is still more or less a negative statement, in so far as its broad implication is to
the effect that no anatomical lesion has been discovered.

He ventures a twofold division of functional conditions—those that are
intimately bound up with the activities of the vegetative nervous system
and yet have definite relationship with the mental life as discovered by
individual psychology, and those that are purely hysterical in their
manifestation.

True bronchial asthma has its clinical and pathological findings—
asthma crystals, Kurschmann spirals, eosinophilia, and pulmonary signs,
which permit us to mark it off as a definite entity, and because of this defining
line we can discover the hysterical forms by exclusion.

The writer then passes on to discuss how far psychical traumatism can
be regarded as causal in the presence or absence of a psychopathic or ‘nervous
constitution.’

A case of nervous asthma is given in detail to illustrate the point of view
of individual psychology. It describes a young woman of thirty-one who for
four years had been the victim of a typical bronchial asthma, which gradually
increased in intensity and frequency of attacks. Analysis had revealed her
as an excitable woman, ambitious for power and luxury, which her marriage
had not satisfied. She rebelled against her enforced household duties, and
the asthma appeared fully developed as an angry attack against her fate, her
husband, and his family. A mother-in-law, more successful in business than
her own husband, comes in for all the hatred. Her father’s position enables
her to receive the attention of all the celebrated physicians, and behind the
barrier of sickness she takes refuge against a world in which she has failed to
succeed.

E. Miller.

PSYCHOSES.

[129] The mental changes associated with pernicious anaemia.—Henry W.

Numerous writers have referred to the mental characteristics of patients
with this disease. On better acquaintance with them one learns that they
are usually depressed and apprehensive, affable like a tuberculous patient,
but without hope. Although they do not have pain, they suffer from annoying
paresthesiae, rapid fatigue, disturbance of taste, sore mouths, flatulence,
diarrhøea, and vague visceral sensations, all of which lead them to think
there must be something serious the matter. A psychosis may appear at any
time. Various authorities differ as to its prevalence. Of 1,498 patients with
pernicious anaemia who were seen at the Mayo clinic, about 4 per cent.
presented an outspoken psychosis. Barrett says these patients are irritable
and suspicious, a state which forms the groundwork for persecutory delusions,
and he places the condition among paranoid toxic psychoses. Bonhöffer
regards them as indistinguishable from infection psychoses. Others state
that the psychosis may for a time closely resemble dementia praecox, dementia
paralytica, or Korsakow’s psychosis. Why it is that some develop a psychosis
while others do not, is a question hard to answer. It may be that constitutional factors play the leading part. It is usually said that the mental disturbances proceed pari passu with the intensity of the anaemia.

C. S. R.

[130] Prohibition and alcoholic mental disease.—Horatio M. Pollock and Edith M. Furbush. Mental Hygiene, 1924, viii, 548.

These writers come to the conclusion that alcoholic insanity in America is now much less prevalent than it was in 1910, but more prevalent than in 1920. The rate of decline since 1910 has been greater among women than among men. The reduction in alcoholic cases is due in part to a change in the habits of the people and in part to restrictive laws. The rate of alcoholic insanity is much higher among the foreign born than among the native white population. The rate is extremely low among native women of native parentage. The rate of alcoholic insanity is higher among negroes than among native whites. The enforcement of prohibitory laws is largely a matter of changing the more or less fixed habits of the foreign-born population. The rate of alcoholic insanity is much higher in cities than in rural districts. There is practically no alcoholic insanity among women in rural districts. Alcoholic insanity occurs principally in advanced middle life, following years of excessive drinking. With respect to education, economic condition, and marriage, patients with alcoholic insanity do not differ greatly from the general average adult population.

