PSYCHOPATHOLOGY

Inadequate and to reduce certain accomplished special method
in the restrained by in schizophrenia. Tried to attempt to traumatized; are unconscious are instinctive.

In both these cases the libido was traumatized; in case 1, after an ordinary social contact, it was injured in its attempt to fixate on an individual of the opposite sex. In the traumatization that occurred the components of incest, perversions, homosexuality and narcissism were liberated, and these instinctive impulses not being sanctioned by the super-ego, the patient sought refuge in compulsions and fantasies. In case 2, the libido was traumatized in a love affair, liberating incest and homosexuality, which was not sanctioned by the super-ego; the patient developed a delusion that the girl with whom he was in love was a man. The libido in its attempt to fixate on heterosexuality, which is conscious and is sanctioned by the super-ego, develops a conflict with the instinctive impulses which are unconscious. As a result of these repressed forces and conscious forces a compromise takes place and symptoms are formed. The polar tension between these bipolar impulses, viz., the sexuality and the super-ego, makes the psyche of the schizophrenic labile. Psychoanalysts have shown that the homosexuality can be traced to a strong attachment to the mother. Bleuler was inclined to seek the essential factor in the congenital direction of the impulse; it is on the other hand very clear that in cases of fluctuating sexual direction accident may have a deciding influence. Bleuler concludes that for the present the only hypothesis that can be formulated with any probability is that uranism is a biological manifestation. If it is proved that 2 per cent. of the population are burdened by it, then it may be caused by a heredity mechanism similar to the one that to 100 women 106 men are born. This may also be reconciled with the remarkable circumstance that homosexuality does not die out, despite the fact that it hinders procreation to a high degree.

C. S. R.

PROGNOSIS AND TREATMENT.

[38] Remarks on psychoanalytic therapy.—Martin W. Peck. Mental Hygiene, 1930, xiv, 67.

In the light of the psychoanalytic conception of the problem of neurosis, its special method of therapy becomes a systematic procedure established to accomplish certain definite ends: (1) to dislodge and recondition certain inadequate and handicapping features of the unconscious mental life; (2) to reduce the deep-lying fear and guilt that have hampered and distorted
psychological growth and development; (3) to arouse a desire for independence
and to force a realization of the futility of trying to appease infantile needs in
an adult world—a realization that means something more than mere intel-
lectual understanding, and requires emotional insight and conviction; (4) last
and by no means least important, to emancipate the patient from the trans-
ference relation to the analyst. This emotional bond has furnished the central
agency for accomplishing the desired changes, but carries the danger of simply
shifting from one bondage to a new one, if dependence on the physician is
held to as a way of life, rather than used as a means of therapy. The patient,
through the influence of the analysis, has been persuaded to give up an emotional
anchorage in his childhood past and achieve a substitute one in the analytical
situation itself. A second step of even greater significance must be made.
Once more he must renounce an undesirable and compromise adjustment, this
time in the analysis, and be launched forth to make terms with the real world.
In this world of reality, an appropriately chosen patient, his powers strengthened
by the aid of the analysis, has the opportunity to make a normal adjustment as
a final substitution and release, both from the childhood complications that
imprisoned him in neurosis and from the experience of the analysis that has set him free.

C. S. R.

[39] The cytology of the cerebrospinal fluid in cases of general paralysis
treated by malaria (La cytologie du liquide céphalo-rachidien chez
les paralytiques généraux traité par la malaria-thérapie).—H. Claude
and A. DiMOLESCO. L'Encéphale, 1929, xxiv, 528.

The method used in studying the cells of the cerebrospinal fluid was the
'supra-vital' method of examining the centrifugalised deposit when mixed
with Pappenheim's methyl-green-pyronin stain. The advantage of this method
over the examination of fixed films lies in the possibility of assessing the vitality
of the cells by their resistance to the stain. Thus it was found that before
treatment the cells absorbed the dye slowly, indicating that they had but
recently arrived in the cerebrospinal fluid and possessed considerable vitality.
At this period also a great variety of cells was found, although the majority were
lymphocytes and medium-sized mononuclears. After malaria the cells di-
iminished rapidly in number and in vitality, so that many of them stained at
once, the abnormal cell types disappeared, and in fact the cytology became
in every way normal, and usually remained so. If however relapses occurred
there was also a return of the typical inflammatory cell picture in the cerebro-
spinal fluid.

