endocrine dysfunction to mental disorders has been overrated considerably, especially if we bear in mind the frequent occurrence of endocrine dysfunction without psychoses. The stress which has been put upon certain disturbances in calcium and lipid metabolism (cholesterol, lecithin) and offered as a possible etiological factor in mental disorders does not seem to be justified, as the deviations for calcium and lipins in such overt endocrinopathies as are presented in this study are minimal. The lack of any definite findings on which an organic etiology can be built up does not entail having recourse to psychoanalytic doctrine. It seems, however, reasonable to assume that in a number of these cases the physical handicap is tied up with the dynamics of the mental trend.

C. S. R.

PSYCHOPATHOLOGY.


This writer regards crime as due, in a ‘Gestalt’ sense, to a perversion of the instinctive drives dependent upon a deficiency and imbalance of the endocrine glands. Certain types of crimes are associated with certain types of endocrine malfunctioning. Most criminals are derived from juvenile delinquents and most juvenile delinquents tend to become criminals. Endocrine imbalance and deficiency have been found to occur in about the same frequency and of about the same type in juvenile delinquents as in criminals. Endocrine treatment of the specific endocrine condition in juvenile delinquents has resulted in a correction of the delinquent behaviour. Juvenile delinquency and its sequel, crime, can be prevented by proper attention to the status of the different endocrines which contribute to the development of the normal social personality during childhood and adolescence.

C. S. R.


This study was undertaken in the hope of gaining a better understanding of the causation of persistent criminalism, manic-depressive psychosis, dementia praecox, epilepsy, and mental deficiency. A particular object was to determine the relative importance of hereditary and environmental factors in that causation. The material especially gathered for this study consisted of 858 siblings of patients suffering from these disorders. Access was also secured to 214 pairs of twins, one or both of each pair being affected by one of these disorders. Of these 188 were dizygotic and 76 were classified as probably monozygotic.
It was found that the closer the degree of genetic relationship to an affected subject, the greater is the tendency to mental disorder. In monozygotic twins the incidence was as high as 38.5 per cent., with 69.8 per cent. in state institutions; in siblings as high as 17.8 per cent.; while in the unselected population 0.565 per cent. only were in state institutions. This would seem to justify the conclusion that genetic factors play a prominent part in the causation of the disorders studied. Of 74 pairs of opposite-sex twins, both were affected in 18 cases (24.3 per cent.); of 401 siblings of the sex opposite to that of their respective propositi, 59 or 17.1 per cent. were affected. Differences in age, great or small, between siblings and propositi had no appreciable effect. When comparing the occurrence of dissimilar disorders within the families studied, many siblings were found affected with disorders dissimilar to their respective propositi. There were several families in which there was coexistence of manic-depressive psychosis and dementia precox; also even a larger number of families in which there was coexistence of epilepsy and mental deficiency.

A frequent familial coexistence of epilepsy with migrainous headaches, enuresis, and outbursts of rage was found. In a similar way there was an association between manic-depressive psychosis and cases of cycloid personality. A comparison was also made of the incidence of mental disorders in the two sexes, and in siblings of the same sex as their respective propositi as contrasted with that in siblings of the opposite sex. Of the 858 subjects investigated, 414 were males and 444 females. Of these 75 of the males (20.4 per cent.) and 62 of the females (15.2 per cent.) were afflicted with a mental disorder. In other words, incidence is, on the whole, greater in males.

C. S. R.


When a cadet is referred for neuropsychiatric examination the attempt is made to put him at his ease and to get the greatest degree of ‘transference’ possible. He is permitted to tell his story without much suggestion or prompting. A certain something has made itself manifest on his mental horizon that bodes ill for him, the exact nature of which he is unable to fathom. The cause of the cadet’s shortcomings is usually found to be an expression of the basic instinct of fear, clothed with symbolisms, repressions and rationalisations. Projection is not infrequently used. The cadet fastens his difficulties in flying on to something external. During the last training class of some 303 men, there were 17, who, because of potentialities, were brought to the attention of the Neuropsychiatric Department. Not all who had difficulty with flying came to that Department, since of the 303, starting
training, 50 per cent. were, for various reasons, excluded. Of the 17 men who were examined and who were on the edge of discharge from training because of the difficulties they were experiencing, 11 (64·7 per cent.) were adjusted to a greater or less extent. There is often projection on to the instructor who is 'not understood' by the cadet or who 'does not understand' the individual who is being taught. If the cadet is of an extroverted personality type the fear manifestation will probably be of a hysterical nature; if he is of the introverted type, his reactions will probably be of an anxiety nature. The individual having difficulty with his flying will usually be found to have some psychoneurotic taint. The so-called 'gastropath' furnishes the largest number of the hysterical. They report stomach disorders, bowel disorders, indefinite, intangible pains, vertigo with or without nausea, headaches, heart disturbances and a host of other symptom—anything and everything, to remove them from a most painful situation of stress. The degree with which the cadet responds to treatment is indicative, to a certain extent, of the course he will pursue in his subsequent flying. The fact that a cadet has been found psychologically unfit for flying need not be held against him and the examiner may have the opportunity of helping the disqualified individual to adjust himself on a higher, better level, as he returns to his civilian pursuits.

