who as a race are abnormally excitable and attach no importance to the lives of their fellow beings, show a great want of control of their passions and desires. The exciting cause is emotional, and after a preliminary stage of melancholic torpor, or following some religious stimulation, the frenzy attack supervenes, lasting hours to days. In case of failure to secure the coveted death, the patient sinks into a stuporose sleep.

Very similar to these fury psychoses, except that they do not go so far, are the dalahara of Malays and trapenkohla of Africans. The attacks reach their apex in a spirited word quarrel, but no blows are given. In the exaltation group are included flagellate worship and certain religious and dancing ceremonies. The object of all is to secure a frenzy of emotional excitement, and an interesting phase is that element which produces self-injury to attain it. Persons of this group are quite harmless. The depressive group may be considered the antithesis of the fury group. It includes the stoics, depressives, and certain others who end by one of the forms of self-destruction. Delusion and illusion are basic factors in the characteristic oriental atmosphere. Witchery, mesmerism, devils, charms, etc., are widely prevalent, and are the elements used to rule an ignorant and emotional people for good or bad. The success attained is an indication of the psychologic condition of the mass.

C. Stanford Read.

PSYCHOPATHOLOGY.


"It is the object of this paper to show that the eye rarely produces other than ocular symptoms unless the patient is emotionally unstable, and that he frequently is relieved, not by glasses but by suggestion, or else by some adjustment of the inner life unknown to the oculist." Inman shows that the frequency and intensity of headache and other symptoms complained of by patients sent to an oculist have no relation to the degree of strain which the error of refraction produces, and that this error, itself often insignificant, is only brought to light when the patient complains for reasons which really are unconnected with it. The symptoms complained of make their appearance during some period of emotional stress—though the patient is oblivious of this fact—and usually disappear with their emotional cause.

Inman gives many good examples of this from his own practice. The result of a questionnaire in a hundred consecutive cases which came to him for glasses further supports his view that the mental state of the patient, not the error of refraction, determined the onset of symptoms. Inman then deals with the emotional factor in glaucoma, unequal pupils, watering of the eyes, and squint. Squint, originating as it does in such early years, was a particularly difficult subject to investigate; but after closely inquiring into 150 consecutive family cases of squint, Inman arrives at the following conclusion. Squinting is definitely related to left-handedness and stammering, and all are traceable to faults in the child's upbringing.
Generally they express a rebellion against a harsh or oppressive regimen, though sometimes their object may be to gain a privilege otherwise inaccessible. These neurotic manifestations do not occur in the offspring of a really happy and well-balanced marriage, where the parents themselves are presumably free from troublesome fixations and the attendant conflicts.

Alfred Carver.


In this paper Prideaux extends his previous observations on the psycho-galvanic reflex phenomenon. He begins by a theoretical consideration of the meaning to be attached to the term emotion, and defines it as “a subjective feeling consisting of central excitement and consciousness of peripheral sensations occasioned by situations which powerfully oppose or facilitate the aim of any instinctive impulse”. He shows that muscular expression (instinctive impulse) is no indication of the subjective feeling experienced, and agrees with James and Janet that the expression of intense emotion in hysterical subjects is artificial; there is but little feeling connected with it.

He sees, however, in the amount of visceral reaction a quantitative indication of the subjective emotional experience, but admits that we are not justified in taking this as proved until we know more of the physiological changes underlying the psycho-galvanic reflex.

After describing his technique, Prideaux gives a table comparing the results obtained in normal, psychoneurotic, and psychotic individuals. The average decrease of resistance in healthy persons is 100 ohms; anxiety states and paranoia fall but little short of this; but cases of conversion-hysteria, epilepsy, and dementia præcox give far less decrease, while in idiots the resistance only falls by 6-8 ohms. In considering the interpretation of results, Prideaux concludes that the psycho-galvanic reflex is determined by the state of the cerebral cortex, but the relative parts played by the condition of the skin, the optic thalamus, and the autonomic system remain to be explained by further researches.

Alfred Carver.


