years by the war. The method employed is the personal investigation and
detailed following up of the genealogical tree of two families, reaching back
to 1761 and 1751 respectively. The material is considered from the biological,
social, clinical and characterological points of view. In both families there is
an apparent mixing of schizophrenia and manic-depressive traits, and in one
epilepsy also is present.

The characteristic features of these may be mixed, or run independent
course, in members of the family, or give rise to indeterminate psychotic
phenomena. The authors attempted to verify Mendel's law, but found
several difficulties in so doing, viz., the smallness of numbers, the high infantile
mortality, and the question whether a character is dominant or recessive.
They incline to the view that dementia praecox behaves as a recessive, while
manic-depressive psychosis appears as a dominant.

Fortunately the diseases show a tendency to die out in both families
rather than to spread. From the characterological point of view, the families
exhibit well-marked divergent tendencies running through successive genera-
tions. So powerful and persistent is the operation of these traits that in
course of time they bring about a separation in the social and financial status
of the families.

These characteristics the authors attribute mainly to upbringing, which
they consider a most important factor in the development of the anomalous
traits exhibited by their material.

The study is inconclusive, but is interesting as an example of the intensive
method applied in a most painstaking manner to a small field of inquiry.

Alfred Carver.

PSYCHOPATHOLOGY.

[25] Atypical Lilliputian hallucinations in an old man with cataract (Hallu-
cinations lilliputiennes atypiques chez un vieillard atteint de

The patient here discussed was a man of education and culture, who, having
enjoyed excellent health to the age of eighty-six, was able to describe the
interesting hallucinations with unusual vigour and detail. They were coinci-
dent with failure of vision due to the cataracts, and lasted until the death of
the patient at the age of ninety-two, a period of six years. The figures were
described as being small, a few centimetres in height, generally feminine, and
nearly always brightly coloured. As is usual with this type of hallucination,
they caused no alarm, but, on the contrary, aroused the deepest interest in
the old gentleman. The figures danced and sang, moved about freely in the
room of the patient, or in the garden if he was sitting there, and not
infrequently were accompanied by small horses and carriages in which
the Lilliputians would ride. Dr. Flournoy, after collecting further informa-
tion concerning the phenomenon, found that the hallucinations of his patient
were characterised by two unusual features. He was able to pick up these
small figures and examine them in his hand. He was able to describe them in
great detail as he might have described an actual small doll. Moreover, he asserted that he could feel the movements of the little figures upon his hand. So vivid were the hallucinations that the patient was quite unable to understand the failure of other persons to see the figures. He was also able to give the little people orders and directions, and he derived great pleasure from watching his directions being carried out. These features of Dr. Flournoy's case are certainly unusual. The author goes on to discuss the pathology of the phenomenon. He suggests that the hallucinosis is due to a regression on the part of the individual and insists on the close similarity between the Lilliputians of his old patient and the fairy world of children. Some of the descriptions written by the patient appear in the article, which is of great interest throughout.

G. W. B. J.


The author reports five cases of one of twins being a Mongolian idiot. The ages of the mothers ranged from thirty-eight to forty-four years.

There are ten recorded (he infers binovular) similar cases, and two of Mongolism in both twins, inferentially uniovular.

In his five cases, both bisexual and unisexual, there had been separate placentas and membranes.

There is no known case of bisexual twin Mongols. The author concludes that Mongolism is germinal in origin, and due to an inherent and not acquired defect in the germ-plasm.

M. A. B.


A search in the literature reveals the extremely rare incidence of Mongolism in both of twins, only two other instances being described—that of Hjorth, the twins being "of the same sex," and that reported by de Bruin, the twins being boys, as in Strauch's observation.

The parents of the twins now reported were intelligent and without any inherited taint, and neither of them was syphilitic or alcoholic (? Wassermann reaction not performed). At the time of conception the mother was twenty years of age, and the father thirty and a half; the pregnancy was normal, and the twins were the first born of the family. The other three children, aged seven, four and three-quarters, and one and a half years, were perfectly healthy and intelligent.

Strauch points out that the occurrence of a Mongolian idiot with a normal twin has been observed only in double-ovum twins, while Mongolism in both twins has been described only in twins of the same sex who are presumably single-ovum twins. He concludes by stating that these observations are in favour of an endogenous factor in the etiology of Mongolism.

