constitutional nature. It is interesting in this connexion to recall the existence of vagotonia and sympathicotonia in the vegetative nervous system and their well-known pharmacological reactions. The pathological extremes of these two types are the mania and melancholia of the manic-depressive psychosis. At one end of the scale is mania, with its high degree of excitability of mind and body, flight of ideas, exaltation of mood, and increase of psychomotility. At the other end is melancholia, with retardation of thought and action and depression of mind. Not only is there a disorder of excitation or inhibition in the psychic sphere in these conditions, but evidences of increase or decrease of function is often present in the spinal and vegetative mechanisms.

The erethitic temperament is a mobile one, characterized by great activity of mind and body. Such types are easily excited, responsive, impulsive, emotional and quick-tempered, and inclined to be restless. They are many-sided, have many interests and their psychic trend is objective rather than subjective. They live more in the outer world of reality and action than in the inner world of thought. They are mercurial and inclined to be rash and hasty. The psychic tempo is rapid and there is a slight tendency to distractibility. The general trend of this type is toward expression, and they are accessible and sociable.

The kolytic temperament, on the other hand, is more calm and controlled, with a tendency to passivity of mind and body. Such individuals compared with the erethitic appear cold, apathetic and indifferent. They are introspective, often heavy and plodding, but when more energetic manifest a quiet concentration of power. They are slow-tempered, self-centred and reflective with a tendency to subjectivity. The psychic tempo is slow. They are the thinkers, the dreamers and visionaries, and show a distinctly repressive tendency and are inclined to be shy and reserved.

These two temperaments represent the predominance of excitation or inhibition in the psychic sphere, but in addition to these there is the great middle group in which the two functions are more harmoniously balanced and where there is no special tendency to excess in either direction.

The psychological types of Jordan, Jung and Kretschmer are also considered, and the question is raised whether the predominance of an erethitic or a kolytic tendency is not the important factor in all.

**Author's Abstract.**

**PsychoSES.**


BOUMAN begins a valuable paper by mildly complaining of the absence of help from the psychiatric side in solving the problems of schizophrenia. The
Brain anatomist is in a difficult position: the clinician is not sure of his own data; and the psychologist does not think anatomical information necessary. Present-day psychiatry is psychiatry without the cortex.

A readable and succinct exposé is given of the course of knowledge during the last fifty years in respect of the pathological changes in dementia praecox, and it is brought completely down to date. It merits careful perusal, for it leads unmistakably to the conclusion that the disease-condition has a pathology which can neither be called in question nor overlooked. Bouman freely acknowledges the contradictions and discrepancies, but they cannot dispel the general feeling that recognisable alterations in the brains of cases of schizophrenia are to be expected; and he summarises his position in the following way.

Schizophrenia is an organic disease of the brain, consisting in a primary parenchymatous degeneration of the cerebral cortex. Ganglion-cells disappear in a fatty degeneration and sclerosis, without accompanying gliosis of an active kind. This cell death is laminar, and is perhaps best seen in the third layer, but other cell-layers are included, in particular the second and fifth. The change in the cortex is diffuse and sometimes patchy, is independent of vascular distributions and is not associated with the tissue-reactions of inflammation. There is no particular uniformity in the changes in successive cases, but as a rule frontal, temporal, and prerolandic areas exhibit these with the greatest constancy.

Less definite alterations are found in the fibre-systems; perhaps they are most usual in the internal granular layer, and next in the supra- and infragranular layers.

The general pathological picture is subject to variations; in cases associated clinically with periods of excitement a greater degree of glial proliferation is met with, in the form either of glial rosettes or of increase of the protoplasmic glia. In such instances perivascular accumulations of cells containing products of myelin degeneration are seen.

Other matters of pathological interest are discussed, and the question of pathological interpretation is not ignored.

S. A. K. W.


The author opens an interesting paper with a discussion of the admitted difficulties in respect of the entity or otherwise of the condition known as schizophrenia, and with a historical retrospect which fully exemplifies changes in conceptions and classifications. Whenever the question of schizophrenia being an entity comes up for decision controversy thickens. A description is
given of the “classical” views, as well as of the most modern. The divergencies between Kraepelin, Bleuler, and more recent writers still are fundamental. The general attitude of the author is both critical and eclectic, and may be expressed as follows.

