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 neurol. 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. Kirschner 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; Kirschbaum, ten to twelve days; Nonne, twelve to fifteen days; Weygandt and Kirschbaum, 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?
Different degrees of receptivity, according to the race. Blacks and Arabs resist the infection much better than Europeans.

Receptivity varies for malaria as it does for other infectious diseases, according to debilitating factors.

Wagner von Jauregg stated that the incubation period is reduced by passing the malaria parasites through the human body.

Penfoldt, Graham-Smith, Doerr, Kirschner and others maintain the incubation period is dependent on the adaptation of the malaria parasite to its host and to the number of parasites inoculated.

The author argues that the period of incubation should be shortened for the following reasons:

1. All writers agree that the malaria inoculation should be made as soon as possible after the onset of the disease. Thus intravenous inoculation prevents a loss of time, which in some instances amounts to weeks.

2. In agitated patients or patients in precarious somatic states, intravenous treatment is advised because it prevents the development of a too advanced debilitated state.

3. The reduction of the latent period assures a reduction of new hospitalization.

Contrary to the opinion of Mühlen, the author has not observed any modification of the intensity of the febrile reaction by intravenous inoculation.

A. W. Young.


The author claims that by his method of self-analysis he has been able to recover from the ill-effects of a large number of former repressions and complexes. He states that he has recollected and removed most of his Œdipus complex and has been able to recover an incident occurring about the age of six months. He considers that a transference relationship to an analyst was unnecessary in his case and states that the therapeutic results were better than those obtained from his two previous analytical experiences with qualified analysts. The method employed was to write down whatever occurred to the conscious mind from second to second during the analytical period. It was found that the writing of intruding and interrupting thoughts did not obliterate the original association but enriched it on its recurrence. The note-taking was found to be preferable to dictating free associations to a recording machine. The author regards his method as particularly applicable to those shy people who find it difficult to relate their intimate thoughts to another. He states that it differs from morbid introspection and renders the mind clearer, reducing nervousness by dissipating repressed emotion. The removal of this emotion is painful and requires great determination. Examples of free association which revealed the origin of his interest in antiques (cleared up after eleven hours) and astronomy (cleared up after seventeen hours) are given.

Robert M. Riggall.
ABSTRACTS


Freud's formula that analysis should be carried out in a state of privation indicates the general attitude to be maintained. This privation is achieved through the passive attitude of the analyst. The author believes that, when necessary, certain specific privations can and ought to be imposed on the patient. E.g., a patient who during the analysis expressed a strong desire to micturate was told to resist the desire as long as possible. In some cases, both urethral and anal, the patients tolerated retention for incredibly long periods. In using this method the expectation was that the tension thus produced would extend to the mental sphere and make it easy to bring up material which hides behind such symptoms. The ultimate cause of tendencies to urethral evacuation and anal retention is anxiety about pain. According to the author, the main specific character of erotism consists in pleasurable overcoming of self-constituted organic difficulty. The biological and physiological importance of the sphincters has been greatly underestimated. The importance of sphincter play in stimulating pleasure and pain and its erotic significance have been entirely neglected. It is easy to demonstrate the displacement of innervation from one sphincter to another and also its relation to anxiety; e.g., a state of anxiety is usually heralded by marked anal constriction and urethral relaxation. In hysteria this constriction can be displaced, hence hysterical globus, laryngeal spasm, pyloric spasm, etc. The source of these difficulties is shown to be anxiety over the corresponding innervation of the genital sphincters. These observations suggest that the explanation of many neurotic symptoms lies in their relation to castration, birth and parturition anxiety.

The 'when' and 'where' of introducing 'active' methods is discussed by the author. As long as inner tension suffices to bring to light unconscious material there is no necessity to introduce external forces. When, however, the patient has made himself 'at home' it may be necessary to increase tension by artificial means. It is obviously inadvisable to accept the patient's suggestion as to what active method is to be employed. In some cases even indulgent treatment may be successfully used. The most difficult situation to handle is the transference. Impassivity on the part of the analyst may have the same effect as the most extreme activity. It may take weeks or even months to demonstrate that in spite of the analyst's lack of response, positive feelings towards the analyst still exist in the patient's unconscious. Insight on this point indicates marked analytic progress. The transference must be entirely onesided.

Character analysis may prove almost as difficult as the analysis of a psychosis, as character traits resemble symptoms concerning which the analysand has no insight. The aim of an analysis is to develop a personality with powerful instinctive trends but at the same time great capacity for controlling them. As to the form of neurosis in which activity is indicated, it is difficult to lay down a general rule. It is unnecessary in hysteria, but it may hasten a successful conclusion of the treatment. In the obsessional cases it is a means by which the patient's conflict is displaced from the intel-
lectual to the emotional plane. A case of schizophrenia was driven by active methods through stages of doubting mania and conversion hysteria into an anxiety hysteria where for the first time investigation of the libidinal basis of the illness was possible. These and similar observations have convinced the author that 'active therapy' is not only an analytical accessory, but it advances theoretical understanding.

DAVID MATTHEW.
PROGNOSIS AND TREATMENT

J Neurol Psychopathol 1926 s1-6: 340-343
doi: 10.1136/jnnp.s1-6.24.340

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