C. S. R.


Precise facts concerning such cases are rare. The appellation ‘ambulatory automatism’ should be applied only to simple amnesic fugues without delirium, dementia or mental confusion. In the case under notice the patient, a sergeant, had drunk to excess for some years. He disappeared on a Monday, arrived at the house of an aunt on the Wednesday following, gave a plausible account of himself, borrowed civilian clothes, and disappeared again. The next day he suddenly ‘came to’ and was surprised to find himself in civilian clothes. Returning to the home of his aunt, he learnt that he was being searched for by the authorities, and gave himself up at a military post. His personality during the fugue was not, properly speaking, transformed; his relatives observed no hallucinations, and there was only the tendency to fabulation. The amnesia for the period of the fugue was probably complete, and the author suggests that some confused recollections of the visit to the aunt were only a concession to the insistence of questioners. ‘Automatism’ is not a suitable word to employ when there is no absence of initiative, and the author would prefer to call the condition a ‘second state’ in order not to prejudge its psychological nature. Cases of the kind described are near to ambulatory epileptic automatism, and differ decidedly from hysterical automatism. The amnesia is the essential and dominant phenomenon.

Millais Culpin.

Of the 1,000 cases here reviewed, 15 per cent. had mental symptoms in some way related to the condition. The most common psychic disturbances were mild depression, a sense of apathy, dulness, drowsiness, fatigue, anxiety, and fear of impending trouble. In twenty-two cases the mental changes were profound. The psychic manifestations are divided into four groups: those occurring (1) during the prodromal period; (2) with the attack; (3) as equivalents; and (4) as associated phenomena.

1. They can be divided into the excited and depressed types. The psychic prodomes do not appear to be influenced by the severity of the migraine attacks.

2. With the onset of headache, the picture as a rule changes rapidly. A maniacal state may ensue at once, but the most common disturbance is some phase of somnolence, rapidly replaced by mental confusion. Hallucinosis may appear, and a mild delirium. The duration varies, but the symptoms are usually relieved by the vomiting and sleep. Marked anxiety and terror often occur during an attack as well as closely allied transient manias. The close relationship of these latter to epilepsy is mentioned. A transient change in character may occur during an attack.

3. The headache may at times be entirely replaced by the psychic manifestations of depression, ill-humour, excitement, confusion, delirium, stupor, automatism. Such behaviour disturbance as impulsiveness, compulsions and pathological stealing may also come under this heading.

4. Here the relationship of migraine to epilepsy and hysteria is discussed. It may be noted that in the entire group of cases only one patient is said to have shown any evidence of endocrine disturbance.

C. S. R.


Many subjects pass into a condition of dementia praecox with no abrupt or startling manifestations. There may be noted some modifications of character, but neither delirium, agitation, nor the like; the patient just disappears from home and becomes a vagrant. Others present an acute onset, then improve—either at home or in an asylum—and only later enter upon the career of a vagabond. Thus there is a *forme frustra* of great interest from the legal and social point of view. The author illustrates his thesis by an example in which eleven committals for begging and vagrancy were followed by a sentence of two years' imprisonment for a military offence. A diagnosis was made after some months, and the man finally passed into a typical dementia praecox state with persistent stereotypy of attitude and gesture. The conclusion is that judicial errors in this respect are common, and that all repeated offenders for vagrancy should be subjected to a detailed and exhaustive mental examination.

Millais Culpin.