1. There is a group of psychoses which considered from the viewpoint of course and semiology can be placed together, and in which pathologo-anatomical changes can be found. They represent an actual disease-condition. They correspond in part to the hebephrenia of Kraepelin, the ‘Kerngruppe’ of Willmann, the genuine schizophrenia of Kahn, and the dementia praecox of Claude. To deny this is in the author’s opinion unjustifiable scepticism and mere obstructionism. The entity does not pass over by gradations from the normal. It is a disease-entity; other conditions are disease-pictures.

2. Another group of cases present a schizophrenic syndrome in Bleuler’s sense; it is a numerous class, in which probably a definite etiology for the psychosis will be forthcoming (constitutional disease, toxicosis, organic brain affection).

3. A third group consists of cases in which a schizophrenic syndrome arises on the basis of a constitutional tendency to psychosis. The author is doubtful of this group, but states that it may be taken to embrace some types described by Kretschmer, Bleuler, Adolf Meyer and others, where there appears to be a gradual development of the psychosis from a condition of normality.

4. The view that there is a common somatic or mental constitution for all types of schizoid and schizophrenic subjects is merely a working hypothesis; that is the most that can be said for it.

A useful classification of the endogenous and exogenous psychoses is given, which is too long to reproduce here.

S. A. K. W.


After admitting the highly unsatisfactory state of present-day conceptions of the ‘disease’ called dementia praecox, Van der Hoop argues that its psychological aspect deserves separate study, apart from questions of whether it has a recognisable pathological anatomy or not. He indicates a threefold approach from the psychological side.

1. Schizophrenic peculiarities can be regarded as a general psychical reaction to certain specific and typical disorders which the disease produces in both body and mind.

2. The symptoms can be considered a definite typical form of reaction, a characterological reaction, to difficulties that are not of any specific class.
3. The psychoanalytic line of approach associates the symptoms with disturbances in psychical development, the outcome of abnormalities in the affective life.

Each of these is in turn examined at considerable length, and reasons are given for the view that the third is the most illuminating among them. At the same time it is expressly stated that they need not be considered mutually contradictory, and that all three may be utilised in the exploration of the subject. The author's own conclusions may be formulated thus: Among the psychological causes of schizophrenia can be recognised (1) an initial defective condition, probably of congenital origin, which need not be thought exclusively endocrinological but may include psychical abnormalities; (2) a special, inherited, personality-build which may be described as a strong tendency to introversion; (3) a psychical regression which develops in due course into a condition of introversion, whereby fixations at narcissistic and auto-erotic stages are brought about.

S. A. K. W.


Competent clinical studies of the motor phenomena of the psychoses are calculated to throw much light on their nature and have hitherto been conducted by only a few investigators. In the present communication the following points have been examined: muscular function, along the lines of electrical excitability (chronaxy) and electromyography; postural reflexes and reactions of attitude and equilibrium.

It is only in appearance that the catatonia of the psychoses resembles certain organic extrapyramidal affections; it can readily be distinguished by postural reactions, by pharmacodynamic tests, and by various neurological signs. The physical accompaniments of catatonia exhibit as great variations from time to time as do the psychical. Further, in catatonia the interrelation of physical and psychical is much closer than in organic neurological conditions; the Parkinsonian struggles against his disability but the catatonic seems to have a paralysis of volition. One of the authors' patients said: "If I do not move, it is because I do not wish to move; I have no idea of movement."

The external analogies between catatonia and hysteria are close enough, but on occasion certain neurological signs are found in the case of catatonia which are seen also in some organic nervous affections, but not in hysteria. In these and analogous cases there is not so much a structural basis for the symptoms as an altered state of neural dynamism.

