In certain pathological states the feeling of reality is not interpreted by consciousness as the adequate translation of the exterior world; what the subject perceives is distorted for him, or else it is without reality. In other words the patient has lost the sense or, more exactly, the feeling of reality. This trouble is not rarely seen, particularly in psychasthenia, in certain states of neurasthenic depression, and in either simple or premonitory dementia praecox. Often it is episodic, or not brought to the attention in that it is submerged by other multiple troubles.

Six cases are reported in which this feeling of reality was disturbed—one neurasthenic, three psychasthenics, and two constitutional psychopaths, with and without depression.

For the author, the loss of the feeling of reality, as in general the feeling of incompleteness of psychasthenia, should find its explanation in the lowering of psychological tension. By this hypothesis he attempts to explain all psychasthenic phenomena, of which the alteration of the feeling of reality is a part. This conception as formulated by Janet, however, does not meet with the entire agreement of the author and he cites an example in a case: "When I dream, I see the people as they are; I am then in a normal situation."

In a previous publication the author advanced the idea that the question can be solved by the conception of the dissociation of the psychic functions which condition the sensation in particular, and the conception of the ego which conditions consciousness in general. According to this hypothesis, the ego in consciousness is invested perhaps with two functional aspects, which can be qualified as the 'intuitive or practical ego' and the 'intellectual or speculative ego.' The 'intuitive ego' is the dynamic factor of the ego which acts in everyday experiences; it has the character of spontaneity and instinctiveness. By it, above all, we think, feel and act. The author applies this notion of the dual function of the ego to the question of the feeling of reality, which, when lost, results in the functional decline of that part of the ego which has conserved something of instinctiveness in its activity; i.e., the 'intuitive or practical ego.' These patients no longer assimilate reality as one does in a normal state; their psychic dynamism is no longer capable of inserting itself into the outside world.

On the other hand, the intellectual side, the speculative psychic activity of the ego acquires in these states an exaggerated rôle.

A. W. Young.


In cases of general paralysis cholesterol was found in the cerebrospinal fluids in measurable quantities in thirty cases. A trace was present in six cases,
and none could be detected in two cases. No measurable amounts were found in fluids from cases of dementia simplex, dementia praecox or epilepsy with insanity. Traces occasionally found may be due to contamination with blood, as, though every precaution is taken, a very few red corpuscles suffice to give these exceedingly faint reactions. The cholesterol of the cerebrospinal fluid of general paralytics appears to be combined with the albumen present in the fluid, only very faint traces existing in the albumen-free filtrate.

R. S. C.


The faeces and urine in all the cases examined showed an acid reaction. No alkaline or neutral reaction was obtained. Many cases whose fit incidence was high did not show a correspondingly high acidity of faeces, and vice versa. There was considerable variation in the degree of acidity in individual cases. Sometimes the patient had more fits when faecal acidity gave a low reaction, sometimes the reverse condition obtained. An increased carbohydrate diet produced no appreciable alteration in the reaction of the faeces or urine. Similarly there was no general increase or diminution in the number of fits which occurred when the patients were on this diet, as compared with the number occurring when patients were taking an ordinary diet. The general mental state of patients when taking extra carbohydrate remained much about the same as previously. There occurred nothing in the nature of epileptic equivalents or replacements. If acidosis be regarded as an etiological factor in epilepsy, the ingestion of extra carbohydrate did not appear to aggravate the condition. The degree of faecal acidity was not systematically compared with that of the non-epileptic subject. In two normal cases, however, the examination of faeces showed varied reactions in the same proportion as above, so it would be inferred that the results would be comparable. Further, the reactions obtained in the first series of analyses exhibited similar variation to those shown by the true epileptics.

