logical history. The general goal of regression differs—negation of life-death, in the depressed, and, to begin life anew, in the manic. These opposed reactions may occur in the same individual during the course of an attack, or one may appear in one attack, and the other in a subsequent one. In many cases there is evidence of failure to outgrow the instinctual phases of both the anal and oral organization, leading to a turning away or retreat from interests in or relationships to objects outside the individual, to self as the object—to a state of narcissism. What is assumed to be deterioration is more apparent than real, and no patient should be considered hopeless therapeutically because of apparent profound regression. The presence of marked preoccupation with somatic complaints and the free use of the projection mechanism must lead to a guarded prognosis. Suicidal attempts per se are not necessarily of bad omen. Many, under the age of 20, seem to regress rapidly because probably they have not had time or opportunity to develop defence or compromise-formation and sublimations. Advancing age appears to be conducive to diminished object libido and may between the ages of 50 and 60 seem to make little effort to progress. The lack of incentive to become well is more marked at this age period.

C. S. R.

PSYCHOPATHOLOGY


Three cases of pernicious anæmia with mental symptoms are described. In the first case the mental picture is that of a chronic paranoid psychosis, and in the second case a subacute paranoid psychosis with disorientation and suicidal impulses. The main feature in the last case was a general depression of all mental functions followed by a terminal dementia. In two of the cases the blood picture was considerably improved by liver therapy, but there was no parallel improvement in the mental symptoms.

In all three subsequent autopsy and pathological examination were carried out. This demonstrated a considerable degree of brain-cell alteration, especially shrinkage and disintegration; there was also some liquefaction of cells. In the blood vessels hyaline degeneration of the middle coat and areas of fatty degeneration in the intima with an overgrowth of endothelium were noted. From the pathological findings, no direct relationship between the changes in the blood-vessels and the cellular alterations in the brain could be traced. It is not surprising that the author supports the theory of toxic action on the nervous system in pernicious anæmia rather than the view that the anæmia itself is responsible for the pathological changes.

L. Z.

After reviewing past and current opinions on the subject and briefly referring to a few of the recent investigations relating to the inheritance of insanities, the writer concludes that feeble-mindedness is generally of the inherited type and that the inheritance is usually recessive. Most often a single recessive gene appears to be involved; but, as with other abnormalities, occasionally the inheritance is of a different type. It may involve, according to the evidence in various pedigrees and investigations, (1) a recessive autosomal and a recessive sex-linked gene (Sjögren’s pedigree); (2) multiple recessive successive genes; (3) a dominant gene. The insanities appear to show a dominant inheritance much more frequently than feeble-mindedness does. In dementia praecox, where the evidence seems clearest, the results are less extensive and satisfactory than for feeble-mindedness. But again in some pedigrees it is probably dominant; two genes may be involved in some, one of which may be dominant and the other recessive. In manic-depressive insanity a dominant inheritance is indicated, at least in some pedigrees. There is no reason for doubting that all forms of mental defect and aberration will be found to follow definite Mendelian rules when more extensive pedigrees have been collected and analysed. While the environment and other elements of the inheritance no doubt play a part in modifying their expression, there is no reason to believe that these induced modifications are so great that the laws of inheritance for each type of mental defect cannot ultimately be made out.

C. S. R.


Barring a certain number of cases with a physical basis, the larger number of cases are psychical in origin, and the condition should be regarded as a hysterical conversion reaction. Impotence is defined here in a functional sense as any disturbance that follows interruption or interference with any part of the sexual act. It may therefore relate to the disturbances of libido, erection, pleasure during the act, ejaculation, orgasm, and the after-effects. The functional nature of impotence becomes evident when it is observed that the condition may be present with one partner and not with another. There may be, too, different degrees and variations in potency with the same partner on different occasions. The nature of the love-object will vary the potency and an antagonizing attitude and an antipathic environment may soon bring about a disturbance in this sphere. Much of the reaction is entirely unconscious. Contrary to the prevailing notion that sexual excesses lead to impotence, while abstinence is conducive to health, the reverse opinion
is here given. They may both, however, be expressions of impotence. Fear of the consequences of masturbation—impotence, insanity, crippled progeny—is a frequent barrier for full expression of potency. Such fear is unfounded. Incestuous attachment and homosexuality are prolific sources of the disorder. Ejaculatio præcox is usually conditioned on some strong emotion such as fear and anxiety of an unconscious nature. Disturbances in orgasm may be manifested by reduction in intensity, or even its absence, lack of pleasure, presence of disgust, fatigue, and even marked pain that may radiate into regions where its aetiology will not be suspected. In the majority of cases, rational psychotherapy offers a reasonable approach and many cases can be cured or improved within a short time.

C. S. R.


A follow-up study was made of 50 intellectually average and 50 defective recidivists, and of 26 average and 26 defective first offenders. Sixty-six per cent. of the intellectually average recidivists and 70 per cent. of the defective recidivists were failures as regards further acts of delinquency. Thirty-five per cent. of the intellectually average first offenders and 39 per cent. of the defective first offenders were also considered a failure. The writers conclude that there is practically no difference in adjustment between those of average and defective intelligence either as recidivists or first offenders. The prognosis for first offenders, however, seems to be twice as favourable as that for recidivists. They also subscribe to the conclusion that the early belief that feeblemindedness was in general and by itself a very important cause of crime is not definitely substantiated.

C. S. R.


In this study of 100 cases it was found that the menstrual reactions are somewhat characteristic of the different types of personality disorders. With hypomanics the flow is regular, but tends to be more profuse and of longer duration than usual; otherwise in the manic group, with one exception, no interruption in the menstrual periods was noted. In the depressive phase the patient may continue to menstruate regularly provided she is only mildly depressed. As the reaction grows more intense there may be at first an
increase in the flow and duration and subsequently it is late in appearance, becomes scant and of short duration. With profound depression amenorrhœa is the rule.

