In conclusion, it may be stated that a psychiatric examination is of considerable aid in all cases of suspected brain tumour, regardless of location, type of tumour, stage of the disease process, or mental status of the patient.

E. B. G. R.

[97] A review of service patients in a mental hospital.—D. K. Henderson and R. D. Gillespie. Amer. Jour. of Psychiat., 1923, iii, 13. This paper analyzes 113 ‘service’ cases with the main purpose of examining their etiology, symptomatology, and prognosis. Existing literature is summarized and a plea put forward for a uniform system of diagnostic classification. It is shown that the proportion of the various disease types among service patients has altered since the war period, and that dementia praecox cases constitute by far the greater proportion of cases still under care. The etiological factors are divided into those existing before the war and those associated with service. Of the former, insane heredity, psychopathic predisposition, previous mental illness, constitutional inferiority, and excessive alcoholism together accounted for 99 per cent. of cases where full data were available. These factors were often found combined with physical inferiority, or with ductless gland anomalies. The etiological factors associated with the war included service traumata and infections. Only 8 per cent. showed no predisposing or exciting factor other than service. Varied toxo-infective factors yield a comparatively small number of disease pictures. 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. A very large proportion are of the dementia praecox kind, and of these most are of the paranoid variety. In nearly all of these a considerable degree of dementia was revealed. The inefficiency and lack of endurance of the mental defective are demonstrated. Nearly half of the general paralytics had an average length of service practically equal to that of the whole series. It is evident that the majority of the cases here analyzed would eventually have entered mental hospitals without the superaddition of war strain.

C. S. R.

NEUROSES AND PSYCHONEUROSES.

[98] The relationships of the neuroses.—E. Miller. Psyche, 1925, v, 344. The author presents a classification by means of a genealogy. In man the conflict of phylogeny and ontogeny becomes proportionately more acute. A genealogical system of classification should indicate the causal factors underlying the syndrome. A neurosis is defined as a disturbance of the harmonious relationship existing between psychological and neurological processes. Basing his remarks on Freud’s theory of life and death instincts, the author thinks that ego instincts tend to produce an introverted type of reaction, while sex instincts, owing to their centrifugal action, produce extroversion. Emotional activity is thus either dissipated or held within the system. The normally equilibrated person reacts in both ways, but accentuation early in life of the sexual or ego instincts produces extroversion or introversion.
Having discussed the different reactions of these types to the psychogalvano-meter, the author ventures into the field of endocrinology and suggests that in the anxiety states there is overactivity of the suprarenals and thyroid, while in the feebleminded there is probably a deficiency. He thinks it may be possible to establish more or less definite endocrine patterns. Tentatively discussing anthropological relationships to the two distinct types, it is suggested that striking similarities between primitive types and certain degenerate types of the present time may, in the future, lead to some relationship on which classes can be based. In drawing his genealogical tree, Miller places introversion on the left arm and traces phobias, obsessions and hysterical conversions to states of diffuse anxiety. The paranoia group is also descended from these anxiety states. Paranoia is placed on the introvert side because it is a defence psychosis with an outstanding ego-striving thwarted by some early sexual struggle for extroversion which has failed. On the right arm we find extroversion, diffuse hysteria leading to anxiety hysteria, hysterical conversion and manic depression. Basing his remarks on Freud's *Beyond the Pleasure Principle*, the author suggests that in hysterical dissociation there may be a partial death due to the withdrawal of the ego from its body as the object of love. This bifurcation of the two reaction types is an attempt to explain the major conflict of sex versus ego.

Robert M. Riggall.


Narcolepsy as a clinical entity has been provocative of much controversy; the authors take it there is a genuine narcolepsy, consisting in the occurrence of attacks of sleep, of quite brief duration, and in every respect resembling ordinary sleep; from these the patient can easily be aroused. They further state that mere narcolepsy-like attacks should be rigorously excluded from the conception, and they specify the symptomatic sleep of epidemic encephalitis, of toxic states during pregnancy, of diabetes and obesity, of epilepsy and psychasthenic conditions. Here arises a practical difficulty, in distinguishing narcolepsy from the two latter and also from certain twilight hysterical states; more clinical observations are required, for it appears (Redlich) that the recorded cases number less than forty.

The authors report two cases of their own: the first is that of a youth of twenty-one, who, as a schoolboy, and since, suffered from attacks of sleep, in duration extending from one minute to a quarter of an hour; these came at any time and interfered with his work, both at school and later in business. Apart from them the patient was in every respect normal, though his father and brother were neurasthenic. Their second case is that of a boy of fifteen, who suffered from similar sleep attacks; these lasted from several minutes to perhaps an hour, occurred as often as ten or twelve times in the day and were in all respects similar to ordinary sleep. In this case also a family neuropathic history was obtained.

