pathological are the mythomaniacs or pathological liars. They are akin to the dipsomaniac in that they are not deterred by the knowledge of inevitable serious consequences. The genesis may often be found in the environmental conditions of childhood, and their character is only an exaggeration of tendencies present in everyone. In warfare the motive is commonly one of self-preservation, and a certain aesthetic pleasure is often obtained from such conduct. Normal mythomania appears to have a motive, and is proportioned to it, whereas abnormal mythomania seems insufficiently motivated or not motivated at all, its duration is persistent, and its intensity is out of proportion to its cause.

Three kinds of mythomania are to be differentiated—vain, malicious, and perverse—and the three may be combined. One must remember that there is often a groundwork of fact, but by auto-suggestion the psychopath believes everything he has invented. Mythopathic activity is often unconscious and involuntary, but often works with the help of will, especially at the beginning of fabulation. Simulators of deaf-mutism are then discussed, and here two groups are recognized: the creative simulators, who seek to realize imaginative attitudes, movements, or sensory difficulties calculated to awaken pity; and the fixative simulators, who, having really suffered from a nervous lesion and perceiving a betterment, exploit and perpetuate their symptoms. Every subject who, without any verifiable disorder of the nervous centres or of the organs of hearing and speech, and without a characteristic psychosis, remains completely deaf and dumb for three or four months, may almost certainly be considered a malingerer. Out of 17 cases of complete deaf-mutism attended during three months, 9 confessed their simulation. In 6 cases the fraud was discovered by appealing to their patriotism and conscience, and also giving them some physical treatment which serves as a pretext for their rapid cure. The fixative simulators may remain obstinate. Intensive faradization and the threat of court martial only remain. In conclusion, the questions of the management of malingerers, their legal and moral responsibility, the detection of simulated pain and weakness, and the problem of prevention are all touched upon.

C. Stanford Read.

TREATMENT.


The author complains of the neglect of the physiology of ‘nervousness’ in its treatment. Even in the Weir-Mitchell régime, when relaxation of mind and body is aimed at, little stress is laid on this, in the written accounts of it. The neurotic has lost the habit of relaxation, but it is not enough to tell him to relax his muscles; indeed, a patient may be apparently relaxed in bed for days, and still be worried and show this in his facial expression and the hypertonicity of his muscles. Complete relaxation is necessary for repose and sleep, but most people are unaware when they
are completely relaxed. The author states that insomnia is always accompanied by a sense of residual tension which can be recognized both subjectively and objectively by the trained observer. The patient is taught progressively to relax his various muscle groups, and through practice he augments the relaxation until eventually he gets rid even of the residual tension. All effort, including the effort to relax, must be avoided, and the patient comes to recognize the existence of local tension and to relax it. The author is anxious to distinguish his method of treatment by progressive relaxation from suggestion and other forms of psychotherapy, and admits that it is not universally successful. He quotes five cases which had been treated with more or less success. While this method would appear to be useful in conjunction with other forms of psychotherapy, it would seem that the author, in common with many other upholders of the James-Lange theory, lays too much stress on the inevitable mental improvement which is said to follow adjustments of bodily reactions. More efficient treatment will probably result when it is more fully recognized that mental and bodily symptoms are both the concomitants of the biological reaction of the individual to something in his environment, and that either this total reaction or the environment must be changed before the patient can be restored to health.

R. G. Gordon.


The author points out the difficulty in the position of psychotherapy at the present time arising out of the total lack of co-ordination of the various schools of thought. He instances that Sidis has it that all is ‘fear’; Freud that everything is ‘sex’; Adler that the ultimate factor is the ‘feeling of inferiority’; while each wants everything analyzed back to his own particular basis. Again, in regard to the conception of the unconscious in the human mind, one school considers it to be composed mainly of material thrown back or rejected by the personality; another that it is present at birth and contains all the primordial thought-feelings; while a third regards it as the receptacle for lost memories and of phenomena as yet too feeble to become conscious.

Dr. Bryce thinks there is truth in all these views. He has met with cases that conform to the one school, and others that belong to the other schools of thought; but he insists that we cannot now do without the mechanisms which we owe mainly to Freud, and we must not let the confusion and the prejudices which are rampant prevent us from applying them in practical work.

He proceeds to deal with the possibilities arising out of the necessity for coping with a situation of conflict, and then takes up the question of ‘worry’. Worry he regards as the simplest form in which we see the expression of non-adaptation to the immediate circumstances or requirements; here the subject is up against some proposition or situation with which he cannot deal efficiently; he has failed to adapt to the particular
circumstances, be they outside or inside himself, and instead of efficient thought-action there is a vain repetition of the situation, leading to the single idea which is the fact of the situation. This paralysis of efficient thought is due usually to a desire to avoid some unpleasantness that will arise if the thought is permitted and the matter is sifted and dealt with properly. Should these resistances to thought connected with the situation be effective, the situation, naturally, would be dismissed from the mind; but when they are not effective the subject can neither get away from the situation nor deal with it, and it is then that the state of worry arises.

The author considers that neurotic symptoms occur not only from the total repression of a complex, but sometimes from merely a lack of recognition between cause and effect; in such cases there is no need to invoke the unconscious for establishing a recovery. Similarly, in many cases where the symptoms are in reality purely the manifestations of a persistent emotional state, the fault, or rather the anxiety of the subject, rests on the lack of conscious association between cause and effect.

