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
severity or the type of clinical symptoms. The latter factor would seem rather to depend on the disposition of the patient. Arteriosclerosis does not seem to have any causative connection with plaques, but may occur coincidentally with them. The clinical differentiation between senile and arteriosclerotic dementia is discussed; the former is progressive, while in the latter remissions occur, the clearing up of periodic confusion being in favour of this diagnosis. Insight is fair in the early stages of arteriosclerotic dementia but not in senile dementia. In senile cases impairment of retention is marked and leads to delusions and general impairment of memory. Savage's 'denudation' is always marked. Defect of recent memory is often made good by extensive fabrication. Nocturnal restlessness and wandering are frequent in senile cases. In arteriosclerotic dementias emotional incontinence is marked, while melancholic and hypochondriacal ideas, sometimes leading to suicide, are frequent. In the senile cases the emotion is much more superficial and transitory, and hallucinations are more frequent. Focal symptoms are much more common in arteriosclerotic cases.

R. G. Gordon.


The author's cases are taken from the asylums and neuropsychiatric clinics attached to the University of Messina and Palermo.

The clinical details are given in five cases which show neuritic and psychic changes associated with tubercular infection. In such cases there would always seem to be a neuropathic or psychopathic inheritance which probably allowed the tubercle bacillus to affect the tissues of the central nervous system. This effect is produced, not by the bacillus itself, but by the toxins derived from it. The symptoms show involvement of the peripheral nerves with or without accompanying involvement of the higher centres. The symptoms of the latter may simulate G.P.I., manic depressive insanity, or simple dementia. Impairment of memory and loss of association of ideas are the most characteristic phenomena, though all sorts of other mental phenomena may be met with. Amongst these are alterations of character leading to delinquency. Several murders committed by tubercular subjects are quoted, and the frequency of sexual aberrations in these subjects is pointed out. Crimes of violence against his own person or against others are commonest, and then sexual delinquencies. Crimes against property are rare. The author points out that the notorious Landru was in the last stages of tuberculosis. He considers that patients with definite tubercular psychoses or polyneuritic psychoses should be segregated at once.

R. G. Gordon.


In diabetes mellitus we may have, aside from a definite psychosis, less organized and less malignant psychic troubles. Among the exogenous psychic disturbances we note intellectual laziness, diminution of memory, hypochondriac
occupations, hypoaffectivity with egocentric tendencies, and diminution of moral and physical energies. A depressed state of mind and a sense of ruin and worthlessness are in the foreground in the greater number of diabetes having an associated psychosis. Three factors play an important rôle in the development of a psychosis associated with diabetes, viz., arteriosclerosis, the involutional period and heredity. Arteriosclerosis may be the causative factor of the patient's abnormal mental reactions. Again, diabetes has a tendency to cause arteriosclerosis, in which case it would be a remote factor in the psychotic development, or the two may aid one another. The initiating factor in diabetes may be part of an internal secretory syndrome, and at the involutional period there is a change in the biochemical regulating system. Adding poor heredity to a case of diabetes mellitus we have a strong psychic determinant in itself. When one or more of the foregoing factors are present, the psychosis cannot be said to be symptomatic of diabetes. It has been the observation of several clinicians that the mental symptoms in cases associated with diabetes cleared with the gradual disappearance of the urinary abnormality. However, before definite mental symptoms can be directly attributed to that form of brain intoxication accompanying diabetes, further study of selected cases with the free use of blood chemistry will be necessary.

C. S. R.


The author quotes a group of cases which he brings together under the heading of 'monosymptomatic melancholia.' They are all cases in which the underlying melancholia was marked by some organic disorder localized in the stomach or the sex function. He maintains that on account of this apparent localization in grosser systems the real psychological condition was overlooked. The diagnostic attitude accountable for such blindness as this will presumably survive just as long as the physiological standpoint is allowed to ignore obvious psychological facts.