R. S. C.


These authors cite various opinions as to the clinical position of Alzheimer's disease and its connection with senile dementia. It is thought that the discussion should be on an anatomico-pathological basis and it is important to bear in mind that Alzheimer's disease appears before senility, sometimes even early in adult life. Silver preparations have demonstrated special argyrophile elements which must be considered as the products of a definite degeneration of the cortical cells, and which form a common foundation for senile dementia and Alzheimer's disease. This argyrophile degeneration, which is associated with senile surface-pigmentation and more often with arteriosclerosis, clinically and anatomically appears as senile dementia. Independently of these two lesions it can lead to Alzheimer's disease. Pro-
visionally, as long as research throws no further light on the etiology of argyrophile degeneration, it is best to leave Alzheimer's disease side by side with arteriosclerotic dementia and on the borderland of senile dementia, in virtue of its being an intimately related affection.

C. S. R.


The cerebellum has been studied in nineteen cases of general paralysis. Taking the structures in order from without inwards the changes found were as follows: In the meninges there was seen an inflammatory infiltration exactly similar to that which occurs over the cerebrum; it was widespread, but was most pronounced over the anterior lobes and vermis; it affected the pia on the surface much more than that in the sulci: the vessels of the meninges were much enlarged. In no case could a spread of the inflammation from the pia to the nervous tissue beneath it be demonstrated, nor outgrowth of glia from the cerebellar surface into the pia. It does not seem likely that the pial involvement has much effect on the nervous structures. In the molecular layer of the cerebellum the glia was somewhat increased, but otherwise no abnormality was apparent. The Purkinje cells were most affected; the dendrites were swollen—this Takase regards as the primary change—but usually no swelling was found in the body of the cell; the latter gradually took on a homogeneous appearance which is regarded as the result of coagulation-necrosis. Many Purkinje cells had disappeared, and in the sections whole convolutions were found quite denuded of them. In the granular layer there were areas in which many of the granules had disappeared and an overgrowth of glia was present. The large cells of the granular layer were relatively intact. Of the deeper structures only the nucleus dentatus was carefully examined, and there the chief abnormal finding was a swelling of the cells.

The changes in the granular layer probably result from lesions of the axons of the cells near the surface of the organ and are thus a consequence of the inflammation of the pia, but the changes in the Purkinje cells and in the cells of the nucleus dentatus are probably due to the direct effect of the syphilitic toxin.

The studies of Spielmeyer, Sträuszler and many others on the same subject are reviewed.

J. P. M.


The legal concept of moral imbecility is that of a combination of mental defect and marked misconduct. Having traced the evolution of the moral sentiment, Tredgold states that there is an important difference between moral sentiment, which is emotional and conative, and moral perception, which is purely intellectual. He believes in the existence of an innate poten-
tiality for the development of moral sense. Correct conduct is dependent on
the degree of development which the controlling functions of mind have
attained and the strength of the innate tendencies to be controlled. The latter
vary considerably in different individuals. In a large number of cases where
moral sense is poorly developed, there is sufficient wisdom to control mis-
behaviour. Tredgold believes that the psychological basis of moral imbecility
consists of an innate defect of moral sense and wisdom, associated with strong
antisocial tendencies. The definition of moral imbecility is accurate, but he
would substitute 'defective' for 'imbecile'; Burt's term of 'temperamental
defective' is apt to lead to confusion. He would hesitate to diagnose the
condition before adolescence.

ROBERT M. RIGGALL.

[270] The definition and diagnosis of moral imbecility (II).—Cyril Burt.