Twenty cases diagnosed dementia praecox, but terminating in recovery, were analyzed from the standpoint of potential prognostic indications occurring either before or during the attack of mental disease. Racial or ancestral traits do not determine to any significant extent the presence of symptoms which bear a malignant aspect. Heredity occasionally exerts an indirect effect, and the previous existence of chronic mental disease in a parent may apparently create an environment from which a later developing benign psychosis in the offspring may take some of its unfavourable symptomatological aspects. A close study of the personality is often fruitful and furnishes helpful prognostic guides. Abnormality of personality in itself is not sure evidence of chronicity, and a psychosis which seems prognostically unfavourable may be given falsely such an appearance by determining prepsychotic idiosyncrasies of character. Rarely sensory deprivation due to previous organic disease may influence the behaviour during the psychosis so that it seems bizarre, unrelated to affect, and malignant. If the precipitating situation is innately significant and the psychotic content reflects its component factors, then the psychosis may be benign, even though the symptoms in themselves have a somewhat sinister aspect. The transition stage from reality to unreality is an extremely critical period. Other things being equal, an acute, stormy onset is a favourable prognostic sign. An affective display which is markedly at variance with the remainder of the psychotic content, or a notable insufficiency of affect, ordinarily constitutes criteria of chronicity. Toxicity or exhaustion may complicate a benign psychosis and impart to it a deteriorating disguise. Catatonia has a widespread distribution and is not peculiar to dementia praecox. It may be a response to toxicity, and it then admits of a hopeful prognosis. Stupor, in itself, does not furnish a safe prognostic indicator, and it must always be considered in its relations to the entire psychosis. Careful study, not only of the actual mental symptoms, but of all the antecedent factors which may have been influential in moulding or complicating the expression of the psychosis and their proper evaluation, should tend to reduce the margin of prognostic error.

C. S. R.


The schizoidism of Bleuler is, in the opinion of the authors, not a specific clinical type, but a general conception, applicable to various pathological mental states. They believe, on the contrary, that it has a much more limited clinical physiognomy. It is encountered in individuals predisposed by psychopathic heredity, who, as they grow up, experience difficulty in adapting themselves to external reality, who neglect practical life for the life that lies within; ‘realistic thinking’ is abandoned, and ‘autistic thinking’ indulged. Such individuals live in their own dreams and imaginations; they have an
ABSTRACTS

air of distraction; often normal in appearance, their schizoid tendencies may not be revealed except by minute psychological investigation. Numerous persons of genius, artists and others completely absorbed in artistic creations, exhibit in fact secret inclinations towards the schizoid state.

A contrast may be drawn between this schizoid constitution and (1) the mythomanic constitution, characterised by an innate tendency to confabulation and simulation; (2) the paranoiac constitution, with its tendency to transform and exaggerate the facts of real life, its pride and mistrust, its suspicions, ideas of persecution, etc.; and (3) the emotive constitution of the psychasthenic. The authors consider Bleuler's schizoidism to be merely a general attitude towards the environment, accidental and occasional, whereas the schizoid constitution should appear the same from whatever angle it is envisaged.

J. S. P.


These authors conclude: (1) Affective disorders expressing themselves in states of depression or elation occur as important sequelae of acute epidemic encephalitis. (2) Suicidal attempts are frequent. (3) It is important to safeguard patients suffering from this form of sequela. (4) The value of the rest cure in the treatment of these affective disorders is to be greatly emphasized. (5) The prognosis in these cases, while guarded, is favourable in many cases in which a complete rest cure is given.

C. S. R.

[137] The objective findings in the psychoses.—P. J. TRENTZSCH. Arch. of Neurol. and Psychiat., 1924, xii, 370.

A group of patients suffering from various psychoses were subjected to test, designed to determine the relationship of the neurocirculatory system to the different types of mental disorder. From observations on the pulse rate and blood pressure it was found that hebephrenic and katatonic patients did not respond in the normal manner after exercise, 82-6 per cent. of the cases having a low neuropsychiatric rating; in the paranoid group of dementia praecox the results were normal. A study of the weight of the heart in the psychoses showed that 75-5 per cent. of the dementia praecox series, 30 per cent. of the patients with manic-depressive insanity, and 30-2 per cent. of epileptics had hearts weighing less than the average.

R. M. S.

PSYCHOPATHOLOGY.

[138] The pathological histology and the pathogeny of dementia praecox, etc. (Recherches sur l'histologie pathologique et la pathogénie de la démence précoce, de 'l'amentia,' et des syndromes extrapyramidaux).—V. M. BUSCAINO. L'Encéphale, 1924, xix, 217.

In ten typical cases of dementia praecox Dr. Buscaino has found local lesions