ing certain advantages of the rest period—the mass effect of all working
together and the mass effect of all obtaining relief together—while avoiding
several of its disadvantages. It was concluded that its introduction led to
increased output and materially reduced fatigue towards the end of each
work spell. The experiments made, considered with the opinion of the
workers, indicate that a change period is at least as effective as, and is even
preferable to, a rest period.

C. S. R.

PSYCHOSES.

[91] A case of folie à deux (Su di un caso di pazzia a due).—C. Cussino.

Riv. di pat. nerv. e ment., 1922, xxvii, 447.

A married couple were brought into the asylum, in Milan, after having been
found in a state of great dirt and neglect in a room which they practically had
not left for two years. The wife was neuropathic, and her family history
unsatisfactory. At the time of the menopause she became suspicious and
superstitious. She was inclined to consult palmists, etc., but was afraid to do
so till a gipsy apparently foretold the death of her mother. This precipitated
her psychosis. She acquired an apparatus which she regarded as her good
spirit, who directed her life and told her what to do. She imagined herself
in alliance with God against His enemies, and her mission was to defeat these.
Finally she developed a tuberculous arthritis and was told by her spirit that
she must not leave her room for exactly twenty-four months in order to be
cured.

The husband had been an industrious worker, but always under the thumb
of his wife, and although he sometimes rebelled against her suspicions and
superstitions, she gradually alienated all their friends, and then he submitted
to her influence. He also consulted the good spirit and obeyed its dictates,
feeling himself drawn into the same struggle as his wife against the enemies of
God.

The conditions under which this communicable psychosis develops are
enumerated. (1) The superior intellect of one, the active subject, over the
other, the passive subject. (2) Community of conditions of life and of moral
and material factors. (3) The delusions must be based on something that
might be true and confined within the limits of possible conjecture and inter-
pretation. (4) The existence of a suitable predisposition in the passive
subject.

That such cases are not merely the result of suggestion is shown by
examples like the one described, in which the passive subject, when separated
from the active one, does not recover, but slowly progresses to a state of senile
paranoia like that of the active subject.

R. G. Gordon.

[92] Sex development and behaviour in male patients with dementia praecox.

—Charles E. Gibbs. Arch. of Neurol. and Psychiat., 1923, ix, 73.

The writer records observations on the gross physical sexual characters
of 325 male patients suffering from dementia praecox. He also gives the per-
centage of married patients in 343 cases, and studies the problem of sexual
development from the point of view of sexual behaviour in 137. His findings are summarised thus:

1. The testes of dementia praecox patients first admitted to the hospital between sixteen and twenty years of age compared favourably in size with those of patients first admitted between the ages of twenty-one and forty.

2. Pubic hair of a definitely feminine distribution was present in 18 per cent. of patients first admitted between the ages of sixteen and twenty, and was still present in 18·4 per cent. after they were twenty-one years of age or over, but was found in only 2·6 per cent. of those first admitted between the ages of twenty-one and forty.

3. A definite deficiency of beard occurred more frequently in patients admitted early than in those admitted late. This deficiency persisted until after twenty-one in 34·6 per cent. of those first admitted between the ages of sixteen and twenty, and was still present in 21 per cent. of patients first admitted between the ages of twenty-one and twenty-five, when those showing the deficiency had reached an average age of 25·8 years.

4. Deficient development of the secondary sexual hair did not depend on the size of the testes, being associated with rather large testes as frequently as with small ones.

5. The marriage rate of males developing dementia praecox was definitely below that in the general population.

6. Adult sexual relations with the opposite sex had never been accomplished by 64·1 per cent. of 120 dementia praecox patients, who answered the questions in a satisfactory way.

7. Only 20·5 per cent. of the patients had reached an adult level of sexual behaviour and maintained it for even a short time, either married or single.

E. B. G. R.


There is definite indication of variant status physiologically in the acute and exacerbative phases of dementia praecox as compared with the so-called addictive types which, aside from such factors as persistent initial hypoglycaemia and glandular features, seem to show no essential departures from the normal. In these acute or clinically active cases this deviation is manifested through delayed sugar-tolerance, indicative of disturbed glycogenic and glycogenolytic functions, altered epinephringlycaemic response, relative hepatic hypofunction, relative hypolipemia, evidence of depressed basal metabolism and increased blood cell fragility—findings in their ensemble definitely suggestive of a basic hypo-oxidative status, a state of general metabolic depression. In addition there is autonomic dysfunction or instability predominantly of the vagotonic order. The disorder may conceivably represent reaction to exo- or endotoxicosis, or other intrinsically neuro-organic situation to which the metabolic change may be secondary, though the endocrine situation may be the fundamental one. In all probability the association is one of essential concomitance. The matter of physical or psychic primacy is of interest but obscure. One might
ABSTRACTS

postulate a certain somatic vulnerability as regards the endoerino-autonomic field, which, under the stress operative upon the psychic level, may become clinically manifest as described. This seems plausible in view of the marked amelioration determined by conflict subsidence and the frequency with which endocrine stigmata are established in praecox types. As to difference in reaction among the basic types in dementia praecox, there seems to exist no definite distinction among the really acute forms.

C. S. R.


1. The study of 250 normal, 120 dementia praecox, and 82 manic-depressive cases, by the method of classifying associations according to logical relationship between stimulus and response, shows in every case overlapping of the groups, and in most cases no significant differences in central tendencies. The normal group gives far fewer 'co-ordinates' and far more adjective-noun associations than either of the pathological groups, but the latter groups do not differ significantly from each other.

2. Rhymes and sound associations appear to be slightly more characteristic of the manic-depressive group than of dementia praecox.

3. Responses in the form of proper names and responses using the first personal pronoun do not appear to be particularly characteristic of either disorder.

4. Responses of the 'value-judgment' type appear with equal frequency in samplings taken from the two main groups.

5. Responses which consist in merely changing the word-form of the stimulus appear to be definitely characteristic of very excited manics.

6. The associations of both pathological groups resemble those of normal adults very much more than they resemble those of children. A special study of 'individual' reactions shows no striking difference in their classification in the pathological groups; in a few cases, the two normal groups vary in the same direction from the pathological groups.

7. The above conclusions seem to confirm the work of Kent and Rosanoff, who state that "a large collection of material shows a gradual, and not an abrupt, transition from the normal state to pathological states." The present data justify no conclusion as to the possibilities of the association experiment in the field of detailed analysis of particular associations. The suggestion is offered that types of word-association, as such, are but little related to the fundamental attitudes and adaptions to life underlying the mental disorders which are here compared.

C. S. R.

NEUROSES AND PSYCHONEUROSES.


The writer holds that in the study of the symptomatology of hysteria all that is given to us is a disorder of conduct, and that the disorders of the bodily