pluriglandular organotherapy. Since most impotent persons, mainly elderly, are also anaemic, he advises the addition of three to five grains of haemoglobin. Each case, however, must be studied individually. The author has also seen good effects upon the sexual power follow the injection of ram’s semisolid testicular substance, and also from ligation and severing of one or both vasa deferentia.

C. S. R.


The case here reported is that of a young man of eighteen, who for three weeks before admission to hospital had been subject to spasms in the hands and feet; when he was examined the phenomena of Trousseau and Chvostek were both present, and the muscles were hyperexcitable to electrical stimuli (Erb’s sign). The calcium content (total) of the blood serum was found to be 5·9 mg. per cent. (Normal value for patient of same age, 11 to 12 mg. per cent. (Leicher.)).

The patient was given by intravenous injection 10 c.c. of a preparation of calcium-chloride-urea (Afenil). Within fifteen minutes of the injection Trousseau’s and Chvostek’s signs were no longer obtainable, and the strength of current required to cause muscular contraction was almost doubled; a sample of blood taken thirty minutes after the injection showed a calcium content of 7·1 mg. per cent. During the next ten hours the patient was well, and no signs of tetany could be elicited; then Chvostek’s sign alone reappeared.

Three days later the patient had a typical severe attack of tetany and received an injection of Afenil during the attack; the spasms relaxed at once and the twitchings abated. Since then two injections of Afenil have been given each week, and the patient has had no further attacks.

It seems from this case that the intravenous injection of calcium may give immediate relief in attacks of tetany, and that its effect persists for a period sufficient to keep the patient free from attacks until calcium given by the mouth has had time to act.

J. P. M.

Psychopathology.

PSYCHOLOGY.

[137] The dream of frustrated effort.—J. C. Gregory. Psyche, 1923, iv, 24. The depletion of the dreaming mind by sleep is reflected in a disturbance of the sense of reality. Bodily sensations are important contributions to our sense of reality. It is possible that moments of purely mental activity may cause a sense of unreality by depleting consciousness of the marginal mass of sensation. This occurs in the dream and disturbs the dreamer’s sense of reality.
The dreamer experiences a sense of unreality when he seems to move but does not feel his movements because they do not really occur. In dreams of frustrated effort there is conflict between affirmation and denial, which results in the conviction that attempts are failures. In these dreams the failures are often concerned with characteristics of waking life in which the dreamer is expert. In the train-missing dream there is a belief in effort and failure. The disturbed sense of reality, although insufficient to convince of unreality, expresses it through the absence of sensations of movement. When the dreamer realizes he is dreaming it may denote a victory for the assurance of unreality. The train-catching dreamer seems to race for the train but feels that he does not move; he compromises by supposing that he is trying and failing. From this it is deduced that sleep experiments on the mind by partially cutting it off from the world. In the recurring dream the memory of the former dream may help the dreamer to decide that the later dream is unreal. The dream of frustrated effort is intermediate between a thinned reality dream and one recognised as such. Inability to move is probably the direct rendering of the dreamer’s actual lack of movement. The author thinks that a missed-train dream may express consolation against fear of death, as Freud suggests, without prejudicing his explanation.

Robert M. Riggall.

[138] A contribution to racial psychiatry (Ein Beitrāg zur Rassenpsychiatrie).

This is an interesting observation made from a study of the Javanese.

Notwithstanding the immense difference between the psychology of the Javanese and that of the European, so great indeed that any real understanding of the personality of the Javanese is almost impossible for us, the psychopathic phenomena are nevertheless identical in the two races. The author concludes from this that in spite of the greatest differences between members of widely distinct races, the essence of their human nature is the same. That is to say, heterogeneity and differentiation are found in the conscious psyche, whereas the collective unconscious is uniform.

H. G. Baynes.


This paper raises a number of profoundly controversial metaphysical questions with which it is impossible to deal in a brief abstract. It is nothing short of a bold attempt to distinguish two kinds of reality: the sensuous, concrete and particular perceptions belonging to the realm of natural science, and the phenomena or the kinds and forms of consciousness which appear as immediate intuitions corresponding to specific essences of things. The first consist in frank sense perception, whereas the second, although derived from sense perception, is really associative perception. It is generic and essential as opposed to individual and actual. The writer also attempts to define a phenomenological method by which this particular intuitive capacity can be developed. It seems that he is really discussing the antithesis between the function of sensation and intuition, but he raises so many other issues in his numerous
examples from art and literature, that it is not easy to grasp whether at bottom the problem which interested him is psychological or philosophical.

H. G. Baynes.

**PSYCHOSES.**


In an introduction the author reviews the opinions of authorities on the varieties of senile psychoses and the significance of Redlich-Fischer’s miliary plaques. On the latter point it is clear that considerable confusion obtains. The nature and origin of these plaques is obscure, and the opinions expressed in the literature quoted convey no more definite conclusion than that they represent a degenerative process in the central nervous system. The author describes his histological investigations and differentiates four types of plaque: the spheric form with nuclear-like central mass, the diffuse form with nuclear-like central mass, the perivascular form, and the diffuse spheric form with globule-like contents. Topographically plaques seem most frequent in the frontal lobes and the hippocampal gyri; in a few cases they are seen in cerebellum and basal ganglia. None is found in the spinal cord. They are mostly to be seen in the grey matter of the cortex, or in the white matter usually near the former. The author considers the plaques originate from an abnormal reaction of the glial reticulum, due either to exhaustion of nutritive energy or to specific exogenous agencies.

One hundred cases of senile psychoses are studied and divided into six groups, according to the pathological findings post-mortem:—

1. Cases in which miliary plaques are the prominent feature (forty-seven cases described). Of these all but two showed clinical symptoms of senile dementia.

2. Cases in which plaques are found together with arteriosclerotic dementia (seventeen cases described). Clinically some of these cases appeared to be senile dementia, while others were arteriosclerotic dementia.

3. Cases in which arteriosclerotic changes are main features (twenty-six cases described). These cases were, on the whole, typical of arteriosclerotic changes.

4. Cases showing marked parenchymatous degeneration without plaques or arteriosclerotic changes (two cases described). Clinically they corresponded with senile dementia but presented some peculiarity in the previous history, which made the diagnosis of senile dementia uncertain.

5. Cases of minor parenchymatous degeneration (four cases described). These consisted of one epileptic, two cases of involution melancholia, and one of alcoholic deterioration.

6. Organic lesions of other nature (three cases described). One of these was a case of gas poisoning, one of epithelioma, and the other of general paralysis.

In the author’s opinion the absence of plaques rules out a diagnosis of senile dementia, and although their presence is not absolutely diagnostic, it is highly suggestive. The number of the plaques does not correspond with the