

means of injecting a few drops of alcohol into the superior branch where it crosses the ascending ramus of the inferior maxilla—in which position it is separated from the inferior branch of the facial nerve, which therefore remains undamaged by the injection. The paralysis lasts some weeks, and, during recovery, active re-education is carried out with the object of re-establishing the patient's normal control.

W. JOHNSON.

[35] **Post-herpetic pain and its surgical treatment** (Algies post-zostériennes et leur traitement chirurgical).—J. A. SICARD. *La Médecine*, 1920, i, 278.

PAIN after herpes is relatively frequent; it is most severe in the trigeminal area, less on the trunk, and least on the limbs. Age is the most important factor; pain is never present under 30, but even in old age it may be absent. Many cases of post-herpetic neuralgia recover, but if the pain lasts more than a few months it is almost certain to persist. Applications to the skin, and injections into the nerves concerned, fail to cure.

Various operations have been described, such as removing the posterior-root ganglia, or dividing the posterior roots between the ganglia and the cord, and at the same time destroying the sympathetic fibres. The fibres to four segments should be divided. The author and Desmarest cut the anterior and posterior roots of four segments in the epidural space between the dura and a ganglia, and in a second stage avulse the ganglia. This was done in 7 cases, with 3 cures, 2 failures, and 2 deaths. The reason for failure after a correct operation is not known. Perhaps the pain arises from cells of the posterior horn which were affected by the original inflammatory process.

W. J. ADIE.

Psychopathology.

PSYCHONEUROSES AND PSYCHOSES.

[36] **Psychoses associated with influenza** (Psychosen nach Grippe).—K. HITZENBERGER. *Monats. f. Psychiat. u. Neurol.*, 1919, xlvi, 267.

OBSERVATIONS on psychoses associated with the influenza epidemic of 1918. The material is divided into two groups: (1) Cases in which influenza was the direct cause of the psychosis—fever-delirium and post-febrile amnesia; (2) Cases in which the toxic condition aroused a latent tendency to mental disorder.

Naturally only the severest cases of delirium came under treatment in the clinic, and 15 are included in this study. The symptoms were confusion, terror, psychomotor excitement, and delusions of persecution and poisoning associated with hallucinations. The majority of cases were men; the earliest onset was the second day of fever, and the latest the eighth; the prognosis in respect to life was bad, 12 cases ending fatally, whilst the mental symptoms subsided with the fall of the temperature in

the 3 cases which recovered. Post-febrile cases numbered 30, the greater proportion of whom were women. The symptoms were association disturbances, confusion, and hallucinations, and the psychosis began with sleeplessness, fatigue, irritability, and nocturnal hallucinations, some cases of short duration remaining at this stage. The prognosis was good, and no case ended fatally. The interval between the fall of temperature and the onset of mental symptoms varied from two to fourteen days. In no case was the influenza the sole factor in the production of the post-febrile psychoses. An hereditary factor could be excluded, but lactation, pregnancy, alcohol, or malnutrition appeared as subsidiary causes. In view of the relatively small number of psychoses in a widespread epidemic, the writer concludes that there must be an unknown causal factor in these cases.

The second group includes cases of melancholia, mania, dementia præcox, and delirium tremens, and in these cases the influenza is to be regarded as the immediate influence which brought the latent psychosis to the surface.

H. DEVINE.

[37] **An acute prison neurosis of the anxiety type.**—YAWGER. *Jour. Nerv. and Ment. Dis.*, 1919, 1, 319.

THE writer describes an anxiety neurosis in prisoners which, he believes, he is the first to consider seriously. The condition was noticed during the period elapsing between an application for pardon, or a release on parole, and the final decision in the matter. Nervous tension increased towards the end of this period, and some of the cases became so ill that they had to be removed to hospital. Various factors in the cases are considered as causes, and a detailed list of symptoms is given. Without exception the cases all recovered immediately their applications had been dealt with. An adverse decision on the part of the authorities had as beneficial effect on the condition under consideration as a favourable one. A strong factor in all cases seemed to be the uncertainty of their future on entering the world again.

R. DANSIE.

[38] **The psychic sequelæ in head-wound and commotional cases.**
(Les séquelles psychiques des blessés du crâne et des commotionés).
—FRANÇAIS AND BESSIÈRE. *Revue neurol.*, 1918, xxv, 305.

THE authors here present a mental syndrome which they have found common to cases of head injury and of commotion. In cases of head injury no correlation was established between the seat or the severity of the bony lesions and the nature and gravity of the symptoms. The same symptom-complex was observed in a number of purely commotional cases, and emotional features could not be isolated from the commotional syndrome.