The author first describes some of the various tests used in experimental psychology, and then points out how these and similar tests might help to elucidate problems of clinical medicine. He suggests that useful information could be obtained from the study of: (1) The effects of suggestion, its limitations, useful application, and its effects on the various functions of the body; (2) Faith and confidence, and how these may influence and promote healthy functioning; (3) The induction of various emotional states, and how these may react on the body; (4) The origin of subjective symptoms and why they follow from certain organic changes, and reasons for the variations in different individuals; (5) The question whether
functional derangements can produce organic changes; (6) The inquiry into the mental states accompanying different illnesses, and certain other psychological aspects in relation to disease.

There can be little doubt that such a study would be of the greatest use if carried out with accuracy and under the strictest control, but the amount of material investigated would have to be very large if it were to be useful, whereas *Ars longa, vita brevis.*

R. G. Gordon.


In this paper Janet regards ‘manias of action’ (compulsion neuroses) and phobias as being different stages of the same process, viz., ‘fear of action’. The act in question has annexed to itself a difficulty and a particular peril. Patients who have retardations, or the habit of beginning over again when executing any action in particular, before long cease to perform the action in question, and in the end they manifest fear for the objects or the situations which have relation to these activities. The fears of action manifested by the ‘manias of action’, or of beginning over again, are a little less marked than those fears of action which enter in the true phobias. They are regarded as the inferior degree of fear of action, that is, *anxiety* of action. He considers that the localization of fear on this or that object is purely accidental. In the very distinct group of professional phobias, as in the fear of the razor which occurs in barbers, the fear of scissors which occurs in seamstresses, the fear of prescriptions which occurs in physicians, there is found at bottom the fear of carrying on one’s trade or the fear of the professional act. From this point of view the phobia is the concentration of a general fear upon a particular object. The origin of this fear is not to be found in any particular incident or group of incidents in the past which would be searched for and found by the specifically deterministic method. It is a kind of molar maladaptation which can be attributed to no more specific source than the ultimate one of the personal factor.

James Young.


The patient, a man, age 24, had been thrice wounded in the war—in the arm, right leg, and nose. After the leg wound in 1916 he limped much for six weeks, but after that walked all right and was able to go back to the front. In September, 1918, he was wounded by a transverse shot through the cartilage of the nose, and was unconscious for three and a half days. Shortly afterwards he began to have epileptic fits, and it was on account of these that in 1920 he was admitted to the Breslau clinic. While having a bath on admission he had a typical major fit, with complete unconsciousness, convulsions, left-sided Babinski reflex, and loss of pupil reactions. For many hours after the fit he was in a dream-state, wandering about the ward, disarranging the beds, and hardly understanding anything said.
to him; disorientation was complete. In this state he showed the symptom on account of which the case is published. With the right foot he stepped only on the toes, keeping the knee bent and the whole limb abducted; thus he limped about the ward for hours. Next day he was less confused; the limp was quite gone, and he had no recollection of it; there was complete amnesia for all that had happened in the dream-state. When the doctor mimicked the limp to show him what it had been like, the patient admitted that it perhaps somewhat resembled the limp he had had after his wound in 1916, nearly four years before; but he could not imitate it himself. A dream-state was not again observed. His gait was closely watched after his frequent fits, but no disturbance of gait was ever again noticed.

Sydney J. Cole.


Determining the intelligence quotient of a criminal defective is not sufficient investigation. An effort should be made to study what other factor or factors in the personality there are that make for his criminal tendencies, and to consider at least whether or not the same individual, with normal intellect, might not still have been criminally inclined. Volitional and emotional aspects must be borne in mind as well as, if not more so than, the intellectual. Glueck is quoted in the statement, "Rarely is it possible to hold a single etiological factor responsible for a criminal act. In the vast majority of instances a criminal act must be attributed to a number of antecedent inter-related causative factors, each one contributing its share toward the ultimate result, which is expressed in the anti-social act." These various possible factors at the various epochs of life are spoken of.

In a recent study of a group of men confined in a house of correction, the author was impressed by the normal intelligence of the vast majority of those examined, which led him to the conclusion that these were quite capable of determining the rightness or wrongness of their acts, but, largely by virtue of their early environment, developed character traits that became woven in the fabric of their personality in such a way and at such a time that it became tortuous and twisted, and ill-adapted to meet the demands of any environment that was not either criminalistic or psychopathic. Envy, jealousy, suspicion, hatred, feelings of inferiority, etc., may all lead to mental conflicts of which anti-social acts are the result, though the connecting link at times may seem remote. Alcohol and drugs, too, become environment problems which are subject to modification.

