

bearing on stammering. (2) Because these conflicts persist and the individual continues to be unable to solve them, stammering must be regarded as a major type of neurosis. (3) Since the origin of the symptoms seem to lie in early fixation on the oral and anal levels, the neurosis must be regarded as a pregenital development on which certain more or less normal conflicts of later life become grafted. (4) Hypnoanalysis, being an unconscious manipulation technique, effects but proximate changes of behaviour, leaving recovered material, in an ultimate sense, unassimilated. (5) Active analysis, even when long-continued, warps the transference situation, and thus achieves but partial success in the treatment of stammering. (6) The procedure found to be most effective—from the point of view of symptom removal—is that of passive analysis, relying on transference as its major aid.

C. S. R.

PSYCHOSES

[124] **Research on the culture of tubercle bacilli in the blood and cerebrospinal fluid of dementia præcox cases** (Sulla ricerca culturale del bacillo tubercolare nel sangue e nel liquido cefalo-rachidiano di malati di demenza precoce).—E. BROGGI and E. COSTANTI. *Riv. di pat. nerv. e ment.*, 1936, **47**, 526.

AFTER rapidly reviewing the literature relating to the connexion between tuberculosis and dementia præcox, the authors draw attention to the experiments of Lowenstein on the culture of tubercular bacilli in the fluids of dementia præcox cases. Their own experiments on this latter subject, carried on under many different conditions, were uniformly negative. They discuss the fallacies of the conclusions which have been drawn and express the opinion that there is no basis for the proposition founded on this work as to the relationship between tuberculosis and mental diseases, especially dementia præcox.

R. G. G.

[125] **A comparison of the weights of brain, liver, heart, spleen and kidneys of epileptic and schizophrenic patients.**—*Amer. Jour. Psychiat.*, 1936, **92**, 1439.

THE weights of these organs were recorded in 143 epileptics, 284 schizophrenics and 194 patients dying in a general hospital. The average weight did not differ significantly in the epileptic and schizophrenic groups. In particular, brains of epileptics were not heavier, nor were the hearts of schizophrenics lighter, than in the other group.

C. S. R.

- [126] **Clinical studies on particular types of depressive psychoses—their differential diagnosis from schizophrenic pictures and some remarks on the psychology of depressions.**—P. SCHILDER. *Jour. Nerv. Ment. Dis.*, 1936, **80**, 501 and 658.

AN analytic study of seven illustrative cases of depression. As a result of this the author believes that the variation of the pictures of depression depend upon the variety of the various points of fixation in the patient's emotional development and the relative value of these different points of fixation to each other. A strong sadistic component belongs to all cases, and the Œdipus component is of varied strength but always present. Anal and oral tendencies may be prominent, but in some of the cases do not play any outstanding part. Similar narcissism does not necessarily play a dominant part in the cases and the efficiency of organization of the total personality considerably influences the final picture.

R. G. G.

- [127] **Psychology of the manic phase of manic-depressive psychosis.**—JOSEPH R. BLALOCK. *The Psychiatric Quarterly*, 1936, **10**, 262.

THE manic reaction represents one solution, or 'way out,' in the attempt of the patient to solve his particular problems. The goal seems to be a state of narcissistic satisfaction or happiness in which painful ideas are denied, the inferiorities are compensated for, and the ego is omnipotent. It represents, too, a regression to early expressions of narcissism. The symptomatology indicates the degree of regression and contains many references to early childhood forms of thinking, acting, and feeling. As regression deepens there may be many references to early physical interests such as those related to the oral and anal zones. The attitude towards those in the environment is a selfish one, serving in its several aspects the narcissistic needs of the patient. Ambivalence is well marked. The psychosexual status of the manic is made clear in his ideational content and behaviour. In general, his original parental relationships have been retained and the Œdipus situation is poorly resolved; there is an inadequate heterosexual adjustment which is accompanied by an increased homosexual component, perhaps well sublimated. The bisexual constitution tends to be exaggerated; this is shown during the regression, and may at times constitute an important part of the clinical syndrome.

C. S. R.

- [128] **The diagnosis of depression by the Rorschach test.**—ARTHUR GUIRDHAM. *Brit. Jour. Med. Psychol.*, 1936, **16**, 130.

