ABSTRACTS

remarks are worth quoting in full. "We already have so many commissions that we are in some danger of becoming a government by commissions. It is now proposed to extend this method, or something like it, to the courts, for the courts, too, are the objects of reconstruction. But before we lend ourselves to the advocacy of any substitute for the old-fashioned trial by jury, we should stop, look and listen. That system of trial is the result of long process of evolution and reflects the wisdom of the ages. It is its abuse in this country, and not its inherent defects, that calls for remedy. Among these abuses is the abuse of expert testimony, for which some experts are not irresponsible. Therefore, if the medical profession, with its long tradition of conservatism, would serve the public, it would probably best do so, not by attempting to reform the courts, but by using its best thought and its best influence to reform some of the experts."

R. M. S.

PROGNOSIS AND TREATMENT.


Probably the bulk of patients in ordinary practice present some disorder, however slight, of mind, conduct, or feeling. Failure to deal with these minor disorders by the physician may account for some of the vogue of Christian Science, and other forms of irregular practice. The multiplicity of the causes, hereditary, environmental, physical and purely mental or psychological, complicates the problem of prevention. The influence of heredity in genius, crime, and insanity is recognized, and examples are cited, such as the Jakes family, in which the 540 legitimate and 169 illegitimate descendants of the original Max Jakes (born ? 1730) provides the most striking proof of the heredity of crime and of its relation to prostitution and mental diseases.

The influence of hereditary factors necessarily involves consideration of eugenic measures as methods of prevention. Without being reactionary, we may wisely hesitate before advocating strict eugenic measures, for if the inborn tendency to variation which is responsible both for mental weakness and for intellectual ability were removed, a dead level of standardized men like 'Robots' might conceivably result. Exaggeration of the influence of heredity has had a fatalistic and stifling effect on research. What is so often assumed to be hereditary may be really acquired in early youth, as a result of family environment.

A tendency may remain latent until some stress is brought to bear, and this stress may act in virtue of psychopathic predisposition; an absolutely normal person would be capable of reacting satisfactorily to the stress, and would escape. But mental disorder may occur in the absence of hereditary influence.

Hereditary taint appears to manifest itself earlier in life than do mental disorders due solely to stresses.

Chronic infective foci and the resulting toxaemia constitute an important factor, disposing to and even determining mental disturbance by diminishing the resistance of the body and by producing degenerative changes in the
nervous and endocrinic systems. Epidemic encephalitis, since its widespread prevalence dating from 1918, has been responsible for an amount of mental disorder, the permanency and seriousness of which are extremely menacing. Endocrine inadequacy, so far as it depends on focal infections and toxæmia, should become less frequent with improvement in the general health of the nation. In rapidly developing children, a watch for staleness and overheating should always be kept. The schoolmaster and the psychologically awake school doctor should consult and consent to work in unison for the prevention of breakdown and of future mental disorder.

The treatment of early and recoverable cases affords the greatest hope of diminishing the incidence of confirmed insanity. Suitable patients include neurasthenics, the subjects of anxiety neurosis, and those who might be certified but need not because they are willing to submit to treatment.

The social adjustment of children suffering from the effects of epidemic encephalitis is of growing importance.

Early treatment in psychiatric clinics attached to general hospitals has many advantages. The main objection to the treatment of early cases in the wards of a general hospital is the inconvenience caused by noisy and violent cases. Discretion must be exercised as to the class of case admitted. It is an advantage to have the wards for the mental patients in an annexe connected by a covered corridor with the main hospital. Grounds of sufficient size are necessary to make provision for open-air treatment, etc. Wards should be so arranged as to allow classification and separation of incompatible types of patient.

Concerning prognosis the chief lesson of experience is caution. Neither psychology nor material pathology yet provides any prognostic laboratory test.

In mental disorder there are no disease entities; there are only types of reaction, the reaction of the entire psychophysical organism to its internal and external stresses; these types of reaction form a continuous series, ranging from the ideal normal to the major psychoses. There is no sharp line of demarcation; there is no possibility of exact classification.

The retention of the conception of mental disorder in terms of disease entities prevents the apparently disparate factors from being combined in a unitary conception; thus there results a welter of futile controversy as to whether mental disorder is of physical or of mental origin. Hence the need for a combination of pathology, psychology and biology.

A. BALDIE.

[214] The hygiene of the mind (L'hygiène de l'esprit).—M. TOULOUSE. La prophylaxie mentale, 1925, i, 2.

The different physiological factors in physical fatigue and overwork are discussed with their deleterious effects upon the organism. Intellectual overdriving does not require the same expenditure of physical energy and does not menace an individual's life to the same extent, but it upsets the equilibrium of the brain and mind in complex states, of which the principal is a feeble constitutional resistance. It disorders cerebral activity, but the reasons for this are still unaccounted for. Generally intellectual work is harmless to
those who are progressively trained and who have proved their resisting power. One day, however, resistance fails, with resulting more or less curable functional mental trouble. This is specially apt to occur in adolescents and in some women who force themselves in spite of a feeble capacity. But it is worrying emotion, going hand in hand with brain activity, which works havoc. A good deal depends on the form of mental activity. Spontaneous thought is much less fatiguing and harmful to the mind than voluntarily directed thought with sustained attention. Some practical guiding rules are deduced. We should only employ as much intellectual effort as is necessary for a task and set aside from the mind all other ideas and feelings which many who are not trained to sustained attention tend to allow play. Our occupation should be so arranged when possible that stages of spontaneous activity needing less tension should follow work requiring effort. Rapidity in work is a great danger, for then fatigue accumulates quickly. Monotony of occupation diminishes interest and invites fatigue sooner. How is one to know that one's method of work is good? One sign will often suffice. The right limit will not have been exceeded if when work is over the mind does not ruminate on it and sleep is neither troubled nor obsessed by it. Distraction from work is as necessary as sleep, and holidays magically repair any ill effects.

