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 subcutaneous 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.
after the malarial treatment. One case whose Boltz test was negative previous to treatment, became positive after treatment. In these nine cases the change from a positive to a negative Boltz test suggests that as a result of the malarial therapy, apart from any obvious clinical and serological improvement, the paretic process which is responsible for the substance causing the Boltz test had become inactive. Whether this improvement will be permanent or not remains to be seen.

C. S. R.


MALARIAL therapy produces a greater number of remissions and a smaller death-rate than occurs in untreated cases. Complete remissions occur in about one-third of the cases in a mixed series, but in a much greater proportion if only cases with histories of dementia paralytica of less than eighteen months’ standing are treated. The addition of neosalvarsan to the febrile treatment decreases the death-rate amongst the cases unfit for discharge, and perhaps increases the number of complete remissions that occur.

All the medical officers are agreed that in a majority of the cases treated by malarial therapy which proved to be unfit for discharge a marked improvement in general well-being, cleanliness, and conduct was observed.

C. S. R.


This is the record of an attempt to find some drug or combination of drugs which would give definite results in general paralysis. Mercury was ruled out, as the authors considered it to have a definitely maleficent action on the disease. The drugs dealt with in this report are the arsenicals (eparseno, arsacetine and tryparsamide) and the bismuth preparations (trepol, quinby, rubyl, iodo-bismuthate of pyramidon, luatol and the bismuthogallate of ethylene diamine). These were in some cases combined with other remedies such as antidiphtheritic serum, mesothorium, sodium nucleinate, hemostyl, cerebrocinol and gardenal. The authors found that bismuth salts were quite without effect on the course of the disease. Of the arsenicals used, eparseno was comparatively useless, and arsacetine was apt to cause the rapid development of optic atrophy. Tryparsamide was only used on three patients, one of whom was apparently cured, one remained stationary, and one died. One patient treated with 31 injections of dinitrophenol improved remarkably and remained well. The authors claim to have had good results with stovarsol but these are not included in the present article.

J. G. Greenfield.
Sterilization of mental defectives.—*Jour. of Ment. Sci.*, 1926, lxxii., 386.

Few people who have not made a study of the subject realize to what extent the sterilization of criminals and mental defectives has been sanctioned by the legislatures of America. A recent case which upheld the main provisions of the present Michigan statute authorizing the sterilization of mentally defective persons, is one indication of what seems to be a growing popular approval of such statutes. Laws providing for sterilization in specified cases have been placed on the statute books of twenty-two states. The legislature of other states has considered the subject, and at least two of them have passed laws which were vetoed. Such laws in Indiana, Iowa, Michigan, Nevada, New Jersey and New York have been declared unconstitutional. Iowa and Michigan have since enacted new laws. The New York law of 1912 was repealed in 1920. The latest laws of the other states have not yet been tested in the courts.

Enforced sterilization has been practised by many peoples, usually as a punishment for sexual offences, but it is only within the last twenty years that it has been given serious consideration by state legislatures as a eugenic measure. Some state statutes are purely punitive but the great majority are eugenic and therapeutic, or purely eugenic. Those that are punitive of course apply only to criminals, usually confined to those who have been convicted three or more times of a felony, or to those guilty of rape or other sexual crimes. Mostly these laws apply only to inmates of state institutions. Authority is given to sterilize such inmates when in the opinion of the examining board procreation is inadvisable because the children would have inherited tendencies to crime, feeble-mindedness, insanity, etc. A few statutes include those who have syphilitic disease, and some include sexual perverts.

The majority of the statutes provide for the operation of vasectomy on males and salpingectomy on females. Some leave the method to the discretion of the examining board. Some allow castration and some specifically prohibit it. The present Michigan statute is the only one to speak of treatment by X-ray. Under most of the laws no consent of parents or guardians is necessary. Most boards are assisted by a certain number of physicians and neurologists. Recent statistics are not available, but up to March 1918 the number of operations performed under these statutes was: California 1,077, Connecticut 12, Indiana 118, Iowa 67, Kansas 3, Oregon 17, Nebraska 25, New York 9, North Dakota 32, Washington 1, Wisconsin 61, other states 0. From 1907 to 1921 in California 2,588 persons were sterilized, and during the same period in the various states a total of 3,233 were sterilized.

The advisability of these statutes has been seriously questioned. Since the majority of them are eugenic they are necessarily based upon two assumptions: (1) that feeble-mindedness, insanity and criminal tendencies are inheritable: (2) that it is possible to determine in a particular case that children procreated by a certain defective will have such inherited tendencies. These
are assumptions about which there is difference of opinion. Though it has been stated that "biological science has definitely demonstrated that feeble-mindedness is hereditary," on the other hand it has been said that "there has always been some uncertainty in making a diagnostic distinction between native feeble-mindedness on the one hand and the acquired defect resulting in retardation on the other." It is contended, too, that these laws open the door to other and greater evils.