The case histories briefly given show that it is only after careful study of all the different aspects of the individual's life, which includes mental and physical heritage and the environment in which they have developed, that we can get a proper perspective between the cause and effect of their personality defects. Any analysis of conduct which does not take into consideration the instincts, emotions, and the will, as well as the intellect, cannot but fail to be productive of results that are worthy of consideration.

C. Stanford Read.
[192] Remarks upon consciousness in the epileptic fit.—L. Pierce


On close study, the validity of the seeming truism that consciousness is lost in the epileptic fit is questioned. In the slighter grades of petit mal there is commonly a good deal of awareness, and it must be inferred that instead of there being a loss of consciousness in totality, the subject-consciousness is really increased. In such cases the awareness of one's surroundings is greatly or entirely lost, but a heightened sense of consciousness is found to be present as regards the awareness of self. From the very nature of the fit one would expect this to be so; and in more severe epileptic reaction where subject-awareness may not be reported, we may judge by appearance and manner that the individual is not in a dissimilar state to those who can translate their feelings from the twilight state. In the grand mal state it is inferred, from the content attained during deep coma or lethargy, that such epileptics have so narrowed their subject-consciousness to the most intensive egoistic concern as to make it comparable to that at birth or earliest infancy. As self-awareness disappears in grand mal, there is an inflation or disturbance of the real unconscious motivated by such an egoistic drive that it is manifested in acts of violence in the automatism or engrossed in intensive egoistic concern, as shown in fragments of thoughts or states of lethargic allmacht. There is then complete power over the state of being after all phases of reality are abolished. The state is an involution of the normal development of consciousness.

One can then understand the enormous psychic importance of the epileptic fit. First it has a deteriorating influence upon sustained interest and attention and a normal mental objective life. As a result of this involution previous memories and sustained attention fail, even though mild seizures occur, and as each attack refreshes and satisfies his cruder ego-consciousness and enriches his egoistic interests, we can understand why the epileptic often assumes an indifferent attitude towards recovery. We must appeal continually therefore along lines of intensifying his personal satisfactions in everyday life comparable to that which he derives from his epileptic habit.

C. Stanford Read.


The writer’s experience in a detailed investigation of some twenty cases of stammering is that almost every theory ever set forth as to the nature of the disease is contradicted. He thinks that there have been more absurd and ill-digested theories about stammering than about any other psycho-neurosis. He finds Blumel’s *Stammering and Cognate Defects of Speech* and the work of Swift and Scripture all equally deficient. He does not find that all stammerers possess the ‘stammering monotone’, or that their auditory memory or power of visualization is defective. For him the essential point is that an undue amount of energy flows into the muscles of speech. This is due to an emotional concentration directed towards overcoming a sense of inferiority which in many cases is perpetuated by the
predominance of a member of the patient's family. Sometimes the sense of inferiority has no such specific cause. In all cases there is too great consciousness of the act of speech. "We talk best when we are thinking clearly and accurately of what we want to say, rather than as to how it is being said." Therefore, for therapy, the mind must be relieved from the idea of the gravity of the speech defect.

The patient must be taught not to expect an early cure. If he is constantly looking for improvement, there can be no diminution of concentration. He is told there will be no special change to be noted when treatment is ended. This is a volte face from therapeutic suggestion. He is to be assisted to a state of mind towards his disorder wherein he becomes utterly indifferent to whether he stammers or not. This state of mind is attained through analysis, which reveals the infantile feelings and reactions giving rise to the inferiority. At the end of analysis the patient is dismissed without further reference to his speech, and told to report in six months or a year. Usually new adjustments have been made, and a definite improvement is noted.

It took a number of failures and partial successes to bring the writer to this point of view. Particularly he condemns the various methods of correcting stammering by rhythm, change of modulation, etc., because they involve direction of attention to speech per se. Moreover, the stammerer cannot go about for the rest of his life beating time to his conversation. He regards attempts to trace the origin to any particular incident, such as over-correction for use of obscene language, or washing of the mouth with soap and water, as superficial.

JAMES YOUNG.

