
In a previous communication it was shown that the haemoclastic crisis does not occur in the normal healthy subject, but that it does occur in a large percentage of psychotics. Analysis of a group of 90 well-established cases of mental disorder showed that 94 per cent. were schizophrenic in type, 85 per cent. were cases of melancholia, and 75 per cent. chronic mania. In 260 early psychotic and neurotic cases, a haemoclastic crisis was found in over 60 per cent. It was noted that the greater number of these were psychotic, chiefly of the schizophrenic type, and that most of the neuroses included in this 60 per cent. were anxiety forms. Consideration of the subsequent progress of 148 of these cases showed that 55 per cent. of the positive cases were reported as worse, 24 per cent. were better, and that 70 per cent. of the negative cases were reported as better and only ten worse. Consideration of later progress during a further period showed that there was very little change in the proportion of cases included under the different headings. The writer's observations are in agreement with those who consider that the cause of the haemoclastic crisis is a change in the equilibrium between vagus and sympathetic tonus. An abnormal response to postural change was found in 87 per cent. of the psychotics. This response was purely a vasodilation.

C. S. R.

**PSYCHOPATHOLOGY.**


The object of this paper is to record the results of systematic serum tests. The investigation was carried out in the Manx Mental Hospital, where 290 cases were studied, and in the Argyll and Bute Mental Hospital, where 388 were studied. These may be regarded as collectively representative of the general types of mental disease. In the first-named, 46 cases gave positive results—23 men and 23 women; 241 were negative—117 men and 124 women; while the cases of one man and two women were positive with the flocculation test and negative with the Wassermann reaction. The male patients gave positive results in 16.31 per cent. and the female in 15.43 per cent. Among those in the Argyll Hospital, of the 185 men and 203 women, 39 of the former and 33 of the latter gave positive results: 139 men and 169 women gave negative results, while the case of one woman was positive with the flocculation test and negative with the Wassermann reaction. The same result was obtained when these cases were tested a month later. The male patients gave positive results in 21.08 per cent. and the women in 16.25 per cent. In the series of cases studied the author concluded that the flocculation test, if not superior to the Wassermann reaction, has been proved to be in no way inferior, and its application is much
simpler. The investigation suggests that while syphilis in mental hospitals is more common among men than among women, there is not such a wide difference as was at one time supposed. By means of laboratory methods it can be demonstrated that the incidence of syphilitic infection is much greater than had been suspected. The percentage has been raised by 12.1 in the case of the Manx patients and by 15 for the Scottish Hospital. Better conclusions can be arrived at when a greater number of mental hospitals are available for comparison.

C. R. S.

This is the Meinicke turbidity reaction for the serodiagnosis of syphilis improved and adapted to a microscopic slide test; venous puncture is unnecessary, for sufficient serum is got from a drop of blood collected as for a Widal reaction. In 1925 Meinicke improved and simplified Dohnal’s method, and after a comparison with the Wasserman reaction in 2,000 sera, satisfied himself that the methods were of equal value for the detection of syphilis. This reaction has attracted little attention in this country, although it is extensively used in European laboratories. The writer concludes that it is a valuable addition to laboratory methods for the serodiagnosis of syphilis. It is simple, ready, and accurate, and will be found especially useful in the case of the insane. Large numbers can be dealt with in a short time. It is an excellent test for use in a mental hospital and for the routine examination of admissions.

C. S. R.

The author describes four cases in full and refers to other conditions which he thinks should be separated from the general group of idiocies under the above title. They are characterised by a diffuse morbid process in the central nervous system, marked firstly by a lipoidal neurolysis and secondly by sclerosis.

He suspects congenital syphilis as an important pathogenic factor. In some cases a febrile condition is observed at the beginning of the syndrome but its real nature cannot yet be properly interpreted.

