psychomotor activity. in rarities accompanied by helpless, to be not power in the motor of impairment most the confusional insanity, very is spite the very instance signify any indifferent sexual intercourse, but the incestuous one, in which he would actually pass through the very genital organ which he had already come through at birth.

C. W. FORSYTH.

PSYCHOPATHOLOGY.


In spite of the frequency of initial mental disorder, epidemic encephalitis is very rarely followed by definitive psychoses (manic-depressive, acute confusional insanity, Korsakow's syndrome, etc.). What would appear to be the most common, possibly even a pathognomonic, disturbance of mentality in the disease is constituted by a lethargic or psychomotor torpor, often accompanied by impairment of psychomotor automatisms analogous to that of motor automatisms. Judgment and deliberation are intact, but executive power is wanting. The ordinary motor defects consecutive to the disease may not be observable, yet the patient may be completely inert and in reality helpless, because of this absence of initiative. The author, however, is inclined to think that if this psychical disorder is at all marked it is accompanied by parkinsonian symptoms. Intellectual and emotional defects are rarities in comparison with this extreme fatigability of initiative, interest, and psychomotor activity. It would appear, in fact, that there is something specific...
about this symptom, which is not as a rule found in the psychoses properly so
called, in post-infective or post-traumatic mental states, in senile or organic
dementias. For it the author proposes the name “bradyphrenia,” on the
analogy of hebephrenia, presbyphrenia, etc. He believes it will be shown
some day to have as definite a basis as the motor phenomena at present
occurring with great frequency in post-encephalitic states.

S. A. K. W.

[47] The mental disorders of epidemic encephalitis (Les troubles mentales
dans l'encephalite épidémique).—Truelle and Petit. L'Encéphale,
1922, xvii, 582.

The psychical symptomatology of epidemic encephalitis is as variable
and polymorphous as is the somatic. Among the psychopathic syndromes
may be enumerated the lethargic, the confusional, the depressive, the agitated
or manic, and the catatonic varieties. Again, a distinction may be drawn
between acute, subacute, chronic, and “fruste” types.

The confusional form of psychical disturbance is that common to any
kind of toxi-infective invasion of the cerebrum; psychopathic manifestations
otherwise are a function of individual predisposition revealed, but not origi-
nated, by the disease; perhaps, therefore, the most legitimate and specific
mental sequel is a pseudo-dementia taking an inhibitory form, a sort of psychical
torpor.

S. A. K. W.

[48] A peculiar transformation of personality due to encephalitis lethargica.—

The case, that of a man aged thirty-five, is reported because it seems an
interesting phenomenon to trace a personality-transformation from a specific
disease of the grey matter of the brain. The treatment consisted in a low
protein diet with intramuscular injections of tethelin, a drug supposed to
contain the active principles of the anterior lobe of the pituitary, though it
is noted that the improvement may have been due to the natural healing
process of time. Following upon the encephalitis a condition of dystrophia
adiposo-genitalis supervenved. The illness did not leave the patient’s intelli-
gence seriously impaired, but many personality changes were noted. There
was increase in his motor activity and he became very loquacious, self-assertive
and extravagant (all markedly opposed to his normal self), so that he began to
be disliked, especially in that he lacked tact and showed an undue inclination
to talk about his own ailments. His previous attributes of conscientiousness,
truthfulness and discretion were no longer present, and he became very un-
trustworthy in his work. A former moodiness gave way to taking things
lightly, with no disposition to brood over difficulties. A marked egotism
and forwardness as well as distrust of others were manifested, while a certain
lack of restraint and impairment of judgment were combined with an abnormal
proclivity for the opposite sex, though he became functionally impotent.
The author considers that perhaps all of the character-trait transformations
may be reduced to the factor of paralysis of inhibitions. Control demands,
for its perfect exercise, the perfect functioning of a very elaborate cerebral
mechanism. It is this that has been injured by the encephalitis, and because of its injury the peculiar transformation of character has taken place. Such an injury may happen in other ways, and frequently appears as a transitory disturbance in alcoholism and epilepsy. With encephalitis the injury is more permanent, and it is not likely that this patient’s character will ever return again to what it was.

