PSYCHOPATHOLOGY


Suicide is a failure of the adaptive forces and constitutes a final regression from reality. Examples of suicidal deaths are found in the earliest recorded history of peoples. The lower we go in the cultural scale, the more removed from the contaminating influences of civilization, the more rare the suicide. In certain circumstances, however, it does occur in comparatively primitive people. The American negro seldom commits the act, and when it is met with some white blood is not infrequently traced. The death-rate varies much in different countries and from year to year. So does the method. In Germany and Scandinavia hanging is the favourite means; in Belgium, France, and Italy drowning is preferred. The average peak for males is 45 years and for females slightly lower. In other European countries suicides tend to be of a much greater age. In Spain the number of suicides has been increasing; it is noted that fewest occurred in the month of November and the largest number in June. The rate has practically always increased during times of economic depression. Many times suicide seems to be attenuated or diluted in point of time or in a spatial way; that is, self-destruction instead of being upon the personality as a whole or ego or body as a whole is focussed upon one of the constituent parts of the body. This is seen in self-mutilations, the malingering of diseases, and in some ‘purposive accidents.’ Loss of appetite without an obvious physical cause may be a partial expression of such a tendency, while psychoanalytic studies have shown that the suicidal tendency is frequently at or near the root of certain persistent insomnias.

Drug addiction may come into the same category, and the swallowing of foreign bodies may have some similar relation.

There is much variety of opinion on the relationship between suicide and mental disorder. Tanzi thinks that the desire for death may be a rational wish from despair and arise in perfectly normal persons, while most modern psychiatrists believe suicide is an impossible act for one in his right mind. Kraepelin considered 33 per cent. of all suicides were psychotic. The tendency of the manic-depressive patient in this direction is well known, but more attention should be paid to the praecox group since these do not give so much warning, while their persistence in such attempts is as great as or greater than in depressed patients and their impulsiveness frequently results in a fatality. Cases with hysteria and with compulsion may be obsessed by suicidal thoughts but seldom carry out the act. The psychoanalytic concepts of suicide are discussed. The analysis of melancholia shows that the ego can kill itself only when, the object-cathexis having been withdrawn upon it, it can treat itself as an object—when it is able to launch against itself the animosity relating to an object. The various means of committing suicide can represent sexual wish-fulfilments. It can be a self-punishment fulfilment and at the same time a wish-fulfilment. Many psychological facts concerning menstrua-
tion seem to show that that function may at times be an enhancing factor. The question of the rôle played by physical disorders and constitution in this sense of the term has not been adequately studied. Organic disease, alcohol, and severe neurological disorders may play their part. Many anomalies in development have also been noted from time to time.

C. S. R.


The essential features in the 25 hospital cases here briefly reviewed were:

1. Severe hypochondriacal and nihilistic ideas, with veiled death wishes in the trend;
2. Insomnia; not the actual sleeplessness itself, but apprehension and agony concerning its possible effects;
3. Persistent belief in losing control of oneself, of 'going insane,' and analogous ideas;
4. Sense of guilt with persistent belief and concern about punishment, especially by torture of one kind or another;
5. Evidence of aggressiveness as indicated by surly, impatient, and irritable attitudes, together with assaultive tendencies. As corollary signs there were noted sudden improvement in a depressed, hopeless, and perhaps delusional patient; and a history of previous half-hearted or serious attempts.

C. S. R.

PROGNOSIS AND TREATMENT


From a study of 493 cases it is concluded that an individual would be most likely to recover from his manic-depressive attack if he had a normal previous personality, a clear heredity, no previous attacks, or only one between his twentieth and thirtieth birthdays, and an abrupt onset of a typical manic or depressive reaction with no delusions or hallucinations. The average duration of the writer's recoveries was 1.5 years.

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The author (who is attached to the Boston Psychopathic Hospital) states that he prefers to use logical reasoning and persuasion in the large majority of cases, those patients contactible on higher intellectual levels. He feels that there is nevertheless a group of patients in psychiatric practice, though it may not be large, in which rapport on this level cannot be accomplished at once and in which, therefore, it is desirable to establish contact on a lower level. Hypnotic suggestion often yields good results with such a group. There are certain neuropsychiatric types in which dissociation of the personality occurs and where hypnosis and its allied forms of suggestion are especially useful, sometimes as a means of diagnosis, and again in treatment. Practically it is generally agreed that the milder states of suggestibility, such as the hypnoidal state of Sidis and the state of light hypnosis, are of special