrals. The RL percentages for fast drivers and reckless drivers were 26·8 and 45·4. The mean ages of 1,000 fast drivers and of 1,000 reckless drivers were 27·8 and 30·3 years. There was no apparent relation between age and speed for all levels up to 50 miles per hour. Twelve drivers of from 60 to 70 miles per hour showed a mean age of 19·4 years.

The above data were obtained from prosecutions in San Francisco.

G. de M. R.

The case of William Cowper, the English Poet.—J. H. Lloyd. Arch. of Neurol. and Psychiat., 1930, xxiv, 682.

A detailed account of the psychiatric peculiarities of the poet, showing that even from the age of 30 Cowper was afflicted with circular insanity with no intermittent normal periods. The manic periods were mild but the melancholic phases were marked. Cowper was in a private asylum for 18 months and suicide was attempted on several occasions. Delusions of persecution were constantly present, and apparently he was aurally hallucinated. At one period of his life he was fervently religious, this phase beginning at the time of Wesley's revival preaching.

Despite the presence of insanity, Cowper's literary career commenced comparatively late in life. With the exception of some hymns, he produced little of value until he was about 50 years of age. At 53 years of age he began his translation of Homer which was finished in about seven years. He was evidently attracted by this writer, for he read, when at school, the Iliad and the Odyssey for amusement. During many of his writings he was depressed and yet his poems show little of this, and he was able to work daily for five hours continuously at the translation of Homer. Although his life towards the end was controlled by others, dementia appeared only when he was nearing 70 years of age, and he is said to have revised his work in the last year of his life.

G. de M. R.