C. H.


A full account is given of two cases of acute delirium in the course of dementia praecox, in which a primary sinus thrombosis with hemorrhages in the cortex was found at autopsy. There was considerable degeneration of nerve cells, and other organs showed signs of an acute infective process of uncertain origin.

Primary sinus thrombosis may accompany all sorts of diseases, but is usually due to infections, and often results in mental symptoms; the authors, however, do not think the thrombosis caused delirium in the cases examined. They consider both were manifestations of the infection going on elsewhere in the body, and that the effect of the thrombosis was merely to hasten death. Many observers think delirium is due to encephalitis, but the authors point out the absence of true signs of inflammation in many cases and prefer to regard the degeneration of nerve cells as due to metabolic defects.

They noticed that the frontal areas suffered most and the large cells were more affected than the small cells. They attribute this to the fact that the frontal areas are phylogenetically younger and, therefore, less resistant than other parts of the brain. With regard to the special affection of the large cells, this is found in all degenerative diseases of the nervous system and in all parts of the brain and spinal cord, and is supposed to be due to the fact that the metabolism of large cells is carried out with more difficulty than that of small cells.

R. G. Gordon.


This important paper is based on the pathological anatomy of three cases of dementia praecox, which presented the typical symptom-complex with, in each case, a terminal period of severe catatonia. The patients died at the ages of twenty-six, forty-seven and fifty-two years. The brains of the two older cases showed large multiple cavities, one of which in Case II. spread down from the optic thalamus to the medulla. From the appearance of these cavities and the absence of bacilli in their walls, the authors formed the opinion that they were neither artefacts nor due to decomposition, but had developed during life. Apart from these cavities, three principal types of
lesion were found in each of the cases. These were not confined to the corpus striatum, although they occurred in the caudate nucleus with the greatest constancy and frequency. These were (1) 'Plaques cyto-graisseuses,' which are described as small areas of lipid accumulation, from 100 to 150 μ in diameter, usually grouped round nerve cells, but sometimes apart from them. The lipoids in these formations were all of the nature of fatty acids; some cholesterin crystals were also found, but no neutral fats could be demonstrated. Marchi's method only gave a pale grey staining to the lipoids, and this disappeared when the sections were passed through alcohol. They were, however, brilliantly coloured with Sudan, Nile blue and other special methods. They occurred in the caudate nucleus, the frontal cortex, and the hippocampus in every case, and in the putamen and other regions of the cortex less constantly. In only one case did they occur in the globus pallidus and cerebellum, and they were never found in the midbrain, pons or medulla.

(2) An area of degeneration comprising the head of the caudate nucleus, the anterior third of the lenticular nucleus, and the tissues in the immediate vicinity. This degeneration affected all the fibres going from the head of the caudate nucleus, and those passing through the anterior part of the globus pallidus, and the anterior limb of the internal capsule. In one case the knee of the internal capsule, the genu of the corpus callosum, the anterior commissure and, for a short distance only, the anterior pillars of the fornix were also demyelinated. (3) A fatty degeneration of the endothelial cells of some of the smallest vessels and capillaries of the brain. This was unassociated with any atheromatous or other change in the vessel walls. It will be noted that the lesions of types (1) and (3) would not have been observed by the ordinary methods of staining. The lesions of type (2) also were such that, unless they were unusually gross, they would have readily escaped notice in sections stained by Weigert's method. The authors consider that the special incidence of the lesion in the caudate nucleus may have been associated in some way with the symptom of catatonia.

J. G. Greenfield.


Attention is drawn to the occurrence of hallucinations of minute figures of people, animals and objects. All this little world, clothed generally in bright colours, walks, runs, plays and works, in relief and perspective. These micropsic visions give an impression of real life. The condition, however, is not associated with micropsia. Such hallucinations are accompanied by a pleasurable tone. As a rule there are no accompanying auditory hallucinations, but, if there are, the small people speak with a Lilliputian voice. The hallucinations occur in toxic deliria apart from definite psychoses, and may accompany or follow ordinary toxic hallucinations. They are most common in alcoholism, but may occur in all sorts of toxæmas and psychoses, though opium does not seem to cause them. Various illustrative cases are cited, and the author points out that the infrequency of mention of these hallucinations in medical literature is counter-balanced by their frequent mention in fiction.
They seem, then, to be dream-products of the unconscious, usually associated with pleasant feeling-tone as amusing and harmless creatures.