Among the subacute and chronic schizophrenes there was a continuation of menstruation, but frequent irregularities in the amount and duration of the flow. With the acute cases irregularities were specially marked with occasional amenorrhœa. Menstrual disorders were more often associated with the catatonic forms and least often with the simplex type.

In the psychoneurotic patients amenorrhœa and menstrual irregularities were fairly common. There were indications that amenorrhœa was most directly associated with painful and depressive emotions.

In the miscellaneous group with various diagnoses, including psychopathic personality, paranoiacs, toxic psychoses, alcoholism and drug addicts, more than a third presented irregularities which could be associated in some cases with marked schizophrenic tendencies. As a rule minor emotional changes could be observed for a considerable period before menstrual functions appeared to be affected. The return of menstruation seemed to be one of the indications that a readjustment was taking place.

In nearly 50 per cent. of the schizophrenic cases the gynaecologist found underdevelopment of the sexual organs or of the secondary sex characteristics. On the other hand, the sexual development of the manic-depressives with a few exceptions appeared to be normal. The endocrinological and psychological aspects of menstruation are briefly reviewed and illustrative cases are reported.

C. S. R.


There may be found a gradual transition from normal lying to the well-developed syndrome of pseudologia phantastica. Whereas the normal liar always acts upon a definite motive—the obtaining of personal profit being often his purpose—in pathological lying the delight taken in the producing of fictive tales in itself is enough to arouse it. The more importance this delight has in the genesis of the story-telling, the more distinctly pathological the case is; but only when a defective distinction between fiction and reality can be demonstrated have we the right to speak of pseudologia phantastica. Though untruthfulness and the nervous temperament often go hand in hand, we must not ascribe the source of pseudologia solely to this. In pseudologic patients can be traced extreme vanity and a marked egocentric attitude of mind. There is a partial infantilism of character.

C. S. R.
About 1 per cent. of all cases of congenital syphilis develop paralysis, the sexes suffering equally. The age at onset is usually between the tenth and sixteenth years, and the duration longer than in the adult type. Stigmata of congenital syphilis may be entirely absent. A general arrest of bodily development or infantilism is common. The neurological signs differ from those of the adult type in the greater frequency of focal signs, complete immobility of the pupils, and the presence of optic atrophy in conjunction with other signs of tabes. Two types of the disease may be recognized: in one the patient has been defective from birth; in the other the symptoms appear in a child of normal mental development. Expansive and paranoid delusions are uncommon, the usual clinical picture being one of simple progressive dementia. The laboratory findings resemble closely those seen in the adult type. A spirochaetosis in the cerebrospinal fluid of the juvenile paretic has been recorded. Prominent among the pathological changes in the nervous system are smallness of the cerebral hemispheres, status spongiosus of the cerebral cortex, atrophy of the cerebellar folia, and binucleated Purkinje cells. Treatment by induced malaria and arsenical preparations is seldom effective.

C. S. R.

The author's investigations lead him to conclude that (1) blood cholesterol is lowered in certain general conditions affecting the organism as a whole; (a) heightened emotion and quickened psychomotor activity; (b) fever; (c) hyperthyroidism. A factor common to all these is increased metabolic rate. (2) Blood cholesterol is raised in (a) apathy and diminished psychomotor activity; (b) subthyroidism. In each of these conditions there is diminished metabolic rate. (3) The properties of cholesterol are such that when the cholesterol in blood and tissues is lowered, increase of metabolic rate is to be expected; when increased, diminished metabolism should result. The analysis of actively growing tissue supports this view. (4) Therapeutically induced diminution of blood cholesterol acts on the nervous system, in some cases at least as a stimulant, causing increased mental activity. (5) Therapeutic raising of the blood cholesterol acts on the nervous system, in some cases as a sedative causing diminished mental activity. Cholesterol is one of the controlling factors of cellular metabolism, and neurones are susceptible to quantitative changes of this substance in their environment.

C. S. R.
A research on the direct observation of the capillaries in psychiatry (La ricerca capillaroscopica in psichiatria).—A. Mari. Riv. di pat. nerv. e ment., 1932, 42, 588.

After reviewing the literature the author describes his own observations in 490 cases of mental disease. He concludes that capillaroscopy is of limited value since he finds abnormalities only in the severe forms of amentia, endocrine anomalies and epilepsy, and all these may readily be observed to show abnormalities of development in other respects.

R. G. G.

PROGNOSIS AND TREATMENT


Spirochætes were found by the Jahnel method in the brains of six out of 39 malaria-treated general paralytics. Among the six positive findings degenerate forms of spirochætes were encountered in more instances than normal forms. Three of these patients came to autopsy shortly after malarial inoculation (within six weeks). Spirochætes were found by the Jahnel and Dieterle methods in eight out of ten general paralytics not treated with malaria and none was found in a normal brain. The validity of the technical procedure being established, it may be stated that within the limitations of the material at hand it appears that (a) artificially induced malaria is likely to destroy spirochætes in the brains of general paralytics; or (b) that failing to destroy the spirochætes completely, this form of therapy alters the morphology of the spirochæte to such a degree as to render it degenerate in appearance.

C. S. R.


Toxic risk has hitherto made somnifaine treatment an imperfect form of therapy in mental disorder. The mortality in a large series of cases collected by Müller was 5 per cent. The fact, however, that by prolonged narcosis psychotic symptoms can be allayed not only temporarily, but often permanently, is in itself such an advance that it warranted a search for modified methods which would diminish or abolish toxicity. Here a modification of technique has been described by which it is possible to eliminate dangerous toxic manifestations of somnifaine narcosis.

Toxic symptoms which frequently arise are fully discussed and their