R. G. G.

After a discussion of instinct and intellect in the lower animals the writer attempts to apply these views to the mentally deficient. Mental deficientes may be divided into two main classes, moral, and intellectual. It does not follow that a moral deficient is wanting intellectually, or that the intellectual
deficient is lacking in moral qualities. The two forms cannot have a common origin and they are regarded as due to an absence or deficiency of one or other of the two primary instincts, racial, and egoistic. There are many cases of moral deficients who are well able to earn their own living and even possess a high standard of intelligence, who in all other respects are normal, but the life and comfort of others are immaterial to them so long as they can satisfy their own desires. The egoistic instinct, no longer held in check by the altruistic, runs riot. The racial instinct is the parent of all morality and morality is in itself that instinctive guidance which is necessary for the well-being and continuance of the race. The problem of intellectual deficiency is very much the same when we have excluded cases of gross physical maldevelopment: it appears that the egoistic instinct has been partially or entirely interfered with in its transmission from the parent stock. If we look back on the qualities which go to build up intellect, we find that the lower the mental grade the more of these qualities are lacking. Even in the higher grades we find that peculiarly human quality, the power of grasping an abstract idea, is almost always lacking. One cannot trace in the mentally deficient that inhibitory power which is almost synonymous with wisdom. Between the degraded statutory idiot and the high grade deficients we get every type. The lowest is incapable of taking the smallest care of himself, and lacks every instinct which is common to the human being and even to the lower animals. As we descend from the highest grades of deficiency, we first notice the lack of reasoning power, i.e., the lack of the power of inhibition; lower down the scale we find an incapacity to grasp abstract ideas, and then curiosity becomes more or less wanting and finally all power of self-protection. Moral deficiency is, as one would expect, always present in the lowest mental degenerates.

To sum up, morality develops from the racial instinct, and perversion or absence of that instinct leads naturally to the perversion or absence of morality. Intellect develops from the egoistic instinct, and perversion or absence of that instinct is the cause of want of growth of the intellect.

C. S. R.


Much statistical work with charts is given us. Insanity under the age of 15 is quite negligible. A fair number of admissions occur between 15 and 19, and a larger number between 20 and 24. The amount continues up to 40 years of age, after which it falls. This represents the number of cases of insanity occurring at the different ages, but not the liability to insanity. The large number of admissions recorded between the ages of 20 and 40 is mainly due to the greater number of young persons in the community, and the small number alive at that age. The tendency to develop insanity first shows itself between
15 and 19, then becomes much more pronounced and is followed by a steady rise till the age of 50 is reached; then comes a short period of decline, after which an extremely rapid rise occurs in old age. There is less insanity at adolescence than at any subsequent period and a general tendency for insanity to become more frequent as one grows older. The rate among males is proportionately higher than among females, mainly due to the greater number of admissions from general paralysis and alcoholic insanity. Incidence among the married is decidedly low. As regards widows and widowers, it is found that the loss of a husband or a wife increases the incidence of insanity in a marked degree. Prevalence among the single is decidedly high. At the three crises of life (adolescence, climacteric, and the grand climacteric at 64) we note an increased incidence. Dementia praecox is most prevalent in early adult life and as in the population young persons greatly predominate, the number of admissions is large. Since the majority do not recover, and fill our mental hospitals, the impression has thus been created that the early period of life is the most liable to insanity; whereas if we refer to insanity in general, adolescence is actually the least dangerous period. Manic-depressive forms by far the largest proportion of re-admissions (30 per cent. males, 48 per cent. females). Dementia praecox constitutes 25 per cent. Alcoholic insanity and general paralysis account for more than a half of all the insanity that occurs between the ages of 35 and 55. The highest point of the incidence of the former is between 45 and 49, and this would seem to indicate that there is in the male a climacteric which corresponds to the female menopause. General paralysis begins later, terminates sooner, and reaches its period of maximum incidence five years earlier than is the case with alcohol.

In the latter part of the paper the various factors of prevention are discussed.

C. S. R.

PROGNOSIS AND TREATMENT.


Boltz found this test almost invariably positive in general paralysis and negative in the other psychoses. The test is not due to cholesterol by itself, but would appear to be due either to some combination of cholesterol with protein or some modification of cholesterol. At the Sunderland Mental Hospital 13 cases of general paralysis were treated with induced malaria by the subeutaneous route. The malarial blood was obtained from a general paralytic and was injected ten hours after its withdrawal. Of these 13 cases, three died before the cerebrospinal fluid was examined, and of the remaining ten, of which nine had a positive Boltz test previously, nine had a negative test.