H. G. BAYNES.


This paper analyses 113 'service' cases of the more chronic type. Its purpose is to examine more particularly their etiology, symptomatology and prognosis, with a view to augmenting the slender volume of collected data on the subject. The existing literature is summarized and criticized. It is shown that the proportions of the various disease types among service patients has altered since the war period, and that dementia praecox cases constitute with mental defectives by far the greater proportion of cases still under care. Of the etiological factors, insane heredity, psychopathic predisposition, previous mental illness, constitutional inferiority, and excessive alcoholism together accounted for 99 per cent. of cases. These factors, however, were found to be combined in many cases with physical inferiority or ductless gland anomalies. This latter was noted more particularly in the dementia praecox cases. The average length of service of those who only
served at home was ten months; while of those who also served abroad it was 2.2 years. A comparison of toxic-infective factors with the resulting psychosis shows that varied factors of this type yield a comparatively small number of disease pictures, and these much more commonly are well-defined psychoses than the simple infective-exhaustive type. An examination of the symptomatology shows that no new type of mental disturbance has been produced by the war, but that certain psychoses (viz., dementia praecox), which in civil life are usually chronically progressive, appeared in an acute recoverable form. More than half of the cases now resident in hospital are of the dementia praecox kind, and of these most are of the paranoid variety. A detailed analysis of the mental status of the dementia praecox cases revealed in nearly all of them a considerable, and sometimes profound, degree of dementia. The prognostic inference is obvious. The inefficiency and lack of endurance of the constitutionally inferior (mental defective) group is demonstrated. On the other hand, nearly half of the general paralytics had an average length service practically equal to that of the whole series. Finally, it is evident that the majority of the cases under consideration would eventually have entered mental hospitals even without the superaddition of war-strain; and that of those remaining under care, none are likely to reach a normal standard of mental health, and nearly all will have to reside permanently in an institution.

C. S. R.


CHRONIC constitutional dysthymia (depression or excitement) is very common in children. Among the constitutional dysthyminics are to be found a large number of antisocial individuals.

Chronic hypothyminic children are dreamers, idle, seclusive. They live on sensations. They are prone to be overcome in thunderstorms, on hot and tiring days, during religious ceremonies, in the face of the duties of school, etc. Among them, further, are to be found many child suicides, disposed to renounce life for trivial reasons, such as reproaches, criticism at examinations, imagined offences. Yet they are not pessimists in the ordinary sense.

The constitutional hyperthyminics are excitable to a degree; from them are recruited on the female side the youthful prostitute, and on the male the youthful criminal. A love for excitement, romance, adventure, characterizes their affective life.

Mixed or dysthymic cases occur with some frequency. Professor de Sanctis analyses his material with remarkable acuteness, and in his opening paragraphs clearly distinguishes these cases from the manic-depressive psychosis of Kraepelin, a conception which he subjects to considerable criticism.

S. A. K. W.


In considering the problem of the delinquent child, Dr. Gordon urges greater co-operation in the fields of education and psychology. He deplores the
tendency to restrict the range of inquiry within the limits of any one creed or dogma, and emphasizes the importance of a broad outlook.

The types most likely to give trouble are the psychopathic and retarded children not sufficiently feeble-minded to come within the scope of the Mental Deficiency Act. Unmodified and uncontrolled dispositions will lead to vicious conduct, but if modified by education are capable of leading to the highest virtues. An adjusted balance between these factors is required. Lack of balance manifests itself in varying degrees between the different impulses and the environment. In those cases in which there is failure of adaptation to the environment there is no distinction between phantasy and reality. The most difficult cases show an over-mastering uncontrolled impulse, such as the instinct of acquisition. Lack of affection for others may be due to a deficiency of the gregarious instinct. Improvement of integration factors already present is a much more hopeful outlook than the supplying of an absent structure de novo. In dealing with the case of the retarded child, the author emphasizes the danger in the establishment of feelings of inferiority. Should self-assertion be a prominent feature the child will not submit, but will react strongly to the idea of inferiority, exhibiting the will to power. His disobedience and stubbornness may result in pathological lying. Expression of his inferiority may show itself in phantastic adventures such as truancy and wanderings, often supplemented by theft. Later, this sense of inferiority may express itself in neurosis, drink, or drugs and criminality. The investigation and treatment of these cases should be definitely undertaken for the sakes of the individual and the State. This investigation should be carried out under three headings: (1) physical examination; (2) the intelligence should be investigated by means of the Stanford revision of the Binet-Simon or the Yerkes-Bridges point scale tests; (3) the reactions to life must be undertaken by mental exploration. Psychotherapeutic clinics should be organized, the functions of which should at first be purely advisory. The need for the proper selection of thoroughly qualified workers in these clinics is strongly advocated.

ROBERT M. RIGGALL.


In this paper Rosenfeld discusses the relation, if any, between mental diseases and infectious disorders. From numerous sources he quotes evidence which, although demonstrating the profound influence acute toxic conditions can have upon a psychotic state, is none the less entirely ambiguous as to the nature and tendency of this influence. The attempts to induce artificial febrile states by malaria and other toxic agencies are in his view not justified by the results. His scepticism even goes so far as to say that the superadded toxin of the fever often seriously aggravates the psychotic phenomena.

H. G. BAYNES.


The conception that criminality no less than insanity is an expression of a diseased personality at the psychological level has been very slow of recogni-
tion. Still more difficult of appreciation has been the conception recently brought forth that in many instances the criminal act instead of being wilfully intentioned is in itself motivated by deeply seated unconscious conflicts of the individual criminal. Cases here reported at some length deal with such individuals, and the writer endeavours to show that their antisocial acts were but the culmination of lifelong difficulties which drove them with the force of an instinct to commit the particular type of crime. He finally concludes that “individuals arrested on the charge of writing and sending obscene letters by post, can often be shown to be homosexuals, whose antisocial activities are psychogenically motivated by unconscious conflicts, and that they should, therefore, be treated as mentally ill and not as criminals.”