C. S. R.


In this lengthy paper the author discusses the whole problem of the social and psychopathic individuals who are a burden and often a danger to society, and who require some sort of segregation and treatment. For those who are definitely mentally defective, he urges the prolongation of their retention in institutions beyond the usual age, up to at least about 26, when they no longer have puberty stresses to contend with in addition to their general unfitness for a normal social environment. For the habitual criminal he urges lengthy detention with liberation only on ticket-of-leave, so that the ease of returning them to the institution may provide a motive for the abandonment of a social conduct.

He points out the disadvantages of repeated short convictions for petty crimes in the feebleminded and morally abnormal, and suggests that existing institutions might be differently utilised and some new ones founded. The workhouses might be the first place to which the psychopathic asocial should be remanded, but in these occupational therapy of a varied kind is needed and psychiatric supervision, so that re-education to work and self-maintenance may be furthered. When this fails to be effective after several shorter periods with relapses, then places of detention for longer periods, probably with an initial commitment of three years, to be extended if need be, should be set up, where conditions are something like those of mental hospitals, definitely not prisons or for punishment, but for treatment of the asocial tendencies and for re-education. Many passive types of asocial persons, simply incapable of independent existence outside, would work well under supervision and willingly remain in this protected environment. The actively asocial would probably require stricter discipline with rewards and penalties of some kind.

The main difficulty would seem to lie there as here in the fact that the public dreads further restrictions of the liberty of the subject, and the desirability of segregation for long periods and even permanently of the high grade feeble-minded and moral defective, the psychopathic characters with defects of will and emotional control, is not readily appreciated by the judicial authorities in whose hands the commitment must lie. He suggests that some place of observation and provisional detention, with welfare workers gathering full
information of the past conduct of the patients and psychiatrists specialising in such work, might bring cogent evidence of the advisability of segregation and treatment. He urges that psychiatrists should claim such cases as belonging to their field of work, and even where asocial and antisocial tendencies are incurable, that they can most advantageously be kept occupied and supervised by a staff with the psychiatric rather than the prison point of view.

M. R. BARKAS.


This paper deals with certain broad issues dividing those practising psychotherapy, the most fundamental of which depend on its conception as an applied science. Discussing certain grounds for scepticism and half-hearted reliance on psychological techniques, the author comments on Reik’s suggestion that a motive for psychologizing might be due to a desire to satisfy curiosity without uncovering the deeper determinants of our mental processes. He thinks that this reluctance is not entirely due to any physiological bias in medical men but may actually constitute a psychophobia. Emphasis on physical aspects of neurotic illnesses is probably determined by some inhibition connected with the exploration of their psychological causation. The psychotherapist tends to be influenced by a physiological bias which causes him to overestimate environmental influences and underestimate the importance of inner forces. It has recently been demonstrated that the fate of inner instinctual ‘urges’ plays a far more important part in the etiology of neuroses than environmental factors prevailing at the onset of the illness. The author believes that man’s capacity for achieving profound modification of instinct is now in part inherited. Neurosis is the expression of failure to establish a compromise between certain instinctual claims and the counter claims of a cultural self created in the image of the parental representative of social ideals. The repression of instinctual demands and the failure of the neurotic satisfactorily to displace these strivings on socially acceptable ends, make it impossible to envisage the patient’s relation to his environment as a simple biological one such as is established by animals in captivity. We are thus unable to build Mappin Terraces of our neurotic patients. The neurotic’s inability to maintain a harmonious relationship to his environment is only partly due to the frustration of conscious aspirations; these factors can only precipitate the onset of neurosis. The treatment of neurotic disorders by modification of environment is considered and is shown to be a ‘hit-or-miss’ therapy; it can only be a palliative measure. Neurosis can only be stated in biological terms of ‘organism reacting to environment’ when we take into account the modification of instinct by the cultural milieu which takes place at the beginning of life. Scientific therapy should aim at better adjustment of internal conflicting forces rather than at reaction to environment. The view that a scientific psychotherapy
requires to be supplemented by philosophic or religious doctrines is criticised. It is possible to question the scientific validity of this standpoint without denying that religious beliefs help the individual in time of stress. In his criticism of 'medical moralization' it is noted that the neurotic is not so much concerned with ordinary temptations as with his arrested infantile cravings. Medical moralization will thus leave the real source of guilt untouched and may dangerously increase the already too strenuous activities of the super-ego. The paper concludes with a lucid account of the mechanism of transference and how it can be applied either to influence the patient directly or as a means of reviving memories of his forgotten infantile past. It cannot be used along both of these divergent directions. Analysis automatically achieves synthesis. To be scientific the transference situation must be conducted according to the rules of psychoanalysis.

Robert M. Riggall.
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