R. G. Gordon.

[52] The mental symptom-complex following cerebral trauma.—E. E. Hadley.


The previous literature is briefly reviewed and thirteen cases are described in detail. The average clinical picture is that an injury is received which causes complete unconsciousness for some days. Gradually the patient responds more and more to stimuli, but at first attention is hard to secure and harder still to hold. His sensibilities are blunted and he remains somnolent. He is, however, restless and confused, and his speech and behaviour may be found to represent certain activities preceding the trauma. He is intensely irritable and resents interference. He shows great sensitiveness to all forms of sensation and tries to get away from them by withdrawing into himself, but if they persist they may cause an emotional outburst. He is emotionally unstable and asocial and inclined to be resentful of his treatment. When he is at his best he thinks he can quite well go back to work, if depressed he despairs of doing anything. Small quantities of alcohol make him extremely drunk. He gradually improves and regains his memory and mental power, but he is apt to be less able to correlate ideas, and his concentration is poor. He finally may adjust to an occupation which is not too strenuous, but always shows an alteration in capabilities and personality. Accompanying neurological symptoms may modify this course and may lead to permanent invalidism. Previous psychopathic tendencies or inherent trends will colour the clinical picture, and in such cases the trauma can only be held to have precipitated the disease and not to have modified its manifestations. The symptoms described above are to be explained generally on the lines of a gradual restoration of mental correlation and a massive defence-reaction against noxious stimuli.

R. G. Gordon.

[53] The hereditary transmission of mental diseases (Sur la transmission héréditaire des maladies mentales).—Wimmer. _L’Encéphale_, 1922, xvii, 129.

Professor Wimmer in the introduction to his paper stresses the valuelessness of older statistics in respect of the hereditary descent of mental disease, and restricts his personal researches to dementia praecox and manic-depressive psychosis. He explains how in Denmark it is often comparatively easy to trace the relations of affected patients and how data concerned with family histories can be collected objectively on a fairly large scale. His investigations have been conducted from the viewpoint of the principles of Mendelianism, a brief account of which precedes a detailed description of his research. The great difficulties in the way of the application of these principles to the human race are fully appreciated.

_Dementia praecox._—Two hundred and two families were investigated, comprising 831 healthy offspring (living and dead) and 240 patients. This
gives, roughly, a percentage of 29, but Professor Wimmer points out its erroneousness and follows the method elaborated by Weinberg, which for various reasons approaches much more closely to Mendelian figures. According to it the percentage is merely 5.2. For the scheme by which this figure is reached the reader should consult the original. The conclusion is that dementia praecox is probably a mental affection of a hereditary nature; in Mendelian terms, recessive and di-hybrid; the heredity is similar, and discontinuous; with parents apparently normal (i.e., normal to outward appearance) it appears in approximately one-sixteenth of their offspring. As a practical observation, the presence of the disease in a family excludes the occurrence of the manic-depressive psychosis.

Manic-depressive psychosis.—Two hundred and twenty-four families were scrutinised, with some 1,183 members, of whom 236 were patients. Here the crude percentage is in the neighbourhood of 25, whereas by Weinberg's method it rises to 32.9. In all probability this condition is a hereditary mental affection, with heredity similar and direct; in Mendelian terms, it is dominant, but complexly so; in the families affected by it dementia praecox is not found.

S. A. K. W.


In the consideration of mental defect, confusion has arisen from failure to discriminate between pathological and biological factors. Intelligence and conduct have been used as standards of measurement. The term 'moral imbecile' used in the Mental Deficiency Act is most misleading. In drawing an analogy from chemistry, the author describes conduct as the group-reagent by which mental deficiency is indicated, and intelligence tests as a reagent for a further subdivision.