THE reduction of the appreciation of colour and movement in depression is undeniably established. The effect of this process on the factors most

directly connected with the intellectual processes is much less definite. It is possible by utilizing a mathematical index to diagnose between depression in dementia præcox, melancholia and delusional insanity, and the degree of stereotypy present. Utilizing the facts obtained in this investigation, it is the case that the Rorschach test reflects a prevailing mood rather than an underlying fixed personality. The chiaroscuro response is evidently an index of some specialized type of anxious affectivity, probably psycho-neurotic in origin. Certainly these responses do not in any sense give an adequate reflexion of anxiety in general. The effects of anxiety and the presence of suicidal tendencies give no typical colouring to the psychogram.

C. S. R.

[129] **The mental health of children of dementia præcox stock.**—MYRTELLE M. CANAVAN and RAYMOND CLARK. *Mental Hygiene*, 1936, 20, 463.

FROM the original matings with 463 offspring, 117 children from 44 of the original matings were located. Nine of these were dead. Of the 108 living children, 58—34 females and 24 males, with ages ranging from two to 40 years—had up to the time of the study been normal. Of the 50 deviators—33 males and 17 females, with ages ranging from 12 to 40 years—47 had insane mothers and three insane fathers. Of the deviators, three had been committed to mental hospitals, two with a diagnosis of dementia præcox. The third, diagnosed as a manic-depressive, was sent home after the attack subsided. Fourteen of the 50 were feeble-minded or backward. Three of the 50 were 'nervous,' three were outstandingly physically diseased, and 27 presented problems of conduct disorder. So far as is known, only eight or 2 per cent. of the 377 children living at the time when the authors' first study was published have up to the present time become committedly insane.

C. S. R.

[130] **On the question of the dementia præcox which appears in individuals already suffering from insufficiency of mental development** (Sulla questione della demenza precoce che si manifesta negli individui già psichicamente minorati).—V. TRONCONI. *Riv. di pat. nerv. e ment.*, 1936, 47, 37.

THE author has studied a certain number of cases of dementia præcox occurring in mental defectives. Apart from the more shallow quality of the fantasies and hallucinations, the author thinks that if the schizophrenia occurs in imbeciles the type will be hebephrenic-paranoid, while if it occurs in idiots the type is catatonic, but he admits that further observations are necessary to confirm this.

R. G. G.

- [131] **The necessity of a structural analysis in the psychoses : paranoia and hysteria in cyclothymia** (Necessita dell'analisi strutturale delle psicosi: paranoidismo ed isterismo in ciclotimica).—P. ARMENISE. *Riv. di pat. nerv. e ment.*, 1935, **44**, 267.

A DESCRIPTION of a case of a mild form of manic-depressive psychosis in which there persisted an association of constitutional hysterical and psychasthenic factors. Finally a pure paranoid condition supervened which may have had its roots in the aforementioned disposition, but was determined by involuntary factors at the climacteric, at which time the condition appeared.

R. G. G.

- [132] **The alleged increase in the incidence of the major psychoses.**—HENRY B. ELKIND and MAURICE TAYLOR. *Amer. Jour. Psychiat.*, 1936, **92**, 817.

THIS statistical study covers a period of some 18 years in the States of Massachusetts and New York. In the opinion of the writers there is little or no objective evidence available to justify the belief that the major psychoses have been on the increase during these years, except possibly in the instance of psychosis with cerebral arteriosclerosis. Whether there has actually been an increase or decrease in any of these psychoses, or no change in their incidence, is also difficult to state, because no estimate of the number of mentally sick people in the community with these psychoses is available, especially in their milder forms. At any rate, objective evidence is against the notion that the major psychoses generally are on the increase.

C. S. R.

- [133] **Functional psychoses in children.**—LOUIS A. LURIE, ESTHER B. TIETZ, and JACK HERTZMAN. *Amer. Jour. Psychiat.*, 1936, **92**, 1169.

MENTAL disease in children has been regarded as comparatively rare. From observation at a Child Guidance Home some doubt is cast on this belief. An analysis of 1,000 cases showed that 2 per cent. were definitely psychotic. This did not include those who had psychotic manifestations in association with organic nervous disease. Of 20 reported cases, the majority (13) were schizophrenic. Six were classified as having a psychopathic personality with psychosis. Curiously, there was not a single case of manic-depressive. The ages ranged from 5 to 17 years. Delinquency was the reason for admission of half of the cases in the psychopathic personality with psychosis group. This was true to a much less extent in the schizophrenic cases. Thus bad behaviour does not necessarily exclude the presence of a psychosis. In 11

children of the dementia præcox group the onset was acute, while in all of the children composing the group of psychopathic personality with psychosis the onset was slow and insidious. The disease was ushered in by moral, intellectual, and psychic disturbances. Fifteen of the children showed intellectual arrest. Physical, neurological, endocrine, and laboratory examinations were essentially negative. The results were not very encouraging. Only one of the schizophrenic group and two of the psychopathic personality group made good adjustments.

