

trends, memory impairment and day-dreaming. The regressive feature is deeply rooted and the so-called optimism is only a compensatory reaction for the depression and suicidal trends which have been found in the unconscious of all the patients. So-called 'pathological optimism' is not present in the child with incipient tuberculosis but the tendency toward depression is present. Common characteristics in children are : suggestibility, irritability, depression, fear, anxiety, selfishness and intensified type expression (energy imbalance). If children with incipient tuberculosis can be re-educated emotionally and have their energies directed along the right lines so that they would be free from repressed emotional conflicts it is argued that there would be little adult chronic tuberculosis. It is held that psychotherapy as a means of releasing these pent-up conflicts and of helping to readjust these patients, adult as well as juvenile, has a distinct place in the treatment of tuberculosis.

C. S. R.

### PROGNOSIS AND TREATMENT.

[190] **Notes on the emotion of fear as observed in conditions of warfare.**

F. AVELING. *Brit. Jour. of Psychol.*, 1929, xx, 137.

AFTER dealing with the nature of fear, its antecedents, its immediate and after-effects, its control is discussed. The chief methods indicated are : (1) Drugs, alcohol, etc., which have a more or less immediate beneficial effect but later are favourable to the genesis of fear. (2) Bodily activity : this is probably due to more than one factor. There is the draining off of nervous energy through the nerves supplying the muscles involved, and also the distraction of attention. (3) Breathing, deep and regular : this has its repercussion on the circulatory and perhaps other systems, thus tending to counteract some of the unusual and irregular physiological activities which increase the emotion. (4) Singing, especially chorus singing aloud ; the rhythm makes for good breathing, attention is distracted, and through a sense of gregarious solidarity inhibitions to fear are set up. Probably also the tune and words of the song arouse associations which drain off energy from the emotion. (5) Distraction of attention would seem to be one of the most efficacious methods of controlling fear. The desired effect may be brought about in various indirect ways, thus providing a motive for self-control. (6) Feeling or sense of responsibility : this would apparently involve the mechanism of distracted attention, at the same time providing motive for self-control. (7) Human respect : shame of appearing to be afraid ; possibly also thoughts or representations of the penalties of giving way to fear and cowardice. (8) Tranquil conscience : this may be secured chiefly by religious and moral means. (9) Imagination and instinctive false judgment : the practical instinct to take cover manifests itself in greater confidence and decrease of fear even when cover is totally inadequate and worse than useless. (10) Emotional conflict :

it is possible to decrease, and even totally to inhibit fear by securing its conflict with other emotions such as anger or hatred. At the same time it must be noted that fear and anger, at any rate in their more feeble forms, can coexist simultaneously in consciousness. (11) Suggestion: predisposition to fear attacks is somewhat lessened by the use of suggestions given in the hypnoidal state. Simple suggestion during a fear crisis is often distinctly beneficial. A superstitious belief in mascots and charms acts as a species of suggestion with appreciable results. (12) With regard to the removal of mental and physiological effects on the symptoms of fear (shock) which persist when the actual emotion is removed, these have been treated with remarkably good results by simple suggestion, suggestion with faradization, hypnoidal suggestion and hypnosis.

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[191] **Twenty cases of general paralysis of the insane treated by benign tertian malaria.**—JAMES H. MURDOCH. *Jour. Ment. Sci.*, 1929, lxxv, 471.

THE results obtained were: Cases discharged 10; greatly improved, 2; arrested, 1; progressed, 2; fatal, 5; cerebrospinal fluid improved, 12. It would appear to be a difficult matter to decide when it ceases to be worth while giving the treatment. A patient who was discharged had been insane for two and a half years and had had congestive seizures; another who improved greatly had lost control of the sphincters and was bedridden. All the deaths occurred in advanced cases which were bedridden before treatment. The most marked change in the cerebrospinal fluid was in the cell count, which came down to 5 at most in those cases which showed marked improvement. The globulin content was diminished slightly, but the Wassermann reaction and the colloidal gold curve remained unchanged. Of the patients who were discharged, one died six months after going home but no physical signs of general paralysis were present. It is now three years since the first of those cases was treated and more than two and a half years since the first was discharged. All of the discharges have been at home at least a year, and all of them are following their usual occupations. These remissions are of considerably longer duration than natural remissions, and it seems reasonable to suppose that they would not have occurred had the patients not received malaria therapy.

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[192] **Dementia præcox. A trial and a retrospect.**—HENRY J. BERKLEY. *Amer. Jour. Psychiat.*, 1929, viii, 1085.

LAMENTING the lack of progress in the treatment of dementia præcox, the writer was led to try the effects of typhoid-paratyphoid vaccines, since they favourably influence the course of cerebrospinal syphilis. Eight subjects were chosen; four white males, two white females, and two male negroes, with

ages from 17 to 38 years, the last representing the longer deteriorated types. One cubic centimetre of the sterilized vaccine selected represented two billion germs. The initial dose was one-tenth of 1 c.c., increased by degrees to .15 c.c. according to the reaction produced, and the vaccine was injected, intravenously, every other day for sixteen days. The average rise in temperature was to 102.4°. Four of the cases showed no improvement; two seemed somewhat improved but the change was not definite; and in two others the disease was aggravated. Thus, the author concludes, another experiment has ended unfavourably.

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[193] **Light therapy in mental hospitals.**—H. DOVE CORMAC. *Jour. Ment. Sci.*, 1929, lxxv, 410.

ACTINOTHERAPY has been practiced at Parkside Mental Hospital for nearly four years, and from the writer's experience is a very necessary adjunct to the treatment of mental cases. It is here employed as a routine for convalescent cases, whose recovery is thereby hastened. Care is needed in the choice of cases for treatment. Mention should be made of the excellent results obtained in dementia præcox of the simple type, and also in the hebephrenic after the acute phase has passed. In the author's opinion every mental hospital should be equipped with ultraviolet-ray apparatus for the treatment of mental disorders, as well as for the many physical diseases which are ameliorated by its use.

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