In dealing with theoretical conceptions of the moral imbecile, Burt dis-

cusses earlier psychological hypotheses and shows that the idea of a specific
moral faculty sprang from the intuitionists of the seventeenth and eighteenth
centuries. Moral sense was depicted as a kind of inherited conscience. Morality
can rest upon no simple innate intuition, but must be learnt afresh by each
individual. The modern view is that 'conscience' is the name given to a
complicated aggregate of certain apperceptive systems. Moral character
rests on certain inborn dispositions, but was never itself inborn. Discussing
various views regarding alleged innate deficiency of moral inhibition, Burt
points out that inhibition is now regarded not as a positive function of some
particular centre, but as a secondary and negative effect of any and all nervous
activity. Commenting on the bearing which the herd instinct has on moral
sense, it is shown that here we find a considerable risk of oversimplification.
Rees Thomas has recognized this danger and points out that the moral out-
come of the herd instinct will largely depend upon the morality of the herd
among which the individual happens to be cast. The moral imbecile cannot
simply be defined as a person deficient in the social instinct, because other
instincts, such as submission, fear and affection, are in early life more active
than the gregarious tendencies. The axiom that whatever mental capacity
is to be the subject of innate deficiency, must itself be innate, excludes Tred-
gold's 'moral sentiment,' for moral sentiments are not inborn. Few persons
develop a single sense for morality as such. Tredgold's account of the nature
and development of moral sentiments is accepted (emotions associated with
the idea of some moral person or principle). But having clearly pointed out
how these sentiments are acquired, he then talks of 'an innate defect of the
moral sentiment.' If the moral sentiment is acquired by experience, how can
its defects be innate? It is an unproved and unserviceable assumption.
Tredgold hesitates to diagnose moral imbecility until late adolescence. Rees
Thomas has shown that nothing but prolonged analysis can ever prove that
moral sentiments have been defective from birth or from an early age.
Further, analysis has always shown the condition to be due to some postnatal
cause.
Burt divides mental deficiency into temperamental and intellectual types. It is extremely rare for a person of high intellect to be a temperamental defective. He sums up his objections to the clause defining the 'moral imbecile' in the Act of 1913 as follows: The persons designated by the term are not imbeciles, but belong to a higher grade known as 'feeble-minded.' Morality is not an innate faculty, but is an acquired quality. Moral and immoral actions are influenced by innate conditions which are not themselves moral qualities, the commonest innate defect being defect of intelligence. Other innate conditions affecting moral conduct are temperamental rather than moral, and this suggests the term 'temperamental deficiency' as a substitute for 'moral imbecility.' This term is recognized as psychological rather than legal, and it does not imply that the temperamental defective will always evince incorrigible habits of vice and crime. The differential diagnosis of temperamental deficiency depends on four points. The condition is emotional rather than intellectual. It is innate, and therefore permanent, and so excludes adolescent instability, psychoneuroses, psychoses, criminal and vicious habits. The condition is concerned with general instinctive or emotional excess rather than with the overdevelopment of any specific propensity. The excessive emotionality must be so extreme that the person needs protecting for his own sake as well as for that of others. Roughly, it includes those whose emotional control is less than 50 per cent.; e.g., a child of ten behaving like a child of five (if his arrested development is not due to repressed complexes). However it is interpreted or defined by modern authorities, it seems to be generally agreed that cases falling under this heading are exceptional and much less common than those defective in intelligence. The clause defining moral imbecility has become almost a dead letter.

Robert M. Riggall.


Hamblin Smith refuses to recognize the existence of moral imbecility, as all the alleged cases which he has seen could either have been defined as feeble-mindedness, or else have been cases of definite psychosis, or of mental conflict and repression. The definition is superfluous and misleading. The term should be dropped. He dismisses the idea that any absolute system of morality can exist and points out that those observers who contend for the existence of a 'moral sense' seemed compelled, logically, to assert the existence of some absolute system and appear to think that their system is infallible, or that the so-called absolute system is variable. Every person is born without moral sense; later, when the pleasure-principle comes into conflict with the reality-principle, the individual adapts himself to his environment. The existence of the herd instinct does not imply that man is born with a desire to adapt himself to society. Many instances of so-called moral imbecility are actually cases of mental conflict which theoretically are curable. Many patients exhibiting active antisocial characteristics are really cases of dementia praecox; these are the only ones which could properly be called 'moral imbeciles.'

Robert M. Riggall.