J. G. G.
[40] The effect of malaria treatment on the lesions of general paralysis
(L'influence de la malaria-therapie sur les lésions de la paralyse
générale).—J. Lhermitte. L’Encéphale, 1929, xxiv, 549.

This paper is a review of the literature on the subject and does not present
any fresh observations. The majority of this literature has been published
in Germany and in America, and the conclusions arrived at by different workers
have been somewhat discordant. Lhermitte finds however a general agree-
ment in the main facts; the exacerbation of the paralytic process or at least
the exaggeration of the cellular inflammatory reaction during the initial phases;
then the regression of the process in cases which have survived for some time
after treatment, and lastly the tendency to the alteration of the histological
appearances from the diffuse lesions of general paralysis to more localised and
mitigated changes, resembling more or less closely those of tertiary cerebral
syphilis.

J. G. G.

[41] Discharges against advice from a psychiatric hospital with only volun-
tary admissions.—F. L. Wertham. Mental Hygiene, 1929, xiii, 564.

During a period of eight years (1918–1926), 2,758 patients were discharged
from the Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, and
during that time 193 patients, or 6.54 per cent. of the total discharges, were
discharged against medical advice. Among these there was a predominance
of depressions (73) and a relatively large number of cases of general paresis.
Manic excitement and paranoid psychoses were infrequent. This would in-
dicate that the social environment of a patient does not easily recognize the
milder manifestations of depression as morbid. In elated conditions, on the
other hand, the environment takes a very serious view of the patient’s state.
The large number of general paretics is connected with the fact that, due to
its characteristic symptomatology, the patient and his environment frequently
have little insight into the seriousness of the condition. In 146 of 193 cases
the attitude of the family was the main problem of the physician, as compared
with 26 cases in which the initiative could be entirely attributed to the patient.
In 10 cases the patient was taken away against his wishes. In many cases
the reason given by the family had very little to do with the patient’s sickness
and treatment, except in so far as it caused a separation of the patient from
his family. Out of 172 patients whose further career was obtained, 64 had
apparently made satisfactory adjustment outside of mental hospitals; 60 were
re-admitted to mental hospitals; 8 committed suicide; 6 made homicidal
attempts; 8 made suicidal attempts. In some cases the further fate of the
patient did not bear out the prognosis made by the physician.

C. S. R.

1. Judicial procedure in criminal cases can be greatly improved by recognizing that the guilt-determining function and the sentencing function should be sharply distinguished in personnel and method. In addition to the trial to ascertain guilt or innocence, a special treatment board composed of persons trained in sociology, psychology, psychiatry, and social case-work technique, should be created.

2. A scientifically staffed clearing-house and detention institution should form an integral part of the board’s equipment. Cases should not be disposed of until after careful study.

3. A wholly indeterminate sentence, or at least one with a wide span between maximum and minimum length, is indispensable to proper administration of justice.

4. Prisoners under sentence should be reported upon to the sentencing board at stated intervals, and these reports should be taken into consideration in determining changes of treatment.

5. At each penal and correctional institution there should be organized a department of personal relations with a staff of psychiatric social workers.

6. A bureau of research attached to the sentencing board should be charged with experimentation and research into the principles governing the safe release of various types of offenders on probation or parole.

7. Within institutions, more attention needs to be paid to methods of training and psychotherapy of various types of offenders.

8. Every community ought to have a bureau of prisoners’ rehabilitation, staffed by trained social workers, with the duty of educating the public and the police to assume a helpful attitude toward former prisoners.

9. Preventive efforts with children of pre-school and early school age should be extended and improved.

C. S. R.


The relationship of catatonic conditions to calcium metabolism and parathyroid activity has roused considerable interest. The catatonic cases of dementia praecox here reported were studied in detail, but the results were too inconclusive to warrant deductions and the parathormone used did not seem to influence the blood calcium estimates.

R. G. G.
An admirable common sense article on the dangers of prejudice and lack of vision in social work, no doubt specially applicable at present to the United States but soon to be applicable in this country unless we are careful. Every social worker should read this article and take to heart the aphorism, "All new ideas are not good; but neither are all old and accepted ideas always good or even tolerable."

R. G. G.