R. M. S.

The striking mental residuum is an emotional disorder which is most commonly an apathy. The apathy is usually pronounced and sometimes accompanied by a mild degree of depression. A certain amount of euphoria may, however, be present. There is a real diminution in the field of emotional response, and closely connected is a volitional disorder consisting mostly in adynamia. Flexibilitas cerea and echolalia are occasional symptoms. Mutism and rigidity occurred in one case. Trend reactions are rare in the chronic cases. Where delirium occurs apart from the onset, it is probably due to a complication. There is occasionally a slight patchy intellectual defect in uncomplicated cases, but as a rule the chronic organic type of reaction is absent. Sleep disturbance is a characteristic sequel of the disease. Its nature varies in different cases and at different times in the same case. A Parkinsonian syndrome is a frequent physical residuum. Its presence appears to influence the entire prognosis unfavourably. The prognosis of chronic cases is poor, especially those with pronounced physical signs. Mental and physical deterioration is apt to increase with time.


The authors emphasize the differences between the clinical features of the juvenile and adult forms of general paralysis. They consider that without examination of the blood and spinal fluid many cases of juvenile paresis pass as cases of epilepsy and of idiocy with epilepsy. Although development may proceed normally in the juvenile cases until the signs of paresis gradually appear, more commonly both mental and physical inferiority is present from infancy.

Epileptiform seizures, and signs of motor impairment, such as ataxy, incoordination, tremor of the hands, face and tongue, choreiform movements and defective articulation occur earlier in the juvenile form of general paralysis. Optic atrophy is more frequently met with in the juvenile cases. Pupillary abnormalities were present in all but one of the cases examined.

In the spinal fluid the typical paretic curve of the Lange gold test was present in all except one of the twenty-three cases, and the blood Wassermann was positive in all. As in many congenital syphilitic children, who are not paretic, the results of the spinal fluid examination have been typical of general paresis, it is suggested that these children may be in the 'preparetic' stage. The truth of this supposition can only be tested by a long period of observation.


The question of responsibility for paternity and the admissibility as evidence
of the patient’s own acknowledgment rarely arises during the course of general paralysis; it is for this reason that the following case is considered worthy of attention.

The patient, aged forty-five, was admitted to a mental hospital on December 24, 1917, suffering from general paralysis. Earlier in the year he had had sexual relations with a girl, who subsequently gave birth to a healthy child. The girl then brought affiliation proceedings against the patient, and he, on July 6, 1920—while still in the asylum—wrote the girl a letter in which he admitted full liability; he also expressed his resolve to provide amply for both mother and child. In evidence before the court, a doctor stated that on the date in question—July 6, 1920—the patient was incapable of conducting his own affairs. When shown the letter he had written, however, the patient recognized it and again admitted paternity. In July, 1921, he reaffirmed his responsibility in the matter, and died on July 22, 1922.

As the patient was suffering from general paralysis, the important question is: Of what value was his written statement on July 6, 1920? From this question arise the following points for consideration:—

1. In what sense is general paralysis progressive, and does the disease show stages of alternating amelioration and deterioration?

2. Had the patient exhibited periods of remission and lucid intervals (between which terms the distinction is pointed out)?

3. What was the patient’s mental condition on July 6, 1920?

The conclusion is then reached that general paralysis is a type of chronic affection characterized by remissions rather than lucid intervals, and that it was during such a remission on July 6, 1920, that the letter admitting paternity was written. The statements contained therein have a real value as evidence, and however open to dispute on theoretical grounds, the value from its legal standpoint was practical and definite. An affiliation order was granted by the court.

C. W. D.


The outstanding facts concerning general paralysis, as shown in this study, may be summarized as follows:—

Of all new cases admitted each year to hospitals for mental disease, over one-tenth have general paralysis.

This disease claims nearly four times as many males as females.

The great majority of admissions are in early middle life.

A much greater proportion comes from urban than from rural communities.

A larger percentage of intemperance is found among persons admitted with this form of mental disease than for any other form except the alcoholic psychoses.

General paralysis claims for the most part married men and women.