S. A. K. W.
ABSTRACTS


The method utilised was to inject intravenously doses of somnifène varying from 7 to 10 c.c. according to the size and weight of the subject, and during the resulting narcosis to examine muscle tonus, reflexes, and motor reactions to cutaneous stimuli. Thirteen patients were tested, of whom five were catatonics, while the others suffered from various nervous and mental affections (two hysteria, one paranoia, one simple mental debility, two general paralysis, two postencephalitic Parkinsonism).

In these eight cases the common effect was merely the usual narcosis with relaxation of muscle tone.

In the case of the five catatonics, however, the following notes were made:

(1) Motor symptoms. (a) At the outset, complex movements or gestures of a voluntary type. (b) Later, signs of decerebrate rigidity, of varying intensity. (c) Sometimes, also, an approximation to the signs of spinal automatism.

(2) In two cases, symptoms of pyramidal dysfunction made their appearance.

(3) Disorder of the sympathetic system, with marked exaggeration of the pilomotor reflex.

J. S. P.


When the history of a schizophrenic patient includes the incidence of pavor nocturnus, nightmares and the like, these are to be considered in prognostication as events showing those periods in personality genesis during which exclusion from conscious awareness was used unsuccessfully in dealing with life experience. If they occurred very early, then the character of the experiential material concerned must have been primitive and pre-verbal, and its elucidation will be correspondingly difficult. If they occurred in late childhood or only after the juvenile epoch was reached, then the experiential material involved may well have been fairly easy of formulation in speech, and so fairly readily obtainable and convertible into adult experience, with complete relief of the conflict. The earlier the appearance of rigidity in the self-regarding sentiment, the greater the difficulty of its therapeutic reorganization, and hence of securing a stable recovery. If the child showed very early a marked tendency to temper tantrums, and never outgrew this tendency, a subsequent post-psychotic adjustment of the personality to reasonable demands of social life is not easy to bring about, and can scarcely be expected unless the individual's abilities
available are of an unusual order of merit. Prognosis by "depth of regression" is not rational. The hebephrenic, whose behaviour seems to rest at the "depth" of early childhood or late infancy, offers a graver prognosis than the catatonic who has approximated an "intra-uterine regression." "Silliness" is of bad prognostic omen because the act of laughing in that peculiar way reflects a self far from the intelligent rational self which we accept as ours.

Prognostication by age at onset of the recognized psychosis is of but indirect value. In so far as one can find in the history evidence of maladjustment extending back for years before the serious collapse of personality, one is justified in drawing some conclusion as to the abilities of the individual, and as to the stability of his personality integration. If the schizophrenic psychosis actually occurred "out of the blue"—without material individual-environment factors of causation—then surely the prognosis might be anything, for understanding of the illness would elude us entirely. Other things being equal, the age-at-onset factor may be appraised as follows: the younger the patient in the age group from 35 to 17, the better the outlook; in earlier years, the younger the patient, the poorer the outlook because of the improbability that he has ideals and valuations of other person enabling us to establish good rapport in our attempts at therapy.

The promise which oral-erotic patients hold forth seems to reside in the fact that they are set to take in from the environment, and that this 'set' works in cultural terms so that they are amenable to constructive experience. It is believed that the favourable prognostic outlook in such cases arises very largely from the working of this factor. Those showing anal mechanisms in psychosis seem very much more prone to disintegration of the personality, in the sense of collapse of social tendencies. The prognostic importance of the "attitude of the ego to the perverse cravings" as concluded by Kempf is amply confirmed. To the extent that the representations in awareness of the motivations which have escaped repression continue to be regarded by the individual as criminal and subversive, to that extent the mental disorder which ensues is to be suspected of an unfortunate outcome. On the other hand, because of the receptive attitude of the oral-erotic who has not progressed to a paranoid maladjustment, the appearance of violent negative response to the erupting motivations in such patients does not carry gravely pessimistic implications, if only because this sort of person is very often able to acquire experience which will lead to more just valuation of matters of fact pertaining to himself. Schizophrenics who are sadistically oral-erotic are more difficult to handle but none the less have the good prognosis of the oral type in general. The anal-erotic type is of grave omen. It is empirically observed that psychoses including as prodromals illusions or delusions concerning unpleasant bodily odours are of unfavourable outlook. Auto-erotic conflicts which carry with them many eye symptoms and mannerisms of the orbital region are frequently resistant to therapeutic approach but do not entirely preclude social recovery.
It has seemed that the use of alcoholic beverages as intoxicants may be credited with supporting the partial integration of a great many people and saving them from graver maladjustments. When alcoholic over-indulgence is closely related to the outcropping of schizophrenic processes, other things being equal, such cases have a somewhat more favourable outlook than those in which such history is lacking.