C. S. R.

[134] **Psychoses occurring in a father and his two daughters.**—FREDERICK ROSENHEIM. *The Psychiatric Quarterly*, 1936, 10, 97.

A FATHER and his two daughters became psychotic at the same time and were all sent to hospital. The essential factors appear to have been the extreme dominance of a grandmother and the strong attachment between the father and the girls. These three all showed evidence of guilt regarding this relationship during their psychosis. Both daughters reacted in a similar way in that they married rather suddenly, apparently as a means of escape, both marriages proving a failure.

C. S. R.

[135] **Postoperative psychosis.**—A. C. WASHBURNE and M. L. CARNS. *Jour. Nerv. Ment. Dis.*, 1935, 82, 508.

THE more probable ætiological factors, together with symptomatology and therapy of postoperative psychoses, are reviewed. Five case reports illustrating these points are given. In none of these were the findings considered characteristic of a toxic psychosis. Bromides were not employed during hospitalization so that this possible source for a psychosis may be ruled out.

All five cases occurred in women whose ages varied from 37 to 52 years. The possible importance of involution is a consideration. Postoperative psychosis did not develop in two patients who received preoperative psychotherapy. It is wrong to assume that a psychosis was necessarily prevented by the prophylactic measures taken. However, in view of the seriousness of the condition, this proposed therapy justifies further trial.

R. G. G.

[136] **Reactive psychosis in response to mental disease in the family.**—L. BENDER. *Jour. Nerv. Ment. Dis.*, 1936, 83, 165 and 289.

It is shown that mental illness in one member of a family suggests constitutional weakness and indicates that another member of the family is more liable to a breakdown than the average person, although the second

psychosis need not be of the same category as the first. These conclusions are arrived at from hereditary studies.

In addition to this hereditary tendency there is a tendency for a second member of a family to respond to a mental illness in the family with an emotionality because of processes of identification, feelings of guilt and self-accusation, and feelings of aggressiveness directed either at the sick individual or at other factors in the environment other than the family situation. Ordinarily these emotional expressions do not exceed what may be expected of the family by the medical authorities who arrange for the disposition of the mentally ill person or care for him during his illness and who usually bear the brunt of the family's fears, suspicions, distrust, antagonism, emotional outbreaks and indecision.

However, if it so happens that the mentally ill individual represents a particularly deep or complex emotional relationship to another member of the family, this other member becomes the reactive relative and tends to develop a reactive psychosis characterized usually by some variation of a depressive anxiety state in which the mechanism of the precipitating features is more or less clearly expressed. Usually the complex emotional relationship represents a double relationship, due often to the previous death of some other member of a family. Thus a brother may also represent the dead father to a sister, who then becomes depressed when the brother becomes mentally sick and is sent to the hospital. Such reactive psychoses usually occur in women with close family ties, who have not made a good heterosexual adjustment, or who have lost such an adjustment through the death of their husband and who have made a strong emotional tie with the brother, sister, son or daughter—these representing to them not only this appropriate relationship, but in some way also their heterosexual fantasies.

The reactive psychosis is usually characterized by some variation of a depressed anxiety state in which the mechanism of the precipitating features represented by the psychic complexes which are interwoven with this strong emotional relationship to the sick individual is more or less clearly expressed and dominates the content of the psychosis. The form of the psychosis may be partially modified by constitutional features (such as schizoid features) where this is the family tendency, or it may be modified by imitative features where the identification processes are strong, or it may be modified by various neurotic features which are expressions of the infantile fixations of poorly integrated personality.

The prognosis of the psychosis in the reactive individual is independent of the constitutional features expressed by the type of mental illness in the first member of the family except when the constitutional psychosis is a manic depressive psychosis, in which case the reactive depression more closely resembles, both in form and duration, that of the usual manic depressive episode. In general the prognosis is good and depends on two factors: (1) the recovery from the illness in the beloved relative; (2) specific psycho-

therapy directed at the understanding of the psychic mechanisms involved. Even where the beloved relative does not recover, or dies, recovery of the psychosis in the reactive individual may be expected.