The use of the term 'herd instinct' seems to exclude the influence of external suggestion; McDougall's term 'group mind' is preferable. Suggestion is the chief agent in the transmission of social virtues and customs. The social organism and mental deficiency are probably controlled by biological factors, the causative factors in the latter being probably phylogenetic. The author quotes Rivers' biological theory of the genesis of morbid mental states. In the evolution of the nervous system, the 'protopathic' sensations possess an affective tone and give a general awareness only, directing primitive organisms in their approach to or retreat from stimulation. 'Epicritic' sensibility allows the nature of the stimulus to be recognised and to have full play. Suppression of the more primitive protopathic sensibility must occur. This suppression is not complete, and a fusion of a portion of the protopathic with the epicritic sensibility occurs. The 'all-or-none' reaction is exhibited by the protopathic response to stimulation, i.e., no gradation in response occurs. The primitive instincts of self-preservation and propagation are intimately associated with protopathic sensibility. Rivers believed that egoistic and self-preservation instincts in the individual are of the protopathic kind, while the epicritic class is associated with the development of gregarious life.
In dealing with the process described by Rivers as 'suppression,' which is compared to the suppression taking place on the sensori-motor and reflex levels, Auden quotes from *Instinct and the Unconscious*, in which work Rivers attempted to prove that every unit forms part of a hierarchy in which it controls lower, and is itself controlled by higher, elements of the hierarchy, the normal mental state being one of equilibrium between protopathic instinctive tendencies and the epicritic forces by which they are controlled. This theory of a two-stage evolution of the nervous system is corroborated by Head's researches on the relations between the optic thalamus and the neopallium: “There is thus a close parallel between the protopathic and epicritic sensibilities of the afferent nerve tracks and the relation of the optic thalamus to the cortex; the attributes peculiar to the former can be said to be related with the protopathic system and the latter with the epicritic system.”

The lowest grade of idiot has not advanced beyond the protopathic stage of evolution. The lighter degrees of idiocy and imbecility can be interpreted in degrees of epicritic control. Gregarious or communal life means subordination of individual desires to the interests of the community and is, therefore, inhibitive in character. Thus, according to Rivers, the gregarious instinct is an epicritic characteristic. McDougall has shown that a crowd is more thoughtless, more callous and cruel than an individual. The behaviour of the feeble-minded is likened to this description of crowd psychology. In the former epicritic control is rudimentary, while in the latter it is temporarily suspended. The regressive characteristics of the crowd and of the misdeeds of later childhood are commented on and recognized as being based in repressed experiences. It is suggested that motiveless arson may be a regression to an early stage of man's history, when the making of fire was of such vital importance. In considering instinctive behaviour, the author quotes Golla's example of the nest-making tendencies of the expectant mother who, on the approach of parturition, will tidy up drawers and sort papers, etc. The above theories are confirmed by Whately Smith's experiments on the effect of alcohol on emotivity. Alcohol causes a regression to the all-or-none or protopathic type of reaction.

The wide variations in intelligence and educational capacity can be explained on a biological basis. Remembering that ten generations ago the great majority of persons were totally illiterate, it is not surprising that the mental mechanism involved in the acquisition of reading has not become as uniform in action as that of speech, which is the oldest human special capacity.

In summarising, the author divides mental deficiency into phylogenetic and ontogenetic groups, which may be termed the evolutionary and degenerative types. In the evolutionary type the child has not evolved to the average mental level demanded by the community, and in the degenerative type accident or disease has produced degenerative changes in the brain. Physical characteristics known as 'stigmata of degeneration' are present in this type.

If the existence of biological factors in the production of mental defect is established, then, to be effective, eugenic measures must be founded on biological principles.

Robert M. Riggall.

