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.


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.


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.


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, albumin, sugar, indican, bile, casts, cylindroids, pus, mucus, blood cells, sperma-
tozoa. The findings were not conclusive, but certain apparently significant variations in specific gravity were discovered, and a preponderance of spermatozoa in cases of anxiety neurosis was noted. There were definitely more abnormalities in this group of cases than would be expected in a similar group of healthy individuals. The author considers this may point to an organic basis whose study may be useful from the therapeutic standpoint. On the other hand, these changes may be secondary to endocrine imbalance following emotional disturbance, or to organ inferiority such as is described by Adler.

R. G. Gordon.


In the front rank of the army of psychoneurotics stand the sufferers from hay fever. Hay fever in itself is a true vasomotor neurosis, and its victims are either primarily psychoneurotic or manifest a secondary psychosis following the hay fever attack. There is no condition that the ear, nose and throat specialist encounters in which the nerve element plays such a conspicuous part. In fact, nearly all states of functional insanity are at one time or another experienced by the sufferer, from the irritable and excitable states to the depression of melancholia. Fixed ideas or phobias are but a part of the syndrome. The hypersensitive condition of the nasal mucosa leads to an over-stimulation of the sneezing centre, resulting in this act becoming automatic. Without his will the patient sneezes, due to lack of inhibitory control. Then comes the excess of imagination. He has ideas that in certain localities his condition is provoked. The mere thought or suggestion of his condition stimulates his sneezing centre. In many the act of sneezing has become implanted in the subconscious to such an extent that an attack may be brought on by the slightest thought stimuli. The writer thinks that there should always be a combination of local treatment to give symptomatic relief together with the intelligent use of psychotherapy. Only by recognizing the psyche, which is the directing force, can adequate results be hoped for.

C. S. R.

PSYCHOPATHOLOGY.


The writer in his judicial work has applied psycho-analytical principles in the study of divorce cases, and as a result he states that he has brought to light a form of neurosis not hitherto classified. In support of this he cites a case and gives a brief analysis of it. The mechanism of this 'conjugal neurosis' is in many respects the same as the mechanism of paranoia. Each of them springs from a repression in the erotic realm—the one from a repression of homosexuality, and the other from a repression of normal love. In each of them love is transmuted into hate by the argument of the psychic censor, resulting in hallucinations and transferences that are practically the same in both cases. Even hallucinations of persecution and conspiracy are often fully as pronounced in the conjugal neurotic as in the paranoiac. The physical symptoms accompanying the former are in many instances more marked and complex than in the latter. The conjugal neurosis is based upon a repression of