R. G. G.

[137] **Hallucinations in psychoses.**—J. M. HILL. *Jour. Nerv. Ment. Dis.*, 1936, **83**, 405.

A STUDY was made of 415 different hallucinations of 100 male psychotic patients. The literature found helpful in understanding the dynamisms of these hallucinations is reviewed. A scheme for a dynamic classification of the hallucinations is proposed, and a brief case history given to illustrate each part of the classification. The outcome of illness of these patients was studied from phenomenological and dynamic viewpoints and comparison made with the outcome of illness of 138 male patients who were mentally ill but who did not hallucinate.

The findings in this study give a basis for the impression that hallucinations are more frequently associated with dementia præcox than with other psychoses and that auditory hallucinations are more common than those of other senses. After having made a detailed study of these hallucinations and correlating them with the course of the illness, tentative conclusions regarding the prognostic significance of hallucinations seem justified. A period of at least a year after the onset of the illness was allowed to elapse before arriving at these conclusions. From the data then available it appeared that the prognosis for patients who hallucinate is (a) only slightly worse than that of those who are free of hallucinations; (b) better when the hallucinations begin in the early part of the sickness and last only a short time; (c) better progressively in the order named when there are any hallucinations of the olfactory, auditory and visual senses (olfactory hallucinations occur later in the course of illness than hallucinations of sight or hearing); (d) not materially different when the hallucinations involve more than one sense; (e) better when the dynamics of the hallucinations can be understood (such hallucinations occur most frequently in the early part of the illness). In the defence type of hallucination, the auditory sense is most commonly involved and dementia præcox is the most frequent disease. In the wish-fulfilment hallucinations, the visual, auditory and bodily sensations are about equally frequently involved, and the most common diseases are the toxic-organic and manic-depressive psychoses.

R. G. G.

[138] **A follow-up study of Hoch's benign stupor cases.**—R. L. RACHLIN. *Amer. Jour. Psychiat.*, 1935, **92**, 531.

THE monograph on benign stupor by August Hoch appeared in 1921. Thirteen of a total of 18 original cases were available for study. It was

revealed that the greater number of these cases have suffered from psychoses which have had unfavourable outcomes. The concept of benign stupor, according to Hoch, represents a phase of manic-depressive psychosis. Obviously such a classification cannot be applied to those showing unfavourable results. It is noted that there are many types of stupor and that this symptom occurs in numerous diseases. The actual diagnosis would depend upon other accompanying signs and symptoms plus an analysis of the causative factors. The benign stupor of Hoch was established on the presence of four cardinal symptoms; apathy, inactivity, thinking disorders, and an absorbing interest in death. The writer cannot accept these as distinguishing benign stupor from catatonia, for they are also commonly present in schizophrenia. There seems little reason to believe that Hoch's stupor is fundamentally different from catatonic stupors and benign stupor should not be regarded as a disease-entity. In the past periodicity and recoverability were considered pathognomonic for manic-depressive psychoses. To-day these are not considered characteristic of the cyclothymic group alone. They occur in schizophrenia as well. The rigid theory of Kraepelin that schizophrenia is a progressively deteriorating disease is true only if we consider the case over its entire life-span.

C. S. R.

PSYCHOPATHOLOGY

[139] **On the psychic symptomatology of cerebral tumours** (Sulla sintomatologia psichica dei tumori cerebrali).—A. CAMPANA. *Riv. di pat. nerv. e ment.*, 1936, **45**, 87.

AFTER a rapid review of the conclusions to which those who have formerly studied the relation between brain tumour and psychic disturbance have come, the author, on the basis of data received from 42 observations of brain tumours investigated post-mortem, believes he can affirm, apart from the common symptoms of weakening psychic processes which accompany the development of almost all brain tumours and which can alone justify the suspicion of such tumours, that it is not possible, from consideration of the mental syndrome represented at the time by the picture of functional psychosis, to proceed to a diagnosis of the seat of the tumour.

The pathogenic problem of the above relation must be invalidated if one agrees with those authors who assign the chief rôle in the determination of psychic alterations to the toxic action of the tumour.

R. G. G.

[140] **Mental changes following head trauma in children.**—A. BLAU. *Arch. of Neurol. and Psychiat.*, 1936, **35**, 723.

THE cases of 22 children showing mental changes following head trauma are reported. The cases are classified and discussed in groups, the conditions



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