admixtures during the acute phase. Recovery in the more severe cases is slower than in pre-war days. Korsakow’s psychosis has decreased in frequency since the war and the mental symptoms and polyneuritis are much less severe. Permanent mental and physical residua are less common and recoveries more frequent than in the pre-war period.

C. S. R.

PSYCHOPATHOLOGY.


An elaborate histopathological study is based on the examination of material from four cases, with the phenomena of delirium tremens and of Korsakow’s psychosis respectively in two.

The pathological foundation is one of diffuse, progressive, chronic parenchymatous nervous degeneration affecting a great part of the neuraxis. On this appears evidence of acute or subacute changes in the form of fresh capillary extravasations and glial reactions. In addition, however, must be noted the occurrence of local parenchymatous change, independently of the other, but of the same character, and usually, though not always, associated with vascular alterations. Vessel proliferation is seen with some frequency e.g., in corpora mamillaria, periventricular grey matter, neighbourhood of the aqueduct of Sylvius. It may be taken to represent efforts at tissue-repair. On the other hand, degeneration of vascular endothelium is often particularly prominent.

All the evidence goes to suggest that the noxa penetrates the nervous tissues from the cerebrospinal fluid, yet this in its turn does not clearly explain the involvement of deeper-lying structures; on the other hand, the position and nature of the processes in the vessels do not favour the view of entry by the blood-stream. The author with some diffidence takes refuge in the conception of a constitutionally influenced state of lowered resistance for certain parts of the neuraxis to alcoholigenic toxins, rather than to alcohol itself.

S. A. K. W.


Four chief types of cerebral change can be separated in connexion with the mental symptoms of the period of involution,
1. In simple cases, an extremely slow cell atrophy develops, accompanied by fatty degeneration and mild sclerosis. Products of degeneration accumulate in the glia and along the course of the vessels.

2. Dementia of the senile variety is characterised by similar histopathological change, except that all the processes are more severe and more acute. Regressive modifications of the glia are more in evidence and cell atrophy becomes pronounced.

3. Alzheimer's disease is associated more especially with senile plaques and fibrillar degeneration, as well as with convolutional atrophy.

4. Pick's cortical atrophy is apt to affect principally frontal and temporal fields and the region of the insula.

S. A. K. W.


A silver nitrate method is described for the rapid demonstration of senile alterations which has the advantage over other methods of greater simplicity of technique, greater constancy of results, and higher selectivity for the senile plaques.

R. G. G.


The authors have made in 72 cases of various forms of mental illness 127 qualitative and quantitative determinations of the bilirubin in the blood according to the method of Van den Bergh and have at the same time examined the resistance of the erythrocytes, the blood platelets and in the urine the urobilinogen and urobilin. The principal examination was in amentia, where the bilirubin was found to be increased in 100 per cent. of cases. The other conditions were examined as controls. It is notable that in amentia the increase of bilirubin corresponds with the increase of the activity of the somatic and confusional symptoms. Early cases of dementia praecox correspond in this respect with cases of amentia. It is suggested that a hemolytic factor is the cause of the increase of bilirubin and is due to a lesion in hepatic cells.
While the state of the bilirubin cannot yet be considered as a specific diagnostic factor it is of important prognostic significance.  

R. G. G.


The genito-cutaneous reaction of Ceni, which is an allergic cutaneous reaction provoked by the active principles of the hyperactive genital glands of the lower vertebrates and which indicates the activity of the sexual glands of the individual, was tried in over 1000 insane patients and demonstrated frequent hypoactivity and weakness independently of age and of physical state, but in accordance with the mental condition.  

R. G. G.


After discussing the subject historically and from many angles, it is concluded that the views of psychopathic personality show wide disparity. In the widest sense the term is used to include all personality deviations of whatever kind. Closely related to the idea of the constitutional inferior, there has emerged a conception of forms of deviation which have as their essential trait deep and persistent sets in some direction, which produces persistent antisocial or socially futile behaviour. Persons of this type seem to have such a strong family resemblance one to another that it is tempting to think of them as displaying a deficiency in regard to some unit character. Their reactions show both identity of features and also widely variant traits and manifestations. Various individuals in this class, which are best called ‘sociopathic,’ resemble or approximate to other types of personality and the psychotic groups as well. The closest resemblance is probably to the paranoidal syndromes. They display also qualities which are closely related to the obsessional states, since they are always dominated by some fascination which takes an obsessional or compulsive form. It is not allowable, however, to regard these conditions as merely undeveloped psychoses, or undifferentiated psychoses of mild form, or to merge them forthwith into some expanded psychotic group. Their claim to self-identity is the consistent appearance of patterns which do not occur in other conditions. On the other hand to regard the psychopathic as differing in kind from the other mental deviations is equally misleading. What we should say of them is that the sociopathic developments constitute a type of maladjustment which does not usually show developments and episodes like those which appear as adjustment phases in the other conditions. The sociopaths adjust in a way that is characteristic of their class. None the less they are to be regarded as victims of mental disorder or disease. It is especially misleading to think of these conditions as different on the ground that they are only disorders of the personality, and that what they show is merely something
which is 'normal' for the individual. Every one of the functional mental disorders may be regarded, from one point of view, as personality disorder—when considered longitudinally—and to regard the sociopathic types of reactions as uniquely personality disorders is not warranted.

C. S. R.


A highly interesting history is here given of a twenty-four year old male in whom a bloody seepage from the left axilla occurred during four to five day periods for at least seven regular monthly cycles. That such a physiological response may result from psychological sources is well known. This symptom was not the one which caused the patient to consult a psychiatrist: it was to him but additional confirmation of the belief that he was 'queer' and hopelessly insane. The sero-sanguineous material was slightly paler than the uterine secretions. After washing the armpit, unbroken skin was revealed and there was no ecchymosis. Gradually, droplets of the bloody or haemoglobin-stained secretion reappeared. Treatment on psychoanalytic lines brought about a disappearance of this phenomenon as well as a recovery from his mental symptoms. This axillary 'menstruation' was regarded as a symbolic defence against sexual assault and innocence.

C. S. R.


Consideration of experimental results seems to show that perseveration is a feature of the peculiar mental state of insane epileptics between attacks. The predominating factor in the associated psychosis naturally has a bearing upon the results, and in this connection it was of interest to contrast the findings obtained from similar tests applied to cases of mania and melancholia. The results in the motor and ideational tests were better in cases of mania than in melancholia according to Wynn Jones's findings, while the male epileptic results were better than the female epileptic results in the colour test, the motor test and the ideational tests. While differentiation on these lines is obviously inadequate, it is a point worthy of notice that all the male epileptics tested were prone to maniacal outbursts, while the female epileptics were more inclined to the melancholic syndrome. Taking the results as a whole, it would appear that mental inertia as measured by perseveration is one of the peculiarities of the epileptic constitution.

C. S. R.