observations based on the use of thiazin red as a stain. They have found iron present both in sections of the brain and in the spinal fluid and consider that these findings are distinctive of general paralysis.

R. G. G.

PROGNOSIS AND TREATMENT.


The points here dealt with are the individual treatment of offenders and the abolition of the jury trial of the question of mental disorder. The first has an important bearing on the defence of insanity, since there are many mental cases which could escape notice as such unless individually studied. The present procedure is based on the theory of making the punishment fit the crime instead of fitting the individual. This fails conspicuously as a deterrent to crime. In a number of large cities individual, sociological and mental study of the prisoner before trial and individual consideration of the punishment or other disposition have already been adopted, usually with the assistance of psychopathic clinics. The classification prison about to be placed in operation at Sing Sing will afford a careful sociological and psychiatric study of each new prisoner by the aid of which the newcomers will be sent to the particular prison and given the particular treatment or occupation which his case indicates. The introduction of a new socio-penal agency is suggested, to function after conviction and either to advise the court or to have the power to prescribe a to what disposition should be made of the offender after a careful study of each case. The commission should be composed of psychiatrists and criminologists of the highest type, and power of sentence would be taken from the judges and vested in this body. A logical result of such treatment of convicted wrong-doers would be the curtailment of the recidivist who would probably receive the much-talked of wholly indeterminate sentence.

A jury should never be charged with the determination of the mental state of an individual; he should instead be examined either by a commission of experts appointed by the court in each case or by a standing commission in the state department dealing with mental diseases, as is the case in Massachusetts. The jury would be called upon to decide simply questions of fact, viz., was the act committed, and was the act committed by the individual accused? The question of responsibility should not be referred to a jury. It is for the experienced psychiatrist to decide this. The report of the commission examining the accused would be submitted to the judge who, if so advised in the report, could commit to a hospital. If the finding indicated normal mentality, the case would go to the jury without comment. On the other hand, if partial responsibility on account of limited mental capacity was found this could be made use of by the judge in passing sentence or if some way of presenting it to the jury without the usual cross-examination could be found it could be used at the trial.

C. S. R.
ABSTRACTS

[210] Sing-Sing clinic a going concern.—Mental Hygiene Bulletin, 1928, vi, 7.
In addition to routine examinations during the year ending June 20, 1928, the clinic made special examinations of 827 prisoners. Of these, 18.3 per cent. were found mentally defective, 3.3 per cent. insane, and only 25.6 per cent. normal. The remainder were distributed among various pathological groups, ranging from those indicating slight deviations from normality to those bordering on the psychoses.

C. S. R.

[211] Psychiatric service in penal and reformatory institutions and criminal courts in the United States.—Winifred Overholser. Mental Hygiene, 1928, xii, 801.
In answer to questionnaires from 259 public penal and correctional institutions, it was ascertained that 35.9 per cent. employ psychiatrists on either a full-time or a part-time basis. Psychologists were employed by 32.8 per cent. The practice in 50 per cent. was to refer cases suspected of mental abnormality to private physicians for examination. A favourable opinion as to the value of ascertaining the mental, nervous, and physical conditions of prisoners as an aid to their classification and disposition was expressed by 50 per cent. of the institutions.

With regard to the use of psychiatry in criminal courts, questionnaire replies from 1,168 courts of all grades of criminal jurisdiction showed that 9.4 per cent. were served regularly by a psychiatrist on a full-time or part-time basis. The services of a psychologist were similarly utilized by 6 per cent. of the total number. It was the custom to refer defendants to private physicians in 41.6 per cent. Of 584 judges who expressed an opinion as to the value of medical reports in the disposition of cases, 81 per cent. were frankly favourable and 19 per cent. were counted as unfavourable.

C. S. R.

The education of the young from the point of view of a social defence against syphilis is apt to be confounded with sexual education as a whole. This latter should be commenced early and followed up year by year until adolescence as an integral part of general education. It is natural that the parents should undertake this responsibility but the school should also take part in it and introduce into their curriculum a new form of instruction under the name of "individual hygiene" in the lower classes and "sexual hygiene" in the upper ones. The continuance of this teaching, carried on for several years, can only favour the development of a sexual moral without which the most urgent warnings will have little or no effect.

C. S. R.

Physical disabilities occurring in the early years of life affect the personality largely as they are utilised by the underlying relationships between the parents and the child. When they occur later in childhood the child reacts to them in the same manner as he has learnt to meet other new and difficult situations. It is as essential to treat the relationships between the child and his parents and the attitude of the latter towards the disability at the time of its occurrence, in order that the personality may not be crippled, as it is to treat the disease itself. Such a crippling of the personality is probably a more serious menace to the future happiness of the individual than a very marked disability.

C. S. R.


The author describes the findings in a case in which death occurred during a remission induced by malarial therapy. He finds that the treatment of paresis with inoculation-malaria produces during the paroxysms histopathological changes in the brain, consisting of proliferative phenomena of the capillary endothelium, which must be regarded as part of the reaction of the reticulo-endothelial system. This reaction in inoculation-malaria is as intensive as in typhoid fever, following which disease similar substantial remissions in the cases of general paralytic patients have been frequently reported.

The absence of perivascular infiltrations in the greater part of the cortex in a patient who died at the height of a paroxysm (toward the end of the therapeutic malaria course) suggests the disappearance of infiltrating cells during acute malaria. They persisted to some extent in the temporal lobes and in the corpus striatum. These findings are in accordance with the observations of other authors on the modified distribution of the inflammatory phenomena following malaria. During the malaria and particularly at the time of the febrile attacks plasma cells probably immigrate into the brain vessels, taking part in the phagocytosis of the liberated young plasmodia. After the retrogression of the perivascular infiltrations normal conditions are re-established in the perivascular lymph-spaces resulting in a partial recovery of the ectodermal tissue (ganglion and glia cells).

R. G. G.
PROGNOSIS AND TREATMENT

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