[194] A case of sleep lasting five years, with loss of sense of reality.—

Pierre Janet. Arch. of Neurol. and Psychiat., 1921, vi, 467.

The young woman, age 23, had been regarded as markedly neuropathic and emotionally unstable. At the age of 13 she began to have paroxysmal disorders of consciousness in the form of more or less prolonged fainting spells. The first bad attack occurred at the age of 14, and the patient explained that the feeling always took place when she was placed in a difficult situation or when she had to do something which was fatiguing. "In a few minutes I am gone, do not know what I am doing, and act like an automaton... It is not I who order my movements; it is no longer I who act and speak." In severe attacks she would gradually become motionless, apparently fall asleep, and would remain inert for several hours. These grew more frequent, were of longer duration, and at the age of 17 she began to sleep continuously.

Janet has had her under observation for four years. For the first year she remained unchanged and was apparently sound asleep. She made no reply to questions, and reacted but little to stimulation—even to the near explosion of shells. She was easily fed without a tube, but passed her urine in bed and gave no bowel movement except through an enema. From time to time convulsive attacks took place which usually threw her out of bed. It was a mistake to presume that psychologic processes were
ABSTRACTS

at a minimum, for when she thought she was not observed she took food
left beside her. By persistent speaking Janet gradually got her to converse
for a short period about once a week, and also succeeded in getting her to
write a letter to him two or three times a month. An insight was thus
gained into her peculiar mental state. The converse would cease with her
remark, "Why do you want me to talk to you? You do not exist, neither
do I. Good night." No signs of organic nervous disease were found.
Though she imagined she was demented and delirious, she exercised her
intellectual faculties in a most interesting way, was well orientated, and
showed a lively imagination. The sense of unreality and feeling of auto-
matism was well described, and she had doubts not only as to the existence
of objects, but also as to their character, but her doubts mainly centred
round her own personality. "At any rate, I think—but I do not exist."

Janet specially wishes to emphasize the feeling of unreality the patient
had as regards her recollections, and she insisted she had no memory at all.
It was this feeling of the unreality of things, persons, and memories which
used suddenly to overwhelm the patient in the midst of some activity, and
brought on the disorder. At first this feeling quickly disappeared, then
became more prolonged, and finally continuous. The writer is inclined to
think that the sense of unreality does not depend on impairment of
elementary sensations or elementary psychologic phenomena, but on a
reduction of activity, a lack of interest in activity, and especially on dis-
turbance of deliberate action, which is the starting-point of reality. It is
her weakness in reflection (which effects a synthesis of the various tendencies
awakened) that causes her perpetual doubts and sense of unreality. Her
sleep is not a real sleep, but an irrational conviction on her part which is
frequent among psychasthenics. She is a psychasthenic with obsessions,
devoid of will power and of the power of reflection. Gradually she took
refuge in delusions and in sleep, and when her depression become more
profound she began to believe in her continuous sleep.

Janet believes the condition curable. He has been able to stimulate
her to do more and more, and progress has been marked. She shows much
activity, but not normally, and only evinces some somnolence in the fore-
noon. The feeling of unreality is the same, and is persistent, because it is
the fundamental symptom. The condition was one of automatic refuge.

C. STANFORD READ.

[195] Alcohol and syphilis as causes of mental disease.—G. II. KIRBY.


The author quotes statistics which show that alcohol and syphilis are
responsible for one-fifth to one-quarter of all asylum inmates. Syphilis
has been demonstrated as a direct causative agent, and whether alcohol is
a cause or symptom of the mental complaint it is a closely associated factor
in the case-histories of many patients. He then surveys the incidence of
alcoholic and syphilitic psychoses during the last decade, and comes to the
following conclusions:

Alcoholism has declined perceptibly in the general population during
recent years, the beginning of the decline antedating by some years the
restrictions due to war conditions and the passage of the federal prohibition amendment. Coincident with this decline there has occurred a remarkable fall in the number of alcoholic psychoses, the lowest figure on record having been reached in 1920. During the first period of the World War there was a noticeable recrudescence in both alcoholism and alcoholic mental disturbances; but after the United States entered the war in 1917 there was again a sharp fall, which, so far as alcoholic psychoses are concerned, has not since been interrupted.