C. S. R.


The differentiation of true and simulated amnesia may be simple or very difficult. Amnesia cannot be diagnosed on the patient's word alone. A history of chronic alcoholism or of other indications of a psychopathic personality, including a previous loss of memory, is frequently elicited. A neuropathic heredity is to be expected in a fair number of cases. The character of the alleged amnesic period is of foremost value. In genuine cases the beginning and more especially the end are frequently blurred, and usually the loss of memory prior to the committal of the crime is of much shorter duration than that of the subsequent period before normal consciousness resumes control. When the amnesia is partial and the patient has a confused recollection of his acts, the ideas accompanied by marked emotion are remembered, while those with less emotional tone are not. Statements made soon after the crime showing a knowledge of the act are not incompatible with genuine amnesia due to a later reenactment. The crime is frequently without motive, and is carried out in a way which shows that the individual was not acting with premeditation, and he makes no attempt to escape from the consequence of his actions. A sudden return of memory almost certainly indicates malingering.

C. S. R.

One hundred and sixty adult feeble-minded women were examined with a view to ascertaining, if possible, the causative factors of the abnormal condition. This and other allied investigations into the subject seem to suggest, if not indeed to prove, that mental deficiency is a manifestation of improper development and not of disease, so that the problem becomes one of preventive medicine, eugenics and embryology rather than of curative medicine.

C. S. R.


Literature offers little credible information concerning possible detrimental effects of experimental hypnosis, although replete with dogmatic and opinionated denunciations founded on outworn and untenable concepts of the phenomenon. Theoretical possibilities of detrimental effects are possible development of hypersuggestibility, the alteration of personality, weakening of the subject’s perceptual powers in regard to reality and unreality, and lastly, the development of unhealthy mental attitudes and escape mechanisms. The literature is barren of controlled investigation of these problems. The author’s own experience, based upon several thousand trances on approximately three hundred individual subjects, some of whom were hypnotized at least five hundred times each over a period of four to six years, reveals no evidence of such harmful effects. This clinical finding is further substantiated by the well-known difficulties encountered in deliberate therapeutic attempts to occasion desired thoughts in the personality. Accordingly, marked changes from experimental hypnosis appear questionable.

C. S. R.


We here have a history of a case of encephalitis lethargica in an individual who previously revealed an inhibited restrictive personality, possessed Kretschmer’s asthenic constitution and a schizoid temperament. Infection probably occurred during an excessive fatigue period and the usual symptoms of the amyostatic-akinetic form of the disease became evident. There was an early appearance of depression and later a protracted convalescence and continued psychic torpor. These are explained by the former
existence of psychotic trends which were precipitated by the disease-process. During the course of the disease, instinctive mechanisms were, in general, stimulated or inhibited; some perversions appeared. Emotional responses became richer and more numerous. Character weaknesses were all emphasized and the psychopathic elements of his temperament became unusually prominent. Pseudo-neurasthenic states were noted in the protracted convalescent stage. It is suggested that infection in a more resistant system usually leads to the hyperkinetic form of encephalitis and in less resistant systems to the amyostatic-akinetic form. Severe infection would produce the somnolent ophthalmoplegic form in both more or less resistant systems. The danger of assuming a direct simple relation between manifest disorders and pathological lesions is stated. It is held that the psychological accompaniments of lesions interact among themselves and with pre-existing psychological experiences of the patient. That certain mental states are accompanied by specific anatomical lesions does not permit of a direct causal link between them. The view that in encephalitis there is an alteration of the thymo-psyche, leaving the noö-psyche intact, is criticised. It is suggested that intellectual functions are also involved even though this may not be observable. Pavlov's experimental work is used to explain the incidence and continuance of the somnolent and stuporose states. Both correspond to conditions in which severe loss of nearly all conditioned reflexes occur.

C. S. R.

PROGNOSIS AND TREATMENT.


From his investigations at the Rauchi Indian Mental Hospital the writer concludes that there can be no doubt that injections of sulphur in olive oil invariably produce pyrexia, the average temperature obtained being 102.1°F. Pain at the site of injection in every case was unavoidable but certainly bearable. These injections should be given unhesitatingly because they are perfectly safe and can be used for young and old alike. Earlier cases respond better to treatment than the old chronic cases and the earlier the treatment is instituted the greater is the chance of recovery. Sulphur merits a trial in all early cases of psychoneurosis and psychosis and seems definitely useful in chronic psychotics who have hitherto failed to respond to other methods of treatment. It also appears to be very useful in cases of benign and secondary stupors. Out of the 100 cases, 39 improved, 13 completely recovered, and no improvement of any kind was noticed in 48 cases. Of the