The moral sense constitutes the ability to maintain a more or less proper relation between the social and egotistical tendencies. The social instinct originated, in point of time, little later than the egotistical. In adult life, when the herd instinct fails to develop, it becomes perverted as in the case of the sexual instinct. Rees Thomas cannot therefore subscribe to the view that the individual has no moral sense, as this term refers to the resultant of numerous forces and does not explain causation. Having paid tribute to Freud's researches, he emphasizes the fact that a number of cases of antisocial conduct can be cured by psychoanalysis. For practical purposes cases are classified as curable and incurable. The only certain permanent mental defect discovered is the presence of a psychosis or psychoneurosis. He agrees with Burt's classification of intellectual and temperamental types. General emotional instability existing apart from acquired mental disorders has not been found associated with normal intelligence in the cases at Rampton. As Burt finds, the presence of high intelligence in a temperamental defective must be extremely rare. To Burt's two classes he would add a third, in which acquired psychoses or neuropsychoses constitute the permanent mental defect.

ROBERT M. RIGGALL.


The Act is an attempt to meet the public demand for dealing with certain persons who are a danger to the community and does not attempt to define syndromes of clinical or psychical phenomena. The problem is social and legal to a greater extent than medical or psychological, and there should be no objection to lawful extensions of the meaning of the words. The term 'moral imbecile' has been employed for the following types: 1. For the definitely feebleminded in whom criminal conduct has been prominent. 2. For higher grade patients with feebleness of mind whose general conduct shows a lack of wisdom. 3. For cases showing signs of definite organic lesions, the onset of which has been followed by changes in conduct but, in some, by relatively little impairment of intelligence. 4. For cases of definite or incipient psychosis with or without lowering of intelligence. 5. For fairly intelligent individuals of the psychoneurotic type. 6. For certain cases of sexual perversion without obvious mental disturbance. 7. For certain unstable individuals with moderate retardation in intelligence but with childish emotional reactions to reality, corresponding to Burt's 'temperamental defectives.' 8. For ordinary recidivists, which cases should not be classified as moral imbeciles. 9. For certain callous, ruthless individuals not lacking in intelligence. This group is typical of the definition. The wide reading of the Act by medical and judicial authorities makes it possible to certify cases which might be cured by psychotherapy, and to label symptoms of temporary suppression or repression as permanent moral defect. Shrubsall believes the
essence of the defect to be lack of feeling tone, which keeps the social reactions at an infantile level and checks the action of the herd instinct.

Robert M. Riggall.


This article is based on investigation of children who were admitted to the sanatorium school of the Moscow psychoneurological children’s clinic. The object of the research was to establish the correlation between physique and reaction type and the talents each child possessed.

Starting with Kretschmer’s classification into pyknic and athletico-athletic types on the one side, and asthenic and astheno-athletic on the other, with their associated cyclothymic and syntonic reactions and schizothymic reactions respectively, each case was fully examined as regards physique, family history and general mental functioning. Mental functioning was described for purposes of brevity and scoring according to Ewald’s character formula:—\(E, R, I.A, L, \text{Tr.}\)

where \(E = \) Impressionability (including suggestibility).
\(R = \) Retentiveness.
\(I.A = \) Degree of intrapsychical life.
\(L = \) Control.
\(\text{Tr} = \) ‘Drive.’

Marks in the form of +, ++, −, −−, and \(m\) (medium) were assigned to each of these functions. For example, one case of a young asthenic read \(E^-, R^-, I.A^-, L^-, \text{Tr}^-\). Each case was then considered in the light of its endowments in music, song, literature, drawing, technical skill, acting and rhythm, and marks were similarly assigned to each. A representative number of cases of four groups were thus subjected to analysis, namely:

1. Psychopathic schizoids, and variants from normal introversion.
2. Cycloids and syntonics.
3. Epileptoids and allied variants of stheno-impulsives.
4. Hysteries and allied labile reactive types.

All the results are carefully tabulated and graphically represented.

In the schizoid group it was found generally that there was a tendency to physical asthenia, poor motor development, dominance of intrapsychical life, and poor control. Musical ability and subjective appreciation of rhythm were noticeable, whereas technical ability was poor.

