

revealed that the greater number of these cases have suffered from psychoses which have had unfavourable outcomes. The concept of benign stupor, according to Hoch, represents a phase of manic-depressive psychosis. Obviously such a classification cannot be applied to those showing unfavourable results. It is noted that there are many types of stupor and that this symptom occurs in numerous diseases. The actual diagnosis would depend upon other accompanying signs and symptoms plus an analysis of the causative factors. The benign stupor of Hoch was established on the presence of four cardinal symptoms; apathy, inactivity, thinking disorders, and an absorbing interest in death. The writer cannot accept these as distinguishing benign stupor from catatonia, for they are also commonly present in schizophrenia. There seems little reason to believe that Hoch's stupor is fundamentally different from catatonic stupors and benign stupor should not be regarded as a disease-entity. In the past periodicity and recoverability were considered pathognomonic for manic-depressive psychoses. To-day these are not considered characteristic of the cyclothymic group alone. They occur in schizophrenia as well. The rigid theory of Kraepelin that schizophrenia is a progressively deteriorating disease is true only if we consider the case over its entire life-span.

C. S. R.

### PSYCHOPATHOLOGY

[139] **On the psychic symptomatology of cerebral tumours** (Sulla sintomatologia psichica dei tumori cerebrali).—A. CAMPANA. *Riv. di pat. nerv. e ment.*, 1936, **45**, 87.

AFTER a rapid review of the conclusions to which those who have formerly studied the relation between brain tumour and psychic disturbance have come, the author, on the basis of data received from 42 observations of brain tumours investigated post-mortem, believes he can affirm, apart from the common symptoms of weakening psychic processes which accompany the development of almost all brain tumours and which can alone justify the suspicion of such tumours, that it is not possible, from consideration of the mental syndrome represented at the time by the picture of functional psychosis, to proceed to a diagnosis of the seat of the tumour.

The pathogenic problem of the above relation must be invalidated if one agrees with those authors who assign the chief rôle in the determination of psychic alterations to the toxic action of the tumour.

R. G. G.

[140] **Mental changes following head trauma in children.**—A. BLAU. *Arch. of Neurol. and Psychiat.*, 1936, **35**, 723.

THE cases of 22 children showing mental changes following head trauma are reported. The cases are classified and discussed in groups, the conditions

being designated as posttraumatic acute psychosis, posttraumatic chronic behaviour disorder, posttraumatic epilepsy with secondary deterioration, and posttraumatic defect conditions and secondary intellectual deterioration respectively.

The posttraumatic acute psychosis was observed in six children. The onset of this psychosis occurs immediately after the patient recovers consciousness, and the symptomatology consists of a demonstration of unrestrained instinctual, emotional and motor behaviour, associated with an affect of fear and anxiety. Complete recovery occurs in a few weeks.

The posttraumatic chronic behaviour disorder was observed in 12 children and resembled closely the postencephalitic behaviour disorder. The syndrome was characterized by hyperkinetic, uninhibited, asocial behaviour with an instinctual colouring. Of the nine cases in which roentgen examination of the skull was made, there were five in which fracture occurred in the frontal region and four in which no evidence of fracture was present. Delinquency was present in all cases. The intelligence, as measured by the Stanford-Binet test, was within the normal range. The general prognosis was poor, and many patients required prolonged treatment in state hospitals for patients with mental diseases.

Posttraumatic epilepsy occurred in five children. The observations indicate that it may lead to behaviour disorders and to ultimate intellectual and emotional deterioration such as that which may occur in other forms of epilepsy.

Mental deficiency is a rare sequela of head trauma, although a form of secondary intellectual deterioration may occur as a result of a lack of interest and attention and of easy fatigability.

Simple cerebral defect conditions, such as aphasia and intellectual loss, may occur in children as a result of head trauma. A study of a posttraumatic loss of scholastic accomplishments in a child, age 10, with subsequent relearning, is described.

The symptomatology of the organic behaviour disorder in children is discussed, and it is suggested that the disorder may be the result of a localized lesion of the prefrontal association area of the brain.

R. M. S.

[141] **Psychiatric mechanisms in child murderers.**—L. BENDER. *Jour. Nerv. Ment. Dis.*, 1936, **80**, 32.

A STUDY of five cases of child murder. The conclusion is that the crime is not the result of hatred against the child, but is a suicidal act as the result of identification. The phase which the patient goes through is usually an increase in symptoms already present; this leads to the performance of the deed followed by a reaction in the form of a depression, stupor or catatonia

which is in some way a punishment for the deed. Consciously, there is usually an amnesia, but there is evidence of unconscious knowledge of it.

R. G. G.

[142] **Marriage and mental disease.**—NEIL A. DAYTON. *New England Jour. Med.*, 1936, **215**, 153.

ANALYSIS is made of 61,222 first admissions to the New York and Massachusetts Mental Hospitals for the five-year period, 1928–1932 inclusive. The marital status of first admissions is then compared with the marital status of the general population, 15 years and older, of these States. The admission rates for the married group are the lowest and those for the single group are next in order. The low rates for the married do not apply unless the marriage is preserved. If the marriage is dissolved through death or divorce the admission rates rise to much higher levels than in the case of those who remain single. Apparently marriage is a protective factor of considerable significance in the development of mental disorder.

C. S. R.

[143] **Suicide: psychology and familial tendency.**—LOUIS B. SHAPIRO. *Jour. Nerv. Ment. Dis.*, 1936, **81**, 547.

