showed no change, but the mental age was fifteen; he had adequate intelligence, and neurologically he was a typical example of the postencephalitic syndrome.

The authors point out the fairly constant symptomatology of this condition. There may be a history of influenza, diplopia, strabismus, or protracted somnolence. Mental changes may date from this or may develop any time up to several years after. Personality changes occur with a definite time of onset. The most outstanding characteristic is the combination of apparent mental deterioration with a high mental rating by intelligence tests. The changes are commonly outbursts of temper, irresponsibility, incorrigibility, childish mannerisms, cruelty to animals and children, lying, stealing, etc.

M. A. Blandy.


This article points out briefly that, though many cases of paralysis agitans are uncomplicated by well-marked mental symptoms, clearly defined psychotic manifestations occur more frequently than is usually recognised. A report of five such cases in the Danville State Hospital is given, and the following conclusions drawn:

1. Mental manifestations are not uncommon in paralysis agitans, and are frequently overshadowed by neurological symptoms.

2. The mental symptoms often precede the neurological signs and lead to erroneous diagnosis.

3. Mental manifestations are characteristic, and consist of emotional depression; agitation and psychic pain; hallucinations, generally referable to the organic sensations and the sense of touch; delusions of a somatic, self-accusatory or paranoid nature, with resultant attempts at homicide or suicide; and varying defects of memory, with little mental confusion.

E. B. G. R.


A man and his wife were admitted to hospital exhibiting similar mental symptoms of a delusional nature. They both believed that the people in the district were practising witchcraft on them. Observation in hospital revealed the fact that the husband was the active agent. He forced his delusional ideas upon his suggestible wife, and her acceptance of them served to confirm him in his false beliefs. Detention and treatment in hospital resulted in the woman’s gaining insight into her mental state, and she was discharged with her mind restored to its normal condition. The husband, with the same opportunities, attempted adaptation by means of further repression.

David Matthew.

NEUROSES AND PSYCHONEUROSES.


A fugue is described as a psychomotor disorder in the course of which generally
the semiconscious or unconscious subject leaves his home or occupation and for a variable time without any definite aim wanders about in an automatic state. Fugues may be obsessive or impulsive, as in the major psychopathies, whereas in alcoholics, general paralytics, epileptics, hysterics and dementia praecox cases they are connected with an enfeebled psychic control. Fugues manifested sometimes as the first indication of Bright's disease are little known, so that two cases are here quoted. In both there were complete amnesia and the characters of an epileptic fugue. In one patient the fugue lasted several days, and in the other twenty-six hours. These cases have an important practical and medicolegal interest as well as a theoretical one. One patient died two months subsequently from an apoplectic attack, while the other recovered with appropriate treatment which would not have been administered had not the hitherto unsuspected condition been revealed by the fugue. The writers, not being able to trace any other pathogenic mechanism, think that the origin was toxic, as found in toxi-infective or alcoholic states.

C. S. R.

[ 80 ] The erotic element in the sense of guilt.—J. Marcinowski.—Jour. of Sexology and Psychanalysis, 1923, i, 449.

GUILT is the motive power in all the neuroses, because guilt is the motive power for repression. When our behaviour stands in some sort of relationship to one we love—more correctly, to one by whom we wished to be loved—the slightest suggestion of anything forbidden suffices to evoke a decided feeling of guilt and fear. We cannot bear the thought of being other than the beloved person would have us to be. Guilt-fear is therefore the feeling accompanying an imperilled love relationship, a love relationship of an infantile nature (inasmuch as we do not love, but wish to be loved). Feelings of guilt constitute an erotic problem and not a matter of morality. If we enlarge the concept of the beloved person as a single individual so as to mean the group, the obligation to be lovable is converted into the impersonal and becomes an ethical principle. The sense of guilt may also assume a religious character.

C. S. R.

PSYCHOPATHOLOGY.


It is exasperatingly obvious to the psychiatrist how illogical and arbitrary it is for a learned jurist to arrogate to himself the province to define when and under what circumstances a person suffering from mental disorder shall or shall not be held able to discriminate between right and wrong, and be held accountable for his acts. It also goes without saying that the present legal standard of criminal responsibility is at variance with modern principles of psychological and psychiatric experience; that because of this legal doctrine, because of certain legal procedures and rules of evidence, the expert witness is sometimes placed in an unfortunate position, which arouses the reproaches of the legal profession and the prejudice of the public against expert testimony.