C. S. R.

[149] Suicide and sexuality.—Max Marcuse. Jour. of Sex. and Psycho-analysis, 1923, i, 180.

The extraordinarily large number of suicides committed during the period of puberty, and the numerous suicides and double-suicides on account of confessed or otherwise evident unrequited love, are suggestive of a connection between suicide and sexuality. Sexual troubles at puberty are often the root of the suicides of school children, and there seems to be an unquestionable connection between such and masturbation. Eulenburg states that the disturbances caused by puberty itself are greater in girls than in boys, and furthermore, the emotional effects of sexual and erotic motives exercise a more intensive influence upon girls than boys. Thus the immediate motives, such as unrequited love, jealousy, ‘the results of an affair,’ etc., were recorded in 14.6 per cent. of youthful male suicides, and 40 per cent. of females. The erotic motives are most patent in double-suicides, the more active party being almost regularly the woman. As a rule, the man kills the woman with her consent and then himself. Hundreds of alleged suicides committed by women are in reality not suicides at all, but are accidents in attempts to obviate evidence of bodily guilt. The inner tension involved may be turned towards another person, so that instead of suicide we may have murder. It seems probable that syphilis as a motive is quite considerable. Two groups may here be distinguished: (1) Those in which from a normal psychological standpoint the act is quite comprehensible, though prompted by a wrong and exaggerated idea regarding the dangerousness of the disease, and (2) those in which suicide is devoid of any rational foundation and only the expression of a morbid compulsory idea. Hirschfeld estimates the incidence of suicides owing to homosexuality as about 3 per cent. of all urnings. The true love suicides represent a group of their own, and are more frequent amongst homosexual than among normal individuals. Among juvenile female suicides menstruating girls are in the majority; and the suicides of pregnant women and those committed during the climacterium are of considerable significance. In men, impotence may be important causally. In the family status of suicides it has been noted that the proportion of married men is greater than that of bachelors. Regarding women, the reverse obtains. Suicides are frequent among widowed and divorced men and women. Three times more childless
women commit suicide than mothers. The incidence of suicide runs parallel
with that of sexual crimes, and both are manifestations of a 'sex periodicity.'
The methods employed also help to throw light on the relation of suicide and
sex.

C. S. R.

NEUROSES AND PSYCHONEUROSES.

[150] Traumatic neurasthenia in insured persons (À propos de la "névrose
des assurés").—C. Juillard. Rev. med. de la Suisse rom., 1923,
xliii, 467.

A Swiss Federal Judge, Picard by name, recently gave advice and counsel
to practising medical men concerning the treatment of what we generally
term traumatic neurasthenia. The learned judge claimed that the doctor
had the chief part to play in preventing and curing functional symptoms, in
persons involved in industrial accidents, by a process of suggestion and
persuasion.

Dr. Juillard takes a somewhat novel view of the proper course to be
followed in such cases. He cites the well-known fact that 'neurasthenic'
symptoms following trauma usually clear up when any claim for compensation
is finally settled even if no award be made. He points also to the equally well-
known fact that such 'functional' subjects generally succeed in getting some
award if they are sufficiently persistent. He concludes that the functional
results of trauma in insured persons would largely disappear if, at their onset,
the medical man could affirm with absolute certainty that no award would
result from any proceedings taken. This action on the part of the doctor can
only be rendered possible by the whole-hearted support of the law.

G. W. B. James.

[151] A study of the resistance of red blood cells to the hemolytic action of
hypotonic salt solution in psychoneuroses.—B. S. Levine. Jour.

This investigation shows that the psychoneuroses of the neurasthenic,
hysterical, and anxiety types exhibit different group-values for their blood
resistance, the anxiety and hysterical groups being more closely related than
the neurasthenic type to either. The association of organic conditions seems
to intensify this difference. There is a marked difference between dementia
praecox and psychopathic inferiority, cases of the former showing an increased
resistance of blood cells. The author suggests that these findings indicate an
organic structural basis for the different psychoneurotic groups.

R. G. Gordon.

[152] A survey of routine urinary findings in the psychoneuroses.—B. S.

Three hundred and thirty-eight cases were examined and divided into five
groups—hysteria, neurasthenia, anxiety neuroses, psychopathic individuals,
and organic cases. From these, 827 urinary specimens were taken, and studied
from the point of view of specific gravity, colour appearance, reaction, albu-
min, sugar, indican, bile, casts, cylindroids, pus, mucus, blood cells, sperma-