Psychoses due to syphilis reached the highest point of which we have a record in the year 1918. Since then a decline in the relative and actual number of cases has occurred, which, in view of the increase of population, may be regarded as at least a hopeful sign. Whether or not the more thorough and scientific treatment of syphilis in its early stages will bring about a further reduction of neurosyphilis and syphilitic psychoses, is a question to be answered in the future.

From the standpoint of mental hygiene the situation may be regarded as encouraging. A notable advance has been made in the direction of controlling one of the outstanding causes of mental disease, alcoholism; and as regards a second great cause of mental disease, syphilis, there are indications that education, prophylaxis, and improved methods of treatment are beginning to yield some results, as yet slight, to be sure, but nevertheless sufficient to be considered a sign of progress.

R. G. GORDON.


The authors briefly review previous investigations along this line, which were inconclusive, and in which no pathognomonic metabolic change was found characteristic of any given mental disease. This may be due to the grouping together of hebephrenic, paranoiac, and catatonic types of dementia praecox in one disease-entity. They selected patients of the catatonic type only, and took samples of blood from the cubital veins of patients two and a half hours after breakfast; from each sample the total nitrogen, urea, uric acid, creatinine, creatine, and sugar were estimated. Controls were obtained from the doctors, nurses, and employees of the institution. The following table of the average deviation of each constituent in the normal and in catatonic dementia praecox is given:—

<table>
<thead>
<tr>
<th></th>
<th>Urea N.</th>
<th>Uric Acid N.</th>
<th>Sugar</th>
<th>Creatine</th>
<th>Non-protein N.</th>
<th>Creatinine N.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>13·6</td>
<td>10·0</td>
<td>9·5</td>
<td>9·3</td>
<td>8·0</td>
<td>7·9</td>
</tr>
<tr>
<td>Catatonic</td>
<td>16·6</td>
<td>49·5</td>
<td>13·4</td>
<td>16·5</td>
<td>13·8</td>
<td>11·4</td>
</tr>
</tbody>
</table>

Their conclusions are: (1) There is no definite and absolute blood formula for the catatonic dementia-praecox group. (2) In 75 per cent of
the cases studied there was a decrease of the uric acid—these cases being mostly inactive, with poor peripheral blood circulation. (3) In 47 per cent of the cases there was an increase of the amount of the blood-sugar. (4) The average deviation of each constituent of the patients' blood is higher than that of the normal, suggesting an unstable metabolic activity.

R. G. Gordon.

TREATMENT.


It is pointed out that notwithstanding the histopathological destructive lesions in the central nervous system demonstrated by Southard, Gurd, Mott, Monakow, and others, occasionally cases of dementia praecox not only spontaneously recover after decades of deterioration, but these recoveries are marvellously complete. It has, however, been stated that the pathological changes found are not uniformly proportionate to the gravity or duration of the mental symptoms. Holmes believes that the acceptance of his theory that the disease is an intoxication will render such recoveries explicable. His theory places the production of a toxic molecule in the cœcum, which molecule, by a selective action, acts upon the brain to produce the mental symptoms and later the histopathological lesions. These symptoms are at first produced by a simple cell intoxication, which may go on to the destruction of brain-cells. The first symptoms noticed in most cases are suggestive of cerebral irritation, but a careful inquisition generally develops evidence of an antecedent period of depression. The sexual excitement of dementia praecox patients is of uncertain genesis. Ceni has shown that the molecules of cerebral neuroglia are toxic to the spermatogenesis of the testicle when liberated by cerebral concussion in animals. It seems probable that the genital symptoms are secondary to the destruction of cerebral cells and the liberation of cerebral molecules.

The author advocates its treatment by daily irrigations of the cœcum with large quantities of water five hours after the last meal of the day, in order to endeavour to terminate the production of the toxic amine. For more than one reason irrigation is best carried out through an appendicostomy. This therapy offers hope to the oldest and severest cases.

C. S. R.


Scepticism as to the efficacy of any new method of treating epilepsy is allowable when one considers the disappointments which have usually resulted; and as a rule it has been necessary to revert to the use of bromides. After extensive use of luminal, however, the author thinks he is justified in speaking eulogistically of its value.

Luminal belongs to the same chemical group as veronal. It differs from it only in the substitution of a phenyl group for an ethyl one; and it