PSYCHOPATHOLOGY

PROGNOSIS AND TREATMENT.


Intensive and systematic treatment has been carried out at the Rainhill Mental Hospital in 1927. Out of the 46 treated cases 25 per cent. have been already discharged. In another 30 per cent. distinct improvement has been effected, while of all the cases treated less than 12 per cent. have failed to improve.

From this work the following conclusions have been arrived at. It is essential to have the clinical diagnosis of general paralysis confirmed by serological examination. If such examination is carried out early, the disease can no longer be looked upon as hopeless, because intensive treatment does effect immediate improvement. It should consist of one full course of tryparsamide (ten weekly injections of 3 grm. each), followed by a series of malarial rigors—twelve if possible. For various reasons this sequence is regarded as better than the reverse order, i.e., malaria followed by tryparsamide. The gold-curve is little, if at all, affected by therapeutic measures. This test, being the most stable, is of primary diagnostic importance. All cases which improve clinically with treatment have shown corresponding serological improvement, but the converse has not been established. Changes in the cerebrospinal fluid have followed much more consistently upon the administration of tryparsamide than upon that of malaria. In other words this investigation demonstrates that serologically tryparsamide is a more potent therapeutic agent than malaria.

C. S. R.


The first case was that of a woman of 47, who had been ill for 20 years and sojourned in more than one institution. Clinically, her case had been diagnosed as degenerative hysteria, or as psychosis. Throughout, hypersexuality had been a prominent symptom. At the request of the patient’s mother castration by X-ray radiation was tried, the idea being to render the ovaries atrophic. The hope was not unjustifiable, inasmuch as many of her psychotic symptoms were aggravated during the catamenial flow. Treatment, however, proved a failure, although it is claimed that slight amelioration took place.

The second was that of a woman of 44, who had shown hysterical traits in early life and whose condition was suggestive of a degenerative psychosis. She pestered doctors and nurses with stories all of which were of a sexual kind, and declared that only by sexual intercourse would she ever recover.
In this case also X-ray radiation of the ovarian region failed to effect any clinical result. Although treatment was disappointing, the writer of the article evidently believes that the method deserves a further trial in selected instances.

J. S. P.

[141] Child psychoanalysis (La psychanalyse infantile).—Sophie Morgenstern. L'hygiène mentale, 1928, xxiii, 158.

Clinical experience shows that childish neurotic troubles arise from a familial conflict—the birth of a little brother or sister, the unhealthy love of a son for his mother, hatred for the father rival, who is the symbol of all power, who can punish and humiliate his son. Sometimes it is a question of jealousy towards a more gifted brother or sister, with a resulting feeling of inferiority. A constitutional disposition is not sufficient to hatch a neurosis, but the personality of the father and mother and their bearing towards the child play the most important role. A tyrannical father, a mother who is indifferent or too much attached to the child can bring about the gravest disorders. Examples are cited to show that the child neurosis is an actual neurosis and that there is no need to penetrate into the unconscious to reach the origin of the trouble. Cure is more assured than in an adult and the duration of treatment ought not to be long. Treatment of the neuroses of childhood would contribute much towards the diminution of those in adult years.

C. S. R.


From their work the writers conclude that intraspinal injection of horse serum produces a strong stimulation of the body defensive mechanism, the intensity of the reaction being localized to the cerebrospinal system. Development of aseptic meningitis produces temporary improvement in a large percentage of both chronic and early cases of dementia praecox and other psychoses. The incidence and degree of permanent improvement are much greater in dementia praecox of early stages than in the chronic, deteriorated types. Aseptic meningitis as a therapeutic measure is of little value in the treatment of chronic dementia praecox. It seems to be of definite value in certain cases of early dementia praecox and in psychoses of toxic and infectious nature.

C. S. R.