AN interesting study of four generations of a family in which seven committed suicide and another made several attempts. It is suggestive that some of these patients suffered from abortive attacks of manic-depressive psychosis, and the suicidal tendency from the hereditary point of view seemed to be a manifestation of the general psychopathic trend in the stock rather than a definite entity in itself.

R. G. G.

[144] **The correlations of the intelligence quotients of the Porteus Maze and Binet-Simon tests in two hundred neuropsychiatric patients.**—JOSEPH J. MICHAELS and MARGARET E. SCHILLING. *Amer. Jour. Orthopsychiat.*, 1936, **6**, 71.

IN 200 neuropsychiatric cases a correlation of  $0.52 \pm 0.04$  was found between the intelligence quotients of the Porteus Maze test and the Binet-Simon test. Diagnostic groups containing more than 35 patients gave a correlation of  $0.46 \pm 0.09$  for psychoneurosis,  $0.44 \pm 0.09$  for psychopathic personality, and  $0.33 \pm 0.10$  for schizophrenia. The total number of females (119) showed a higher correlation than the total number of males (81). The age division of 6–15 years presented the lowest correlation in the various age divisions.

C. S. R.

- [145] **Association-motor investigation in clinical psychiatry.**—FRANKLIN G. EBAUGH. *Jour. of Ment. Sci.*, 1936, **82**, 731.

By modifying Luria's association-motor technique, an apparatus and method have been devised suitable for use in the everyday clinical practice of psychiatry. This method of studying emotion objectively has been applied to 100 controls and 297 psychiatric cases. Several illustrative association-motor records and tables summarizing the results of this investigation are presented and discussed. It is thought that association-motor studies have a definite place in the examination and treatment of mental cases. They are regarded as of psychotherapeutic value, since patients often accept psychogenic factors more readily when presented in an objective, graphic form.

C. S. R.

- [146] **Dementia paralytica at the Boston Psychopathic Hospital.**—MERRILL MOORE and H. HOUSTON MERRITT. *New. Eng. Jour. Med.*, 1936, **225**, 108.

IN the study of 2,274 patients with general paresis admitted to this hospital between 1913 and 1934 inclusive, the following facts were determined. Approximately 100 patients with general paresis were admitted annually, which constituted about 8 per cent. of the annual first admissions 'with psychosis.' When these cases were grouped accordingly to five-year periods, a slight progressive decrease was noted in the two periods from 1924 to 1933. The ratio of males to females was as 5 to 1. The youngest patient, exclusive of the congenital cases, was 22 years old, and the oldest was 79. Over two-thirds of the patients were between the ages of 30 and 50. A study of the civil status showed that approximately two-thirds of the total number had been married and one-third were single.

C. S. R.

- [147] **Kahn's reaction for syphilis investigated in mental diseases** (La reazione di Kahn per la sifilide ricercata nei malati di mente).—F. VISALLI. *Riv. di pat. nerv. e ment.*, 1935, **44**, 420.

THE author concludes that Kahn's reaction is very nearly specific for syphilis. Nevertheless, its sensibility is not absolute. Of 159 cases examined the reaction was positive in 43, eight of which had not been previously suspected, and 17 had very little evidence in favour of their being specific. Kahn's reaction is particularly suitable for use in mental diseases.

R. G. G.

- [148] **The content of tryptophane in the blood plasma in mental disease** (Circa il valore del comportamento del triptofano nel siero di sangue di malati mentali).—A. CAMPANA. *Riv. di pat. nerv. e ment.*, 1936, **45**, 69.

WITH the aim of estimating the protein equilibrium in some groups of mental disease, the author has carried out the estimation of tryptophane in the plasma where it furnishes an indirect index of the albumin-globulin ratio.

In amentia and above all in paresis he has found an increase in blood tryptophane, and in regard to the latter he believes that it may be referred to a particular state of lability in the equilibrium of the serum proteins. The increase in tryptophane is not in agreement with the degree of severity of the disease or with the confusional picture which accompanied it.

In senile dementia, especially when accompanied by cerebral or diffuse arteriosclerosis, a conspicuous increase in blood tryptophane was noted.

In other groups of mental disease (dementia præcox, epilepsy, brain disease, alcoholism, etc.) the blood tryptophane is normal or shows slight oscillations such as occur in healthy people.

R. G. G.

#### PROGNOSIS AND TREATMENT

- [149] **Prognosis of the depressions of later life.**—E. W. ANDERSON. *Jour. of Ment. Sci.*, 1936, **82**, 559.

FIFTY cases of women over forty admitted to the Maudsley Hospital were selected at random for this study. The various factors involved are discussed at some length. The general conclusion emerging is that the prognosis of such depressions is poor. Roughly a third of the total made recoveries which could be regarded as complete in a reasonable space of time, and roughly another third could be called partially recovered, i.e. able to do a little housework or attend to simple routine tasks, but still showing symptoms and still under treatment. The remainder were either in mental hospitals or dead. The opinion of other authors as to the general prognosis of the later life depressions is here confirmed.

C. S. R.

- [150] **Prognosis in the psychoses lying midway between schizophrenia and manic-depressive psychoses.**—ROBERT C. HUNT and KENNETH E. APPEL. *Amer. Jour. Psychiat.*, 1936, **93**, 313.

THIRTY cases which were undiagnosed because of the even mixture of schizophrenic and manic-depressive features were studied from the standpoint