a marked polymorphonuclear leucocytosis and other less important physiological changes. Local pain and tenderness at the site of injection, while present, are not particularly troublesome to the average patient with dementia paralytica. Experimental injections of suspensions of sulphur in oil and sulphur in acacia-saline solution into the rabbit’s leg show a marked localized necrosis with an acute inflammatory reaction which is finally resolved.

This work tends to show that the fever and other changes following the injection of sulphur intramuscularly result from the breaking down of muscle tissues into fragments which, when absorbed, cause a so-called protein reaction. Fever produced by injections of sulphur seems capable of effecting the same therapeutic results that any other form of fever can produce. It is chiefly of value in cases of dementia paralytica in which malaria is indicated, and in many ways is superior to malaria, especially in the hands of the average physician.

R. M. S.

Psychopathology.

NEUROSES AND PSYCHONEUROSES.


The author points out that compulsion disease is becoming much commoner and that hysteria, anxiety neurosis and neurasthenia are becoming rare. He attributes the latter group of illnesses to the repression of sex impulses in the individual and considers that this is also becoming much less common than it used to be. The compulsion disease he defines as a condition in which the patient is confronted with the formula, ‘If I don’t do this something awful will happen.’ His analysis, of which examples are given, leads him to think that this situation is due to the fact that the present adolescent is brought up in the old-fashioned strict moral code but that nowadays the parent does not him or herself submit to this code. The compulsion neurosis arises when the youth of either sex discovers the discrepancy between the code and the conduct of their parents. The author proceeds to argue that prolonged and deep analysis is not necessary or desirable but that once the faulty attitude of the patient is unmasked and he understands the symbolic nature of the symptom he should be taught or persuaded to give it up.

R. G. G.
[175] **Wernicke's cramp neurosis** (Über die Krampnuseurose Wernicke).—

In 1904 Wernicke described as cramp neurosis a peculiar condition of general cramps throughout the body, identical in their pain and contractions with those of a local kind. The affection is stated to be extremely rare, but the author has seen three cases within a comparatively short time. He considers that it has its basis in a combination of a minimal polyneuritis or radiculitis with defect in uric acid metabolism, and believes it originates in peripheral nerves and muscles, not centrally. Spondylarthrosis deformans also seems to play a contributory role.

J. V.

**PSYCHOSES.**


Dementia praecox is regarded as a disorganization of the personality developing during the period of adolescence or maturity. It is characterized by incoordination of the mental mechanisms and is associated sooner or later with intellectual deterioration without any definite organic basis which can be demonstrated at this time. Psychologically, it is the reaction of an inadequate personality to the difficulties of his environment. This inadequacy is not demonstrable in the intellectual field but expresses itself in an inability to react, as the normal well-balanced personality does, to the difficulties encountered during the course of the educational, economic, sexual, emotional, domestic, or social life of the individual. The inadequate personality may evince itself in any one of these spheres. Dementia praecox is looked upon as a clinical entity—a psychosis the principal and characteristic features of which may be either: (1) a primary progressive deterioration; (2) an autistic or dereistic withdrawal from the environment; or (3) an intellectual incoordination. All of these types end eventually in a partial or complete deterioration. Schizophrenic episodes, syndromes, or reactions not belonging to the dementia praecox group conform in a general way to the clinical picture of some types of dementia praecox, but do not deteriorate and are distinctly episodic in character. They occur in the course of mental deficiency, psychopathic personality, somatic diseases, traumatic conditions, alcoholism, epilepsy, the involution period of life, and even in senility and general paralysis. The assignment of these syndromes to the dementia praecox group undoubtedly explains the recovery rate in that disease reported by various authors.

C. S. R.