C. S. R.


This is an important paper, to which the attention of all who have to deal with mental defect and its manifestations should be directed. We give below the statistics and the conclusions of the author in a literal translation.

"1. Removal of the sex organs (castration) or ligature of the appropriate tubes (sterilization), or the utilization of x-ray methods, can be recommended by the psychiatrist only if all other endeavours to counteract, by mental or medicinal treatment, a state of sexual function in high degree dangerous either for the individual concerned or for the community, have failed.

"2. Interference consists either in operation or in exposure to x-ray radiation; it should only be undertaken if it is in the patient's own best interests, or, in exceptional cases, if thereby the appearance of a defective posterity can with probability be prevented. In the present state of our laws it is only permissible if the patient, being capable of earning his own living, gives his consent, but its psychiatric necessity must also be proved; if the patient is incapable of self-support, the consent of his guardians must be obtained. On practical grounds, however, interference should be negated, even though this consent is forthcoming, if the patient, though incapable of supporting himself, does not agree to the proposal.

"3. (a) Castration should be considered in the case of psychopathic males whose sexual dangerousness can only be combated by permanent seclusion in an institution, and in females if it is thought that an artificial menopause will result in great amelioration of a severe psychopathic state.
"(b) Sterilization should be considered in males and females in cases where there are weighty grounds for preventing offspring. A special reason in female cases arises when by the prevention of further pregnancies relapses of a psychotic kind (e.g., schizophrenic psychoses of pregnancy), or the recurrence of pregnancies in individuals unable to look after themselves (e.g., in oligophrenics) or in criminals can in all probability be averted. In this way decade-long internment of the patients can be avoided.

" 4. This communication has for its object a comprehensive survey of all the experiments made in Switzerland, on psychical grounds, in respect of castration and sterilization during the last fifteen years.

"In the 19 male cases the indications for castration were as follows: satyriasis (4), exhibitionism and homosexuality (1), exhibitionism and mental deficiency (1), exhibitionism in epileptics (3), simple exhibitionism (1), pæderasty (1), hebephrenia (1), imbecility (5), commencing arteriosclerotic dementia (1). In the 10 female cases: moral imbecility (2), schizophrenia (2), imbecility (4), epilepsy with incapacity for self-support (1), severe hysteria (1).

"Sterilization was resorted to in one male case each of epilepsy and hebephrenia; in 12 female cases, for psychopathia (1), moral imbecility (4), hebephrenia (2), catatonia (8), and imbecility (2).

The social results were as follows:—

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J. S. P.


The author here shows how he dealt with a patient who came to him for treatment and who developed aphonia. The patient was given a piece of paper and told to write the answers to the questions asked. Each question was determined by the patient’s previous answer. Although the patient had no previous analytic knowledge, this method enabled him to arrive at the castration complex, which lay behind the aphonia.

D. M.


It is possible to carry out systematic and efficient psychotherapy in out-patient work where the medical personnel are interested in the procedure and the size of the clinic is not too great. In method, reliance must be placed chiefly on suggestion and persuasion. In many cases a superficial mental analysis aids in the determination of the psychogenic mechanisms and is a valuable supplement to other forms of treatment. Technical psychoanalysis is impractical for other than a few selected cases, unless there are physicians
available who can give their time to the work and be free from other obligations. The seven histories outlined in this paper for the most part fairly represent, in the author's opinion, the type of adult patients which can be helped by psychotherapy in psychiatric clinics. The degree of success in treatment compares favourably with that achieved in other fields of medicine.

E. B. G. R.


Withdrawal is always a matter of difficulty. 'Tapering' over a period of several weeks is tedious and by no means free from pain, while abrupt stoppage is almost unendurable. Both methods tend to act as a deterrent to treatment. The writer states it is possible for the process of withdrawal to be reasonably rapid and yet to be free from the discomfort generally considered inseparable from it; in some cases it can even be accomplished without the patient's knowledge. Attention is thus drawn to a modification of Lambert's method which gave excellent results in a series of eight consecutive cases. Lambert's method consists of the administration, in gradually increasing doses, of a mixture of the tincture of belladonna and the fluid extracts of hyoscyamus and xanthoxyllum, all in equal parts. This combination is pushed every hour, both by night and by day, until toxic symptoms supervene. Very free purgation is secured throughout the treatment, which should occupy three or four days in the majority of cases. Here delayed development of the higher doses exhibited under Lambert's method, together with the use of luminal, are advocated and said to have been peculiarly successful. It is not claimed that this renders the prognosis more favourable, except in so far as it leaves more time for the essential rebuilding of the patient by physical and psychological means.

C. S. R.


The author summarizes his results from this method of treatment as follows:

1. Out of fifty-five unselected cases of general paralysis in all stages of the disease 36 per cent. were considerably improved and suitable for discharge.

2. All these cases showed marked psychical improvement, but this improvement was not accompanied by a parallel one in the physical signs.

3. Serologically the improvement was less obvious, but a further examination at a later date is advisable in order to determine more accurately the value of the treatment.

4. Apoplectiform seizures following the treatment were conspicuous by their absence.

5. Complications are negligible and fatalities due to the treatment are
not more than 10 per cent.—a percentage somewhat higher than the average of other workers.

6. Malarial treatment is the more beneficial the earlier it is instituted in the course of the disease, and it undoubtedly offers the best prospects of any treatment so far available in cases of general paralysis.

David Matthew.
PROGNOSIS AND TREATMENT

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