After a detailed description of results obtained by the examination methods of Ballet and Genil-Perrin, the authors present the following conclusions: (1) There was complete amnesia for the period immediately following the trauma; (2) Diminution and rapid fatigue of sustained

attention, causing a difficulty of fixation more or less marked ; (3) Slowness of the associative process, leading to difficulty of recollection of remote facts ; (4) The affectivity of patients remained unimpaired, and their emotivity was greatly exaggerated ; (5) The mood was one of general sadness and mental depression ; (6) Judgement seemed unimpaired at the time, but it was feared it would become defective if the aforementioned troubles did not clear up ; (7) Activity was sensible, orderly, and coherent, but slow ; (8) Delusions and hallucinations were but seldom observed, and then only in the period immediately following the trauma and during the mental confusion which so often supervened—they were usually met with in persons of a very low mental type ; (9) Other symptoms found were headache, vertigo, labyrinthine disorders, physical weakness, inertia, and inactivity.

There seemed to be an indication of a selective feebleness of memory, attention, and association.

R. DANSIE.

[39] **Schizophrenia in childhood** (Ueber Schizophrenie im Kindersalter).

—M. GRÜNTAL. *Monats. f. Psychiat. u. Neurol.*, 1919, xlvii, 206.

CHILDREN are not exempt from the various forms of mental disorder. Many are classified as mentally defective, but it is possible to distinguish between congenital defect psychoses and other forms of mental disorder in children. It is difficult to estimate the proportion of cases in children, since many are treated at home for 'nervousness', and others are placed in institutions for the feeble-minded. A further difficulty consists in the fact that no sharp line can be drawn between childhood and puberty, and each case must be taken on its merits, and an examination as to the presence of secondary sexual characteristics undertaken in every instance. Furthermore, as in adults, it is often extremely difficult to estimate the boundary between normal and morbid, and especially is it hard to distinguish between a mild schizophrenic condition in childhood and the gradual onset of a psychosis developing in later life.

After a short survey of the literature, the writer describes six cases of dementia præcox in children from 12 to 14 years old. With one exception the onset was sudden, and in each instance the mental development had been normal, the general health good, and nothing noteworthy was found in the history. Secondary sexual characteristics were absent. One case might be attributed to vaccination, another to change of environment, and others to doubtful psychic trauma. The symptoms were characteristic of dementia præcox. Some of the cases were not sufficiently long under observation to determine the ultimate outcome, and though opinions on this point show an apparent variation, the difference chiefly consists in what is meant by the term 'recovery'. Another case described appeared to be associated with the first menstruation, and reference is made to the fact that it is difficult to exclude puberty as a factor in these cases, since premature sexual development may exist without the associated bodily changes. In this case, and others described later, the psychosis was engrafted upon an already existing abnormality of make-up, a condition

which many observers have noted in cases developing later in life. In some of the cases the onset was associated with a severe anxiety state, suggesting the possibility that a previous sexual trauma had determined in a measure the character of the symptoms. One case might have been associated with organic brain changes, as there was a history of hydrocephalus and convulsions in early childhood. In other cases described there was evidence of definite mental defect preceding the acute illness, and the writer introduces the question of the significance of the conditions described under the terms *dementia præcocissima* and *dementia infantilis*, and he refers to the suggestion of Kraepelin that some idiots are actually cases of *dementia præcox* occurring in early life. He points out that all these questions in respect to engrafted hebephrenia can only be solved by an explanation as to the cause of *dementia præcox*; but he suggests that a study of cases in imbecile asylums will probably afford valuable material in relation to the subject.

H. DEVINE.

PSYCHOLOGY AND PSYCHOPATHOLOGY.

[40] The generation and control of emotion.—A. CARVER. *Brit. Jour. Psychol.*, 1919, x, 51.

It is agreed that emotion arises in conjunction with instinctive processes, but it has never been satisfactorily defined, for emotion is only part of an internal adjustment to environmental reaction. The 'interest' of an instinct is the affective tone which accompanies the instinctive process when carried through satisfactorily, and emotion is the subjective experience which develops when instinct is checked by higher control. The relation between reflex action and instinct is dealt with, and it is seen that the more instinctive reactions are fixed, the less the manifestation of emotion. It is the infinite variety of possible responses that is correlated with a maximal disposition for the arousing of emotion. The function of emotion is to reinforce 'interest' and thus keep the object in the focus of attention.

The James-Lange hypothesis is shown to be untenable, and the experimental work of Goltz and Cannon, and the clinical work of Head and Holmes, is quoted to reach the conclusion that the visceral and somatic concomitants of emotion are only anticipatory physical adjustments which enable the organism to put forth all its energy effectively to satisfy the stimulated instinct. Integration can occur at all afferent functional levels of the nervous system, and there is much evidence that functional dissociation may also take place at any level. Neuroses arise through functional dissociation from loss of higher control and emotional causes. In warfare the pent-up emotion seeks some outlet, and if this is denied, the individual tries to escape by avoidance of the stimulus. This is repression. An outlet at the psychic level produces a phobia (or some analogous symptom) or general anxiety. The somatic outlet manifests itself as 'conversion hysteria'. The anxiety states arise at a higher mental level than the latter condition. Both are the result of a compromise between primitive instinctive impulses and higher-level control which blocks their path.