The authors investigated the cerebrospinal fluid in 48 cases of mental defect, excluding (1) definite idiots or imbeciles, (2) all cases with neurological complications such as diplegia, hemiplegia, etc., (3) epileptics. In a word, the children were simple arrêtés. Hyperalbuminosis was present in 41 per cent., lymphocytosis in 16 per cent., and a serologically positive Wassermann reaction in 32 per cent. On the other hand, the reaction was without exception negative in the spinal fluid. The association of increased albumin and of lymphocytosis in not a few cases with a negative Wassermann test is instructive. The general conclusion drawn is that, in a fair number of what appear to be cases of simple retardation without physical signs, an organic element is revealed by lumbar puncture. S. A. K. W.

[56] Psychical disturbances in tabes (Contribution à l'étude des trouble psychiques dans le tabes).—URECHIA. L'Encéphale, 1922, xvii, 289.

Different kinds of mental disorder have been at one time or another found to develop in cases of tabes, but no unanimity has been reached as to their pathogenesis. Supposed to be due either to the presence of the syphilitic toxin, or to a structural cerebral change of syphilitic origin, they have not been sufficiently correlated with pathological investigation of the actual state of the brain in that disease. Alzheimer found changes in several tabetic brains identical with those of general paralysis, but in two cases with confusional symptoms microscopic examination was negative. In a case of tabes with a paranoid psychosis Sioli found slight cellular infiltrations in pia mater, cerebellum, pons and crura, and supposed these to be distinguishable both from paralysis general and cerebral syphilis. Three varieties of lesion were described by Jakob as occurring in tabetic psychoses; (1) patchy lesions, like those of G. P. I.; (2) endarteritis syphilistica of the small vessels; (3) diffuse parenchymatous alterations with or without meningeal infiltrations.

Urechia's case is that of a man of thirty-five, with moderate tabes, and with definite mental symptoms such as depression, refusal of food, visual hallucinations, anxiety, emotional overaction, self-depreciation, etc. Slight parietal thickening of the meninges was found, with corresponding patches of superficial encephalitis; in these limited areas the vessels showed proliferation of the endothelium and adventitia, with some perivascular infiltration. Otherwise, the brain was intact. The author concludes that tabetic psychoses have an organic basis in the existence of some degree of cerebral syphilis. He believes that ethical, moral, and characterological modifications occasionally recorded in tabetics (as in epidemic encephalitis) may similarly be regarded as having for foundation some encephalitic lesion. S. A. K. W.

[57] Incidence of insanity amongst the Jews.—JACOB A. GOLDBERG. Mental Hygiene, 1922, vi, 598.

For years it has been maintained by psychiatrists that the Jews contributed more cases of insanity than any other race. Of late this has been doubted,
and some assert the converse to be true. Lombroso found that the seemingly large percentage among Jews was not so much a matter of race as of intellectual work, for among the Semitic races in general (Arabs, Bedouins) insanity is very rare. In 1909 Sichel, in Germany, found that a higher percentage of Jewish inmates in insane hospitals could only be demonstrated in certain groups of mental disorders. Pilez in Vienna, and Beadles in London, have published studies which indicate a higher percentage among Jews, while Spitzkam came to the conclusion that the proportion was no different from other races. It is pointed out that the statistics in some countries are unreliable, because in such parts the Jews have been specially persecuted and undergone marked mental stress. Because the largest number of Jews within modern times congregated in a limited area are to be found in New York City, a statistical study has been made, and it has been found that the percentage of Jewish admissions to the psychopathic wards of Belleville Hospital would not average over 16-5 per cent., which is considerably less than 25-8 per cent., the proportion of Jews in the general population of New York City.

