and moulds the individuality, etc. A sense of inferiority depends on the early environment, ordinary infantile helplessness regularly giving rise to this feeling, which is aggravated by unfavourable conditions or physical infirmities. Adler states he has proved all neurotics to be ambitious persons who have lost courage, and that this discouragement probably affects 90 per cent. of the human race. Individual psychology reveals their mistakes, destroys their striving after power, and promotes their social feeling. As an illustration of this discouragement a case of manic-depressive insanity is quoted at length.

Robert M. Riggall.

**PSYCHOSES.**


Without adopting a preconceived etiological basis for his investigations, this author studies the sex factor, from the standpoints of biologic psychology and physiology, of female patients suffering from dementia praecox. He reports a total of 545 patients, 168 of whom were diagnosed dementia praecox, 107 manic-depressive psychosis (some of these cases, however, presented ‘malignant’ features), while the remaining 275 were a control series of non-psychotic, pregnant women. He investigates particularly the secondary sexual characteristics and the sexual behaviour of the patients, tabulating his results and giving short notes on each case of dementia, with a longer history of four of them. The relation of marriage to the age of the patient on admission, compared with similar figures from the general population, is taken as a rough index to sexual adequacy.

The cases thus investigated fall into two groups, which seem to represent different phases or degrees of compensation of the same functional disturbance:

(a) Those in whom the onset of the psychosis is early (before thirty), and sexual development inadequate from puberty.

(b) Those in whom psychosis develops later and has been preceded by relatively adequate sexual behaviour.

With reference to group (a), he emphasizes the fact that sexual desire is present both before and during the psychosis, but that there is difficulty in transforming it into adequate behaviour. Definite efforts in this direction immediately preceded the breakdown in some cases, and in some were associated with excessive emotion which sometimes took the form of marked fear at the approach of the opposite sex.

He finds the percentage of masculine characteristics, as evidenced by the distribution of the pubic hair and the presence of mammary hair, definitely higher in the dementia praecox and manic-depressive groups than in the controls, and correlates these manifestations and other signs of endocrine disturbance with the inadequate sexual behaviour of the psychotic patients. Patients of group (b) (dementia praecox of later onset) showed less disturbance of physical development and were more mature and feminine in appearance than those of group (a).

E. B. G. R.

The article purports to bring forward a new theory of the causation of dementia praecox. The burden of the argument is somewhat as follows.

Primary disease of the ductless glands is markedly hereditary in character. There is a close interrelationship between the functions of the ductless glands in disease as well as in health. Degeneration of the thyroid (myxedema) brings about brain changes which are almost indistinguishable from those of dementia praecox. The mental manifestations in involutorial insanity and dementia praecox show a marked similarity, and the same type of pathological changes is found in both. It has been abundantly proved that in dementia praecox the interstitial substance of the testis is deficient, in severe cases absent. Considerable success has been achieved by the author in the treatment of involutorial insanity with interstitial hormone. Steinaeh and Voronoff have proved that the interstitial hormone, if introduced into the blood-stream, has a remarkable effect in removing the signs, both physical and mental, of old age.

Introversion is the characteristic reaction of dementia praecox. McDougal has evolved the theory that the physiological basis of introversion is a lowering to an extreme degree of the synaptic resistance to the passage of nervous energy. The exhibition of the interstitial hormone changes the introvert into an extrovert, and the author believes he is justified in assuming that one of the functions of interstitial hormone is to maintain the resistance of the synapses.

It would appear, then, that dementia praecox is a deficiency disease of the endocrine system, the chief blame resting with the interstitial gland.

In concluding the author promises to publish the results of further research along the lines of the foregoing theory.

D. M.


The authors record two cases, both of which were referred by the Juvenile Court. In the first case, that of a boy of eleven, there was a vague history of an illness during which he slept for most of a month and from which dated the behaviour disturbance. Examination showed an apathetic-looking boy who admitted his delinquencies but could give no reason for them. The neurological examination was negative. The mental age (Stanford-Binet) was eight and a half years. Six months later the psychiatric examination was unaltered, but neurologically he presented typical signs of the postencephalitic Parkinsonian syndrome. The second case, that of a boy of fifteen, gave no history of any preceding illness. He was normal until September, 1920, when he was referred on account of indecent exposures and incorrigibility at school. On examination his mental age was eleven and a half; his behaviour seemed childish for this age; he was emotionally shallow, and had poor insight. The only neurological physical signs were sluggish, slightly unequal, and irregular pupils. The Wassermann test was negative. Two years later his behaviour
showed no change, but the mental age was fifteen; he had adequate intelligence, and neurologically he was a typical example of the postencephalitic syndrome.

The authors point out the fairly constant symptomatology of this condition. There may be a history of influenza, diplopia, strabismus, or protracted somnolence. Mental changes may date from this or may develop any time up to several years after. Personality changes occur with a definite time of onset. The most outstanding characteristic is the combination of apparent mental deterioration with a high mental rating by intelligence tests. The changes are commonly outbursts of temper, irresponsibility, incorrigibility, childish mannerisms, cruelty to animals and children, lying, stealing, etc.

M. A. Blandy.


This article points out briefly that, though many cases of paralysis agitans are uncomplicated by well-marked mental symptoms, clearly defined psychotic manifestations occur more frequently than is usually recognised. A report of five such cases in the Danville State Hospital is given, and the following conclusions drawn:

1. Mental manifestations are not uncommon in paralysis agitans, and are frequently overshadowed by neurological symptoms.
2. The mental symptoms often precede the neurological signs and lead to erroneous diagnosis.
3. Mental manifestations are characteristic, and consist of emotional depression; agitation and psychic pain; hallucinations, generally referable to the organic sensations and the sense of touch; delusions of a somatic, self-accusatory or paranoid nature, with resultant attempts at homicide or suicide; and varying defects of memory, with little mental confusion.

E. B. G. R.

[78] Folie à deux.—Wm. McWilliam. Jour. of Ment. Sci., 1924, lxxi, 261. A man and his wife were admitted to hospital exhibiting similar mental symptoms of a delusional nature. They both believed that the people in the district were practising witchcraft on them. Observation in hospital revealed the fact that the husband was the active agent. He forced his delusional ideas upon his suggestible wife, and her acceptance of them served to confirm him in his false beliefs. Detention and treatment in hospital resulted in the woman’s gaining insight into her mental state, and she was discharged with her mind restored to its normal condition. The husband, with the same opportunities, attempted adaptation by means of further repression.

David Matthew.

NEUROSES AND PSYCHONEUROSES.


A FUGUE is described as a psychomotor disorder in the course of which generally