He concludes with the exhortation to approach each case broad-mindedly; if necessary, to bring more than one of the view-points to bear on any one case, for though no one line of thought is applicable to all cases, yet every line is useful in some.

Thomas Beaton.


This paper is concerned with the conditions applying at the colony at Gheel, Belgium, where, for some hundreds of years past, the insane have been treated by being boarded out in households surrounding a central institution. Arising apparently out of a religious foundation, the tradition has been established amongst the peasants living in the area of countryside involved, of receiving in their homes such patients as are selected by the medical director of the central institution, and every effort is made to find the exact home which is most suited to the patient's requirements. When visiting the colony recently, Dr. Read found that, with the elimination of all cases with definite anti-social tendencies by a preliminary period of observation in the central institution, all forms of mental alienation can be treated in this way, and that even cases which, in their own home milieu, had exhibited dangerous tendencies, became quite tractable and manageable under the conditions of the colony.

The success of the scheme obviously depends upon the well-established traditions of the countryside, and grave misgivings would arise were such an arrangement to be prospected in, say, this country; but Dr. Read feels that the complacency with which institutional confinement is regarded as the first principle of treatment for mental disorder, in this country, is a result of convention, and that it merits considerable criticism in view of the practical results of the methods applied at Gheel.

Thomas Beaton.
An analysis of more than 200 cases of epilepsy treated with luminal.—C. C. Kirk. *Amer. Jour. Insan.*, 1921, lxxvii, 559.

The purpose of this paper is to make a preliminary report on the effects of luminal on the severe types of epilepsy as seen in institutions. The author thinks that this gives promise of being the most effective and the least harmful of all drugs that have been used in the treatment of this disease. After dwelling on the importance of diet, bowel elimination, and the objections to treatment by bromides, the action and uses of luminal are spoken of. The cases selected were those whose seizures were the most frequent and severe. No change in diet was made, but the quantity of food eaten was supervised, and all stimulants, tea, coffee, and tobacco were prohibited. The results in certain cases were so startling that very shortly all cases of idiopathic epilepsy were placed under this treatment. The method consisted of giving $1\frac{1}{2}$ gr. of luminal at bedtime, and the dosage was not increased except in five instances. There was immediate decrease in the number of seizures, a decrease in the severity of the seizures—many of them changing from grand mal to petit mal—decrease in the severity of furore, and a shortening of the time of confused states. There was seen as well an improvement of the mental and physical health, a fewer number of accidents, a general improvement of the moral tone of the wards, and a complete cessation of the seizures in a large number of cases. No deleterious effects were observed, there was no sign of the drug being habit-producing, and in certain cases it seemed to be effective in twenty-four to forty-eight hours. A few very brief case reports are given in illustration.

C. Stanford Read.


Because of the inaccessibility of these cases and the time taken up by individual treatment, the group method was instituted by the writer at Saint Elizabeth's Hospital, Washington. There are certain groups of facts which may be given to such patients in lecture form, such as the Oedipus problem and the problems of sexual development. They should be not merely assisted to a social adjustment, but more fundamentally re-educated by directing their instinctive demands into normal channels, not only compatible with the ego-ideal, but also with the herd law. It was at once found that only such patients as presented the same fundamental problems, and were solving their difficulties in the same manner, should be included in the same group. It was seen that the patient who recovers with insight, and really conquers himself, passes through the stages of development the libido should originally have passed through. The first grouping of patients was made according to the prominent symptoms presented, and it was found that all cases of dementia praecox can be placed in one or the other of two great groups—the aggressive and submissive homo-erotic, conforming in a general way to the terms hebephrenic and paranoid. The family situation between the parents in infancy was found to be of great importance in determining the type the patient would develop. Both types wish the
love of the mother, but the hebephrenic takes the aggressive or masculine rôle, while in the paranoid the wish is submissive and feminine. This is of the greatest importance in the treatment.

The advantages of the group method are stated to be: (1) The patient is socialized with reference to the fear of death and the sexual problem; (2) The fear of the analyst is removed; (3) Even those apparently quite inaccessible, heard and retained much of the material; (4) Many develop a positive transfer; (5) The patients discuss the lectures with each other, thereby adding to the force of the talks. The patient is regarded as accessible at all times to the correct manner of approach, and the term ‘inaccessible’ is only a projection of our inability to understand the symptoms. Jung’s view has been adopted that the real difficulty is a bar to the onward flow of the libido, and that this obstruction must be removed. The precox is homosexual only because he cannot become heterosexual. Many patients make an adjustment so that they live in asylums in peace. During treatment many are made temporarily worse, but these episodes are constructive, and they emerge from the conflict on a higher level. The material presented to them corresponds more or less with the problems faced by the child as he progresses in development, the talks being consecutively as follows: The fear of death; the conflict thus produced; the reactivation of infantile emotions and wish-fulfilments: explanation of the most common hallucinations such as concerning fellatio, S.O.B., German spy; masturbation; self-love; homosexuality; inferiority and its causes; usual causes of flight from women; over-compensation for inferiority; explanation of hallucinations and delusions; day dreaming. In conclusion, Lazell advocates an extension of this method to defectives and young criminals, and he feels that in the hands of competent psychotherapists of the psychoanalytic type the group method of treatment will prove a great advance on the methods now in use.

C. Stanford Read.