H. M. J.


The term is used in the sense of a sort of organic anesthesia, a dropping out of consciousness of desire and satisfaction. Associated with this and the group of symptoms which develop as a result, the writer draws attention to another factor, a disorganized spread of excitement. In anhedonia, desire to satisfy hunger, thirst, or sex is greatly impaired or disappears. The desire and capacity for sleep are also critically impaired. The central symptom, which is regarded as responsible for many of the others, is the lowness of energy, so that all effort, mental and physical, is painful, and it is surmised that a feeling of sadness is a necessary sequela. Following on all this there frequently arises a restless cogitation, which may take the form of an obsession of unreality akin to the psychasthenic obsession of doubt. The nature of excitement is analyzed, and it is shown that seeking excitement becomes one of the great pleasure-trends of life and that organized excitement in the form of interest is the guiding principle of activity. In anhedonia, excitement of any kind tends to become painful, though preceding this the patient may seek excitement in order to find pleasure, but finding herein displeasure, he becomes seclusive. Competing stimuli make choice difficult, so that doubt and confusion tend to result. Under what circumstances does this symptom-complex tend to appear? (1) After an acute infection, typically influenza. (Myerson here remarks that he is not attempting to differentiate this state from neurasthenia and is, perhaps, merely describing neurasthenia in a different way.) (2) Following surgical operations and pregnancy. (3) In the menopause of women and the involutive period of the male. (4) As a reaction to circumstances, as when purpose is hopelessly blocked. (5) Most characteristically, in the early stages of mental disease, especially manic-depressive insanity and dementia praecox. (6) A recurrent type of mental disease might be described as idiopathic anhedonia, where none of the ordinary
causes exist. (7) Finally, there are types of people who are anhedonic by nature.

Therapeutics will depend on the relationship of the syndrome to other mental conditions; whether definitely related to some physical or psychical disturbance; on the original temperament of the patient and on the nature of the symptoms presented. The organic condition of the patient must first be treated by drugs, physical therapy and re-education, so that sleep and appetite are restored. Hydrotherapeutics and massage with graduated exercises are advocated to bring about energy-feeling, while a resolving of any individual psychological problem should receive attention. Disorganized excitement, when it occurs, must be allayed by quiet, if necessary through bromides and sedatives, and then by the gradual increase of stimulation the patient is trained back to normality.

C. S. R.


No other psychiatric disease group is the subject of so much difference of opinion. Psychologically, this type presents marked inherent defects in volition and inhibition, together with a lowered threshold for and a disproportionate response to implicit and explicit stimuli. There is, too, a lack of balance in the various hereditary and acquired reaction-patterns. The patients cannot adjust their inadequacies by experience or by compensatory modes of reaction. The condition is characterized by marked egotism, impulsiveness, poor judgment, nonconformity to ethical and social standards, and inability to adjust to or profit by discipline. As they cannot apply themselves for long, they often become misfits, loafers, beggars, paupers, hobos (tramps) or vagabonds. Their poor inhibition makes them prone to the commission of crimes of passion and sensual excess; a large proportion of alcoholics, drug addicts, prostitutes and sexual perverts fall into this group. Over-compensation may render them fanatical reformers, assassins or anarchists. They are continually in conflict with others, and psychotic manifestations frequently result. From their lack of judgment, eccentricities and unsound beliefs are easily adopted. Experience profits them little, if at all; the opinion of society has little effect, and no remorse if felt. Glueck has shown that they furnish a large number of the first admissions to penitentiaries and a large proportion of recidivists. Some statistics are here given of fifty cases. Visher classifies the types as (1) the inadequate-personality type, (2) the hobo, (3) the pathological liar and swindler, (4) the drug addict, and (5) the criminal type. Additional types not illustrated are (6) the chronic alcoholic, and (7) the various types characterized by pathological sexuality. In the differential diagnosis must be considered the constitutional psychopathic state, constitutional inferiority, mental deficiency, psychasthenia, and hysteria. The treatment is very unsatisfactory. It consists, theoretically, in choosing a vocation. In children the outlook is more hopeful. Psychotherapy, re-education and hospitalization are but of little avail.

H. M. J.

The author points out the growing dissatisfaction of psychiatrists with the static views of the older authorities represented by Kraepelin, though such dynamic conceptions as those of Kempf have not so far replaced the former for pragmatic reasons. He refers to Kretschmer’s work on the sensitivity of the individual as an explanation of the development of certain psychoses, and points out that although there is nothing fundamentally new in the work it does constitute a new way of looking at things, which is always advantageous. Much work has been done in classifying character-types and tracing their different manifestations throughout life, and also correlating them with peculiarities of bodily formation and mental disease. New lines of inquiry are being opened up by the study of clinical entities in all their possible bearings, but care has to be taken that philosophical theorising does not take the investigator too far from his patient, so that he loses clinical touch. Signs of various constitutional defects have been found by many observers in dementia praecox, and these frequently throw light on various symptoms otherwise unexplained.