The disease has a low improvement rate and a markedly high death rate, but is less severe among women than among men.
The hospital life of persons with general paralysis is shorter than for any other principal form of mental disease.

There is, therefore, an urgent need of more extensive and intensive efforts to check the spread of syphilis, and the importance of applying treatment in the early stages of the disease is stressed.

H. M. R.


Tests on the urine of cases of amentia, carried out with AgNO₃ in the presence of heat, showed the presence of decidedly abnormal quantities of amino-groups in all the cases examined. The elimination of these abnormal products often continues for several days together, during periods of more or less long duration, according to the gravity of the illness. It is not dependent on fever and cases with the onset of recovery. The abnormal toxic products are probably formed in the small intestine by some specific bacteriological (?) process. Hepatic insufficiency facilitates their absorption.

From this point of view cases of amentia and of dementia praecox behave in identically the same way, suggesting they may both be due to intoxication by a particular amino-group.

Delirium tremens gives similar results, indicating that it is not a specific form of dementia but is due to the presence in the circulation of the same substances as are found in cases of non-alcoholic amentia.

R. G. GORDON.


BOVEN advances certain hypotheses concerning attention. To him attention (prosexia) appears as the continual activity of a definite limited psychic energy. It is always active and constant in amount, but may be turned in three directions, viz. (1) to internal sensations—cenæsthesia; (2) to the external world—exæsthesia; (3) to ideation, reflection, etc.—endæsthesia. These constitute, as it were, a three-fold world or the three dimensions which attention as an organ of sense explores. The quantity of energy available being a constant, it follows that the more of it which is engaged in one direction, the less remains available for others. During sleep attention is directed inwards (to the self); it has changed its object, redistributed itself, but is as active and potent as during waking life. As Claparède has suggested, attention then is focussed upon trophic and assimilative processes. Attention also exercises an inhibitory function, guarding the frontier between consciousness and the unconscious, and holding the keys to motility. In this respect it is comparable to the Freudian ‘censor.’ Boven then considers psychopathological phenomena in the light of his hypothesis, showing how various symptom-complexes correspond to an alteration in the normal
PSYCHOPATHOLOGY

distribution of attention. Finally, he claims that his hypothesis explains the apparent contradiction between the laws of Weber-Flexner and of Merkel.

Alfred Carver.


This article examines the effects of prohibition on alcoholic insanity in the States which have adopted the measure.

The author begins by insisting that the law should have fair play, and that the numerous stories of drug-taking, crime and even alcoholism having largely increased since the introduction of the law should be taken cum grano salis. A consideration of many figures follows, some of them being sufficiently striking to reproduce. In 1918, for the thirteen State mental hospitals of New York, 572 persons were admitted for alcoholism, 488 men and 134 women. In 1920 this figure had fallen to 122, 90 men and 32 women.

A study of figures relating to the admissions to the asylums of fourteen States shows that the proportion of admissions for alcoholic insanity is now only 1·9 per 100,000 population, compared with 6·7 in 1910. Since 1920 there appears to have been a slight increase in male alcoholism, but not in female cases. M. Legrain explains this by pointing out that women are much less exposed to the activities of 'bootleggers.' In Massachusetts, in the 'dry' years 1920 and 1921, the number of women detained in penal institutions was the lowest for ten years. During these years the total prison population of Massachusetts was reduced by 52 per cent.

Interesting figures are given to show that alcoholic mental states occur in direct proportion to the consumption per head, and that since the States went 'dry' the most marked drop in alcoholic insanity has been among women.

The author becomes somewhat speculative after his display of impressive statistics. Among other interesting and suggestive comments he remarks that the American mind glories in success, especially material success; whereas in the 'wet' days to drink whisky was no particular sign of wealth, the 'dry' laws make whisky exceedingly costly, and therefore the rich drink it as a visible and outward sign of success!

G. W. B. J.

TREATMENT.


During treatment the processes of projection and identification both take part in the relationship of the patient to the doctor; unrecognized attitudes and desires are projected on to the doctor from the basis of a positive or negative transference. The psychotherapeutist, too, tends to project his own unconscious wishes on to the patient, preventing him from seeing in him the same unconscious wishes. The analyst, therefore, must have his own uncon-