C. S. R.


The author discusses the relationship of acute infectious disease to the onset of schizophrenia, and reaches the conclusion that infectious disease (not to mention other exogenous agents) in certain persons breaks the integrative fabric of consciousness and releases a psychological regression of various degrees and types. The complexity of the subject from the standpoint of classification is illustrated by the author's statement that "the syndromes formerly designated 'dementia praecox,' 'toxic-infectious psychosis,' 'amentia' and 'confusional psychosis' are all included, the differentiation in many cases being neither possible nor useful."

R. M. S.

[200] Catalepsy; its relation to pathological sleep, hysteria, and catatonia (Les crises de catalepsie; leur diagnostic avec le sommeil pathologique; leurs rapports avec l'hystérie et la catatonie).—H. Claude and H. Baruk. L'Encéphale, 1928, xxiii, 373.

This is an interesting clinical and experimental study of a difficult question. The authors insist with proper emphasis on the peculiar physiological features of the cataleptic state, and on the modification producible in it by pharmacodynamic methods. An attempt is made to separate the intrinsic clinical features of catalepsy from those of organic affections (narcolepsy, epilepsy, etc.), and while it is held that as a rule catalepsy is associated with neuropathic and psychopathic states (hysteria, dementia praecox, etc.), it is argued nevertheless that these latter exhibit a physiological substratum the precise study of which will throw light on the interrelation of psychical and physiological dysfunction.

It is specially interesting to note that the authors allow that much of cortical activity may be unconscious; they show that movements of voluntary type can occur while consciousness is suspended. In this and in other respects they substantiate the views of those who in recent years have held that the physiological study of disorders called psychical holds promise of fruitful results.

S. A. K. W.

Herein are reported four cases of depression, three of involutional melancholia and one in the involutional period with a seventh attack of manic-depressive psychosis. These productions seem to indicate that the following mechanism produces the attack of depression. A precipitating situation arises in the patient’s life whereby his ego receives a wound and the compensations carefully built up over many years fail. This precipitating situation reactivates a similar childhood situation and causes a regression of the libido to a more infantile level—one of oral eroticism. At this level the differentiation between subject and object is vague. The object seems to have signified the ego-ideal—the inhibitions—and this projection of the ego-ideal on the object seems to have made it possible for the ego to incorporate it ('devour it') into a subordinate position where the hate element in the libido strivings can be vented on it. The patient flees from the precipitating situation into the psychosis and in the psychosis can give full play to his infantile hate against the object, his ego-ideal and his inhibitions, but by doing this he increases his guilt, which he is able to satisfy by punishing his ego for its subordination of the ego-ideal.

C. S. R.


The authors report on 198 cases of alcoholism seen during the period 1921—1926. They claim that since the introduction of prohibition the consumption of bootleg liquor has caused a change in the clinical pictures seen.

In the acute cases the three outstanding signs are early loss of consciousness in a high percentage of cases, a slight febrile reaction and a transient albuminuria. The cases of neuritis were marked by rapidity of onset, symptoms usually appearing within one month. Weakness, pain and muscular pareses were the commonest symptoms. Delirium tremens is rare at present, probably owing to the changed habits of the chronic alcoholics, who now indulge in sprees but not in daily drinking. Cirrhosis is essentially the same now as before prohibition.

They classify their 198 cases as follows: acute alcoholism, 51; chronic alcoholism, 61; alcoholic neuritis, 18; cirrhosis, 14; delirium tremens, 5; alcohol together with other poisons, 5; and alcohol in connection with accidents, 44.