

PSYCHOPATHOLOGY

Psychopathology

PSYCHOSES


Myerson has established for himself the following guiding principles: first, that wherever a psychosis is mainly of constitutional origin, and where medical science is yet unable to find any direct environmental relationship, he is reluctant to state that any environmental event is a probable exciting or precipitating or aggravating cause. If, however, an environmental event occurs which is of serious nature, such as severe trauma, or of great emotional significance, and if it can be shown that the psychosis occurred within a very short period, he is willing to admit some relationship. This is true, however, mainly of manic-depressive psychosis. He is willing to admit a psychological event as a probable cause for the occurrence of this psychosis. Manic-depressive is mainly an affective psychosis. It is therefore logical to assume that a serious emotional situation may, if immediately followed by a manic-depressive state, be a precipitating or aggravating cause. He is unwilling to admit that there is any reason to assume that this is a factor in the precipitation of dementia praecox, largely because the schizophrenic state is not, as far as we know, emotional in origin, and because the personality alteration is of more profound nature than the change which takes place in manic-depressive psychosis.

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PROGNOSIS AND TREATMENT


This article gives a detailed analysis of 21 cases of general paresis, treated over a considerable period of time by tryparsamide, and subsequently given fever therapy. These patients were chosen for fever treatment from a series of cases treated by tryparsamide because they were not responding satisfactorily, either clinically or serologically, and they comprise the smaller number of therapeutically recalcitrant cases of a series that give a relatively high percentage of favourable results. The number of injections of tryparsamide given to this group varied from 28 to 801, and the average number of injections was 86. The time which had elapsed between the beginning of tryparsamide therapy and the fever treatment varied from one to ten years, with an average period of four years.

The results obtained after fever treatment were good, both clinically and serologically. The final analysis made one to several years after the fever indicated that none of the cases remained unimproved; three were considered as stationary; and 18 as arrested. In practically every case the cerebrospinal