but as a criminal act committed in order to prevent penalty. The presence of a psychopathic disposition does not preclude the diagnosis of malingering, as supposed by some observers. A 'sham' patient has not to be cured, but in certain circumstances at least has to be punished. The transition from malingering to a state of morbid hysteria is prevented by intensive attention to such a person.

M.

[18] *Some recent investigations into the haematology of the psychoses.*—H. C. BECCLE. *Jour. of Ment. Sci.*, 1935, 81, 840.

From his work the writer concludes that the toxic and Sudanophil granule estimations appear to follow the course of the psychosis, varying directly with the intensity of the disorder. The gradual improvement in the counts observed in recovering cases must be ascribed in part to the general detoxication which is instituted in each patient soon after admission. Though it would be rash to infer from only a few examinations that these estimations have definite and prognostic value, it is suggested that they may prove of considerable assistance.

C. S. R.

**PROGNOSIS AND TREATMENT**


Theories as to the physiological action of the drug are by no means clear. Laboratory studies had shown a tendency of the drug to elevate the blood count and to reduce the calcium level. Fourteen patients in all were treated. Two responded well, one of whom relapsed after a period of six weeks. The other continued to adjust on a low level. Laboratory examinations failed to disclose any specific influence on the blood picture except a tendency to lowered cholesterol levels. The results did not warrant the use of this therapy in preference to any of the old armamentarium used in the treatment of depressed psychoses. No deleterious toxic reactions were noted.

C. S. R.


No satisfactory explanation, based on experimental evidence, of the action of haematoporphyrin has yet been evolved. Laboratory tests are of little value in selecting cases for treatment or gauging their progress under treat-
ment. Blood calcium is reduced by the drug whether the case be clinically improved or not, but both before and after treatment is usually within normal limits. Blood sugar tolerance curves assume a more normal configuration after treatment than before it. Blood sugar falls during treatment, but is within normal limits before and after it. The blood picture is not characteristically affected. In only three cases was any continued fall in weight apparent. No toxic effects were observed and with one exception no clinically unfavourable sequelæ to treatment appeared. Improvement, if it does occur, takes place early. If one course fails, later series, even in much increased dosage, are not successful. In the author’s cases clinical improvement established during a course of haematoporphyrin treatment appeared to be maintained after the drug was withdrawn. Taking everything into consideration, it would seem that haematoporphyrin is of definite value in the treatment of symptomatic depressions. While the results are unquestionably better in the milder cases, the method has proved of positive benefit in certain cases of apparently malignant character and would seem to be worthy of trial in any case in which depression is an outstanding symptom.

C. S. R.


Of 150 consecutive unselected psychiatric out-patients, only the psychotic and psychoneurotic patients (114) were suitable for active treatment. Of the 114, 28 refused to carry out what was advised and in 18 others the ultimate result could not be ascertained. In the remaining 68, 50 (70-4 per cent.) recovered or were much improved, 12 (47 per cent.) required mental hospital treatment and of these 24 (75 per cent.) were discharged recovered or much improved. Psychological treatment was applied in 18 cases and 11 (84-6 per cent.) were recovered or much improved. There were 23 who were dealt with at home under their own doctors, with attendance at the department for supervision and superficial psychotherapy. This group showed 17 (74 per cent.) recovered or much improved. The results of mental treatment were much better in those patients who received advice in the first instance at the psychiatric out-patient department than in the general run of mental hospital admissions. A striking point was the fact that schizophrenic patients formed the largest single group of those who refused to accept advice or to attend for treatment. Even allowing for this, the results in the less malignant forms of psychoses were better in out-patients than in the general run.

C. S. R.

It is proposed to select two groups of mental patients, each member of each group to be matched as nearly as possible with respect to age, sex, intellect, diagnosis, socio-economic status, etc., with a member of a second group. Both groups are to receive identical treatment, except that one group, the therapeutic, is to receive intensive psychoanalytic therapy. The other or control group is to receive little or no psychotherapy and no psychoanalytic therapy. Written statements of the condition of all patients at the beginning of the experiment, together with the probable prognosis, should be made. All patients should be followed for several years until the outcome of the therapy or lack of therapy is clear. From this study we should gain information concerning the diagnostic type, age, sex, intellectual status, etc., for which psychoanalysis is indicated or contraindicated. The frequency of success and failure of the psychoanalytic therapy could be stated. A basis for the relative value of the use of psychoanalytic therapy and methods in mental hospitals could be made.

C. S. R.


Fifteen women and 17 men, dementia praecox patients, were treated with vitamins A and D and a mineral mixture for a period of several months. An equal number of control cases was observed for approximately the same length of time. Biochemical determinations were made at the beginning and end of observation. One male sufficiently improved to leave the hospital, a female showed only a temporary improvement. Two others, one in each group, improved slightly but not enough to warrant discharge. It is questionable whether the vitamins were the responsible factors for the improvement; the psychological element cannot be disregarded. The remaining treated patients failed to show any change in their mental state. No change was noted in any of the controls. There was a higher incidence of gain in weight among the treated women as compared with those untreated. In the male group, however, the percentage of gain in weight was higher among the untreated control patients. The routine blood counts showed no variation of importance in any of the groups. No definite changes in the biochemistry of total lipoids, total cholesterol, cholesterol esters, free cholesterol, lecithin, albumen, globulin and calcium of the serum and of the total cholesterol and
lecithin of the spinal fluid took place as a result of the administration of viosterol and mineral tablets.

C. S. R.

[24] The value and application of hydrotherapy in a mental hospital.—

NEIL D. BLACK. Psychiatric Quarterly, 1936, 10, 34.

Tonic and stimulative hydrotherapy by means of the needle shower and Scotch douche, followed by ultraviolet treatment, gives the best result in psychoneuroses and depressions. Eliminative hydrotherapy by means of the electric cabinet, needle shower, Scotch douche, and dry pack are best suited to toxic states. Their principal value is in the treatment of alcoholics, with the relief of the toxæmia; tonic hydrotherapy is indicated. Acute cases require daily treatment; following this stage, however, treatment twice or thrice per week is usually all that is needed. Length of treatment has to be determined by the needs of the individual patient, but those receiving eliminative, tonic, and stimulative types usually show a maximum of benefit after two months. Sedative hydrotherapy in the form of the continuous bath is indicated for prolonged cases of excitement. The wet pack is best suited for acute excitement of short duration. No time limit can be estimated for the treatment of acute excitement by such means; this must be determined by the patient's condition and his reaction to the treatment.

C. S. R.