Studies of encephalitis and other infections seem to indicate that Kraepelin’s view that different forms of intoxication may be recognised by the symptoms they produce may, after all, have something in it. Certain studies in mental symptoms in diseases of the basal ganglia are opening out new opportunities for a rapprochement between neurologists and psychiatrists. Recent metabolic and psychological work in relation to epilepsy is referred to. The importance of the narcissistic conceptions in psycho-analysis and their relation to the more severe neuroses and psychoses is discussed and mention is made of Ferenczi’s so-called ‘active therapy,’ in which the patient has to forbear from indulgence in any of the symbolic means of satisfaction of unconscious desires while under treatment.

Mention is made of the new fields opened up by the study of neuro-anatomy and neuropathology from biological and physiological points of view instead of purely topographical standpoints, and similarly in psychopathology by the study of man not as an individual but as a unit in a social community. Further, it is necessary to widen our outlook in all directions in view of the general breakdown of all finality in laws of physics and mathematics which has followed the acceptance of relativity.

R. G. Gordon.


Escapes from mental hospitals are not generally looked upon as good types of reaction, though occasionally they may represent a healthful protest against confinement. From the Chicago State Hospital, during a twelve-month, 123 patients escaped and were not captured, as well as 308 men who were quite promptly returned. This hospital has 3,500 patients, and is without walls on the outskirts of a large city. An investigation into the fate of
the 123 only furnished information concerning thirty-one. Fourteen had been re-committed; seven had not been heard from; one had died; one had committed suicide; one was an inmate of a reformatory; three were doing very poorly, with an almost complete dependence on relatives; and four seemed to be making a good adjustment. From an analysis of the types of men a composite description of an eloper might be made as follows: A man in the third or fourth decade; most probably a single man or one free from compelling family ties and rather given to alcoholic indulgence. The chances are he would be a subsided case of dementia praecox, a recovered or improved alcoholic, a rebellious paretic, or an improved case of individual reaction type. Only one time out of twenty would he be feeble-minded, and practically never a sexual pervert with criminal tendencies. He may have made prior escapes, but not more than one or two if he is to succeed in remaining out of the institution. The recidivist is quite hopeless. Often he has tasted liberty in the shape of an unsuccessful prior parole. The chances are about four to one that he will be returned to hospital in a few days or weeks, and if he remains out it will be difficult to discover just how he accomplished it, because his relatives are either assisting him or know nothing of his whereabouts.

C. STANFORD READ.

TREATMENT.


Previous studies of chronic hypochondriasis in adults among those treated in the psychiatric wards of the Johns Hopkins Hospital are spoken of. It was found in every instance that the symptoms were substitutes for psychobiological material in the form of thwarted ambitions, petty jealousies, romantic disappointments, dissatisfied life, a desire to escape marital or domestic responsibilities, and many another unhappy ingredient of life's experience. Thinking that a childhood study might contribute towards a better understanding of such cases, 623 children were examined. Of these, 167 seemed to be pure cultures of neurotic traits uncontaminated by mental retardation, delinquency, or somatic deficit of any kind. It was found that 13 percent. of these exhibited a tendency to hypochondriacal complaints, and the symptom pictures were strangely similar to those of the adult types. In the study of these twenty-two cases an intensive investigation of the family problem was made by means of a psychiatric social service, and in all but one it was found that the complaints had been absorbed from a home atmosphere charged with hypochondriacal utterances and fear of disease. Within a period of from one to two months after the first visit to the dispensary eighteen showed a complete elimination of the symptoms through the adoption of a therapeutic régime. Examination revealed groundless somatic complaints with which the child had become infected from various sources. In every case there had been a utilization of the symptoms for personal gratification. In all but four cases a satisfactory adjustment was obtained through a reconstruction of environmental influences, with efforts particularly directed against the focus infection.

H. M. J.