In the cycloid and syntonic groups impressionability was high. The physique tended to the pyknic form, with good motor development. Intrapsychical activity was generally low, whereas control and ‘drive’ were fairly good. On the side of endowment, musical and literary ability was rare, whereas drawing and technical ability were striking and appreciation of motor rhythm was good. The hysterics were mostly pyknic, or had infantile physical characters. Impressionability was very high, whereas retentiveness and intrapsychical life were poorly developed. These showed poor talent in music,
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literature and technical skill, but high ability in acting and appreciation of rhythm.

The epileptoids were poor intellectually and in retentiveness and intra- психical life, but were strong in 'drive.' The stheno-impulsives followed the same line. Their endowment appeared very variable, while the physique was indeterminate on the basis of Kretschmer's classes.

The authors sum up the correlation as follows:—
Musical ability, found dominantly amongst the schizoids.
Drawing technique, found dominantly amongst the cycloids.
Technical ability, found dominantly amongst the cycloids.
Acting ability, found dominantly amongst hysteries.
Literature, found dominantly amongst schizoids.

This is a valuable article in view of Kretschmer's broad classification of mental disorders and their physical correlates.

E. MILLER.


When an individual exhibits behaviour manifestations that single him out from other members of the group, the important point to determine is whether the variation is a healthy one or whether it is due to a pathological condition. When the variation is a healthy one the variant is in no wise incapacitated in his survival mechanism. A pathological condition, on the other hand, interferes with survival. In any given case of marked variation the likelihood of its being pathological is far in excess of its being healthy.

There are two general types of pathological condition. The first is represented by conditions resulting from weakness; in other words, the organism is completely formed and developed, but is weak in one direction because of disuse. The second type includes the general category of deformity, which may be acquired as the result of disease or other injury, or which may be inherited. This distinction in type of pathology is most important because of the different methods of treatment in a given case. In the first type the treatment consists in raising the efficiency of the organism by proper exercise or other treatment. An example of this is the problem of malnutrition, to which much attention has been paid of late, of anaemia, or of a weak musculature. In the second category are grouped the majority of behaviour problems that are presented to the medical man for consideration. Under this heading we include disorders of any of the systems of the body, and the more intimately they are bound up with the functions of the nervous system, the greater is their effect on behaviour. Injuries to the nervous system itself, especially to the brain, are of the most immediate importance. The effects of diseases such as syphilis, encephalitis, poliomyelitis, as well as traumatic injuries, are also of primary concern, while next in importance are the disorders of the sympathetic nervous system and the glands of internal secretion. Finally, there are the disorders in systems which have less direct effect, such as the circulatory, the respiratory and the digestive systems. All these are definitely organic in their nature. There
are other possibilities, however, in which the effect is not immediate or organic, but indirect and functional. Disabilities such as malformations affecting the appearance of the individual, birth marks, malformations of the ear or nose, a deformed foot or leg or hand, have resulted not only in influencing the effectiveness of the individual as a whole in his social life, but also have an influence on the adjusting mechanism between the conscious self and the rest of the individual. With every type of deformity of this sort the physician must consider the two phases of the problem: first, what can be done to alleviate the immediate organic disorder, and second, what can be done to adjust the individual as a conscious being to the presence of the disability.

R. M. S.


Psychological examination is an important, if not an essential, part of every mental investigation. The writer considers that it includes much more than the mechanical application of mental tests.

The psychologist is able to contribute the following general information:

(a) The native ability or intelligence, in terms of test performance and expressed in mental age.

(b) The intelligence quotient, which is an accurate index of the rate of development and of the limits of development of intelligence.

(c) Any special abilities or special defects.

(d) Within limits, the educational ability and status.

(e) To point out individual characteristics of response.

(f) To note abnormal responses which may serve as clues for further study by the sociologist, pediatrician, educationalist or neuropsychiatrist.

(g) To interpret the results of the psychological examination after considering the other factors entering into the case.