It is significant that medical and psychotherapeutic treatment has in
each instance been a complete failure; psychoanalysis, hypnosis, and suggestion in the waking state being all of no avail.

In the authors' opinion true narcolepsy should be regarded as an exaggeration of the normal tendency to sleep which most people show when extrinsic stimuli fail; they note specially that their two patients had long normal night sleep, and slept during the day whenever there was nothing, as it were, to keep them awake. The suggestion is that the condition has no connection with epilepsy, that narcolepsy as a term should be abandoned, and the expression 'Einschlafsucht' substituted for it. This might be translated the 'falling asleep ailment.'

J. S. P.


In the first portion of this communication the author, who is connected with the psychiatric clinic of the Military Medicine Academy of Leningrad, deems it desirable to acquaint foreign medical circles with the state of affairs in Russia in respect of the cocaine habit, more particularly during the years 1919-22, when his main investigations were made. He gives the reader an amazing account of the widespread mischief caused thereby, the details of which almost deserve the application of that much-abused word, 'lurid.'

The more technical part of the paper is equally instructive, and from the experimental investigations therein described the following conclusions are drawn:

1. In cocaine-takers mental capacity is quantitatively increased within a brief period of taking 0.25 gm. of cocaine hydrochloride, but it does not reach the average level of normal individuals either quantitatively or qualitatively.

2. When the symptoms of cocaine abstinence are marked, a dose of the drug immediately effects improvement in both respects in the individual's mental functions.

3. In normal persons a small dose of cocaine enhances their mental working capacity very mildly, but at the same time the latter deteriorates in respect of quality.

4. Cocaine euphoria interrupts the habit of work, and working powers become unequal, limited, and less strong.

5. Attention and capacity for concentration are impaired in normal persons by the taking of cocaine, and the latter also in cocaine addicts, whereas in these the former seems for the time to be increased after a dose.

J. S. P.

[101] Types and characteristics of drug addicts.—Lawrence Kolb. Mental Hygiene, 1925, ix, 300.

The writer from his observations comes to the conclusion that drug addicts in the United States are recruited almost exclusively from among persons who are neurotic or who have some twisted form of personality. Such persons
are highly susceptible to addiction because narcotics supply them with a form of adjustment of their difficulties. A very large proportion of addicts are fundamentally inebriates, and the inebriate addict is impelled to take narcotics by a motive similar to that which prompts the periodic drinker to take alcohol. The so-called intoxication and narcotic impulses are identical. Some drunkards are improved socially by abandoning alcohol for an opiate, but the change is a mere substitution of a lesser for a greater evil.

C. S. R.


The following impressions were gained from the author's work. Routine examinations can be advantageously applied to college students as a supplement to other medical and psychological studies. Such examinations should cover at least an hour, with extra time given to men in special need. Examinations of this nature should contribute something worth while to nearly every man, and, in conditions of faulty mental hygiene and the minor neuroses, there may be results of great value from both prophylactic and therapeutic standpoints. The proportion of college students suffering from personality disorders and functional illness is large. These conditions appear to bear little relation to general physical health. The majority of students are interested in self-study and self-understanding and will give kindly reception to intelligent teaching along such lines. A considerable number of men, if given opportunity, will come forward voluntarily to discuss their problems.

C. S. R.

PSYCHOPATHOLOGY.

[103] The psychopathology of neologism (Psicopatologia del neologismo).—Anibal Ponce. Revista de criminol. psiquiat. y med. leg., 1925, xii, 129.

The nature of the relationship between thought and linguistic signs is discussed and the predominantly emotional nature of language is accepted as axiomatic. "Men gave musical expression to their feelings long before they expressed their thoughts." The superiority of human language as known to us to-day lies in the progressive elimination of the feelings which originally entered into it. Language developed not only by intellectual growth, but by social evolution working hand in hand with it. Thought expression in language is a compromise between affect and social expression, and always an insecure compromise.

The entry of neologisms into language is an expression of individualism only condoned when accepted by the community and incorporated into a social tradition. A neologism (quoting Darmesteter) is a plant which in order to live must cast its roots into the largest possible number of minds.

Pathological neologisms are such because they would never pass a social referendum and have always an entirely personal reference—affectively determined. They are passive and active. The former are automatic, formed by association and assonance, typically so in states of mania, alcoholism, general paralysis, and senile dementia. The latter neologisms are formed in