E. B. G. R.

[277] Behaviour disorders in children.—DAVID M. LEVY. Arch. of Neurol. and Psychiat., 1925, xiv, 786.

All lines of investigation must be followed in the study of behaviour problems. The writer wishes to show, not so much the importance of psychoanalytic investigation, as its use in isolating significant etiological factors and the necessity of correlating these with findings in other fields, e.g., social, physical, intellectual, etc. He illustrates his argument by the histories of two boys thus investigated, and notes the importance, as a control, of the study of masturbatory phantasies in 'normal' boys.

E. B. G. R.


The patient exhibiting the delusion broke his nose while playing football at college, and as a result its shape was slightly altered. He developed the idea that this hardly noticeable deformity gave him a 'sour expression' and made
him look like a 'sissy' or a 'mollycoddle.' He ran away from college and became a labourer. Analysis of the case was very incomplete, since he turned out to be suffering from paranoid dementia. Soon after the patient came he had the following dream: he was making an ineffectual attempt to play a brass horn or bugle which was broken or bent; some people, including members of his family, were laughing at him. There was a baby somewhere. This revived the memory of a childish scene when his younger sister was still a very small baby. The other members of the family were standing round laughing at him. He did not know what they were laughing about, but they were saying something which had to do with his jealousy of his baby sister. From the patient's anamnesis and this dream the author built up his interpretation of the symptom. The bugle or trumpet is a slang expression for the nose; to have one's nose broken or put out of joint signifies jealousy. The patient was jealous of his little sister. He was fond of his father and disliked his mother and sisters, and, in fact, all women. He had an unpleasant disposition, but was the best footballer in his school, and was arrogant and boastful on this account. On entering college his ambition was to get his place in the first team in his freshman's year, and he boasted he would do this. This he failed to do, however, because he resorted to a foul tackle to bring down his rival in a trial game. This caused his exclusion from even the second team. Even then his ambition might have been realized if he had not broken his nose in making a heroic tackle in a subsequent trial. This accident determined the outbreak of his symptoms. The patient's strong attachment to his father may be taken as the first manifestation of his tendency to homosexuality. He was jealous of his sister; he wanted to be like her. Football was a sublimation of his homosexuality, and the coach as a father substitute became the object of his libido. He had had a previous disappointment when his father died, and it failed to find favour with his stepfather. The author does not recognize the psychogenetic origin of dementia praecox, but believes that the mental make-up determines the character of the symptoms.

David Matthew.


In the case here described the fear of blushing gave rise to the fear that the patient was being watched, and subsequently to lack of self-confidence, together with palpitation, a 'piercing' feeling in the head and vertigo. This was accompanied with a sense of guilt, particularly strong in the presence of her mother. The patient was the only child of a protestant father and Roman catholic mother. She became a catholic when eight years old; "she was drawn to her mother." This intensified her struggle with masturbation and determined the first attack of the ereutophobia, thus supporting the opinion that blushing is the upward displacement of repressed genital excitation. The interest in the analysis, from the descriptive point of view, hangs round an incident in the patient's childhood when she killed, without conscious volition, the pet canary. To this she reacted with a strong sense of guilt. Behind this was the phantasy that she had killed her brother (she never had
one). The brother was the substitute for the father, the object, at one stage, of her jealousy. Reconstructing the whole libido development of the patient, the author points out that originally she was disappointed in her mother over-weening, causing a fixation of libido at the oral cannibalistic phase—the incorporation of the once loved object. She then turns towards her father and the mother becomes the object of death wishes. Her love for the father is associated with scopophilia and exhibitionism. In repressing these latter the love for the father is also repressed. She then identifies herself with her father. Her urethral erotism leads her to believe that he has more sources of pleasure than she has. She then tries to play the rôle of the father towards her mother. Her strongest resistance was directed against her ÒEdipus complex and her strongest sense of guilt concerned her death wishes directed against her mother. The approach to this subject caused a recrudescence of the eructophobia. In killing the canary she symbolized the incorporation of the 'penis,' or at an earlier stage the 'breast.' The case shows that the origin of the castration complex is in identification with the father and at a still earlier stage in identification with the mother.

DAVID MATTHEW.


The patient whose case is described presented herself for analysis on account of vomiting, headache, cramp during menstruation and frequent lateness of menses. Analysis revealed the presence of a strong father-fixation; the patient had identified herself with her father and had a well-marked castration-complex (penis envy). She rejected the feminine rôle, and this attitude in the domestic field brought her into conflict with her mother. She acted the masculine part so far well, in that she matriculated and became a medical student. The neurosis became manifest after the patient had sexual relations with a young man, to which her immediate reaction was an attack of vomiting. Subsequently she was in constant dread of becoming pregnant, thus revealing her repressed desire to have a child. This was confirmed in the analysis of her dreams. The ultimate result was the raising of neurotic conflict, viz., masculinity versus femininity. The patient had set out to achieve masculinity and had identified herself with her father; she had incorporated him into herself and thus also had had incestuous union with him. Her unconscious phantasies were concerned with pregnancy. The oral phantasies were clearly sadistic in nature, and many of her associations referred to bloody surgical operations. The operations she was most interested in were those where a part of the body was removed. The patient bitterly bewailed her defloration, which she felt as a mutilation of her genital organ. She wished to play the man's part and bewailed the lack or loss of the male organ. She attempted to replace the loss orally and at the same time to revenge her defloration. The patient fought against her pregnancy phantasies, and her sadistic tendency turned against her imaginary offspring. For a time the patient succeeded in bringing her wishes, aspirations and libidinal needs under the ægis of the oral erotogenic zone. Under the strain
of actual sexual demands this organization broke down. The analytical
cure operated by detaching the oral organization from the genital. The
author sees in Dante's *Divina Commedia* examples of oral cannibalistic
tendencies.

**David Matthew.**

**PROGNOSIS AND TREATMENT.**


The treatment which this writer has found most successful for alcoholism is
a combination of physical and psychological methods. Probably 50 per cent. of cases treated only physically relapse. By the combined method
not only are more patients cured, but even 'incurable' cases are benefited.
He regards alcoholism as a manifestation of tension (mental, physical or both)
with which the patient is unable to cope, rather than as predominantly a
gastric craving or hereditary tendency. Alcohol, as a narcotic, relieves
tension, and for this reason is resorted to again and again, with subsequent
habit-formation, while at the same time fear of alcoholism results in more
alcohol being taken, thus establishing a vicious circle.

The patient is best treated in a nursing home. By using injections of
apomorphine and atropine, strychnine, cinchona, etc., by mouth, gastric
symptoms are removed in a few days. The patient must then be disabused
of his fear of alcohol and heredity, and by mental analysis, even if only of a
superficial character, taught to understand the conditions which give rise to
tension, and to use auto-suggestion and simple practical methods to prevent
relapse. The successful treatment on these lines of one case is given
shortly.

E. B. G. R.

[282] The intravenous inoculation of malaria (À propos de l'inoculation
de la malaria par voie endoveineuse).—R. Nyssen. *Jour. de neurrol.
et de psychiat*, 1925, ix, 569.

A brief review of the methods of inoculation of malaria in the treatment of
general paralysis is given.

All the writers on this subject have given a great variation of time for
the incubation period, from ten to twelve days to several weeks, even to
many months. Kirchheier gives the incubation period as from six to thirty-
one days; Mühlen, five to thirty days; Jansen and Hunter, six to thirty-
seven days—average thirteen days; Kirchbaum, ten to twelve days;
Nonne, twelve to fifteen days; Weygandt and Kirchbaum, nine and a half
weeks.

The personal observations of the author consist of twenty-five cases
inoculated subcutaneously and twenty-six inoculated intravenously, of which
the average incubation period for the former was 11.4 days and for the latter
seven days.

He asks, how does one explain the variation of the incubation period
when using parasites from the same source?