the semiconscious or unconscious subject leaves his home or occupation and for a variable time without any definite aim wanders about in an automatic state. Fugues may be obsessive or impulsive, as in the major psychopathies, whereas in alcoholics, general paralytics, epileptics, hysterics and dementia praecox cases they are connected with an enfeebled psychic control. Fugues manifested sometimes as the first indication of Bright's disease are little known, so that two cases are here quoted. In both there were complete amnesia and the characters of an epileptic fugue. In one patient the fugue lasted several days, and in the other twenty-six hours. These cases have an important practical and medicolegal interest as well as a theoretical one. One patient died two months subsequently from an apoplectic attack, while the other recovered with appropriate treatment which would not have been administered had not the hitherto unsuspected condition been revealed by the fugue. The writers, not being able to trace any other pathogenic mechanism, think that the origin was toxic, as found in toxi-infective or alcoholic states.

C. S. R.

[ 80 ] The erotic element in the sense of guilt.—J. MARCINOWSKI.—Jour. of Sexology and Psychanalysis, 1923, i, 449.

GUILT is the motive power in all the neuroses, because guilt is the motive power for repression. When our behaviour stands in some sort of relationship to one we love—more correctly, to one by whom we wished to be loved—the slightest suggestion of anything forbidden suffices to evoke a decided feeling of guilt and fear. We cannot bear the thought of being other than he beloved person would have us to be. Guilt-fear is therefore the feeling accompanying an imperilled love relationship, a love relationship of an infantile nature (inasmuch as we do not love, but wish to be loved). Feelings of guilt constitute an erotic problem and not a matter of morality. If we enlarge the concept of the beloved person as a single individual so as to mean the group, the obligation to be lovable is converted into the impersonal and becomes an ethical principle. The sense of guilt may also assume a religious character.

C. S. R.

PSYCHOPATHOLOGY.


It is exasperatingly obvious to the psychiatrist how illogical and arbitrary it is for a learned jurist to arrogate to himself the province to define when and under what circumstances a person suffering from mental disorder shall or shall not be held able to discriminate between right and wrong, and be held accountable for his acts. It also goes without saying that the present legal standard of criminal responsibility is at variance with modern principles of psychological and psychiatric experience; that because of this legal doctrine, because of certain legal procedures and rules of evidence, the expert witness is sometimes placed in an unfortunate position, which arouses the reproaches of the legal profession and the prejudice of the public against expert testimony.
in general. Attention must be directed to the shortcomings of the psychiatrists themselves. One is that of indefiniteness and absence of unanimity as to the element of responsibility, or lack of responsibility, in various mental defects and disorders. There is a host of intermediary mental disorders between low-grade mental deficiency and well-marked psychotic conditions, which may and do frequently give rise to a difference of opinion among psychiatrists. There are, as it were, two distinct groups of psychiatrists; one denying any lack of accountability in persons suffering from certain disorders, and the other taking an almost opposite view. Since most of the criticism and prejudice directed against expert testimony is traceable to divergence of opinion among psychiatrists on a given case, is it not possible to formulate some general standards of responsibility in reference to these types of mental conditions?

It is true that every given case should be considered in its individual setting, with all the attending circumstances to determine responsibility; nevertheless, is it not feasible for a representative body of psychiatrists to endeavour to develop at least certain definite psychiatric attitudes towards the minor abnormalities, in connection with criminal responsibility? Owing to the inadequate and misleading legal conception of responsibility, according to which standard the major portion of the committed insane would be held fully accountable, expert witnesses are forced into an apparently false position. Would it not be advisable, as well as profitable, for the American Psychiatric Association to define or describe from a psychiatric and psychological standpoint, irrespective of the law and legal profession, in what the actual knowledge of the nature and quality of the act consists, and the relation of intent and motives to such knowledge and conduct? Another question worthy of careful study would be that of partial responsibility and its application in delinquent conduct.

C. S. R.

Medicolegal provision in the State of Massachusetts, relative to the mental condition of certain persons held for trial.—DOUGLAS H. THOM.

DR. VERNON BRIGGS, the psychiatrist, was the author of a bill which was passed in Massachusetts in May, 1921. It was as follows:

"Whenever a person is indicted by a Grand Jury for a capital offence, or whenever a person who is known to have been indicted for any other offence more than once, or to have been previously convicted of a felony, is indicted by a Grand Jury, and bound over for trial in the Superior Court, the clerk of the court in which the indictment is returned, or the clerk of the district court, or the trial justice, as the case may be, shall give notice to the Department of Mental Diseases, and the Department shall cause such person to be examined with a view to determining his mental condition and the existence of any mental disease or defect which would affect his criminal responsibility. The Department shall file a report of its investigations with the clerk of the court in which the trial is to be held, and the report shall be accessible to the court, the district attorney and the attorney for the accused, and shall be admissible as evidence of the mental condition of the accused."
Some criticisms are offered by the author regarding the obvious defects of the law, and he then briefly recapitulates the results of its application to the first hundred cases. It was only found possible to examine eighty-eight of these. Of the number, sixty-four individuals were indicted for capital offences, the remaining twenty-four coming under the section of the law of those having been indicted for any other offence more than once, or having previously been convicted of felony. Of the total number of persons, eleven were insane, twelve mentally deficient, three defective delinquents (commitable), and five psychopathic personalities, only one having been indicted for a capital offence. It appears that there was no case called insane which subsequent evidence did not substantiate, but that there were two cases diagnosed not insane which later developed mental symptoms. The mentally defective group probably were in no way benefited by these examinations, neither will society be relieved of their presence after they have served their sentences, which in all cases excepting one were of short duration, having been for minor offences.

C. S. R.


The determination of the basal metabolic rate assists in a better understanding of cases of mental disorder in which disturbance of the thyroid function may be an important factor. In this it is important to correlate abnormal metabolic rates with the clinical findings. Of the cases of dementia praecox examined, 50 per cent. showed a subnormal basal metabolism, the average rate being 20 per cent. less than the normal. No material changes followed the administration of thyroid gland extracts. It is suggested that the diminution of the oxidation processes in the body tissues is due to a hypofunction of the nervous system, particularly the autonomic, and not to thyroid disorder primarily. During remission in the course of dementia praecox the basal metabolism approaches that of the normal individual. In the cases of mental disorder examined, other than those belonging to the dementia praecox class, there was no deviation of the basal metabolism from the normal, except in one case where there was clinical evidence of hyperthyroidism. The heat produced by the general application of the diathermic current is endogenous, and has increased the basal metabolism on an average of about 10 to 15 per cent. in all the cases so treated. The intensity of the reaction produced varied with the duration of the treatment. Diathermy in conjunction with other measures is a useful mode of treatment in cases of mental disorder where there is a subnormal basal metabolism.

C. S. R.


Brains have been collected from cases where the diagnosis was free from doubt; where the age was not over forty, to exclude possible senile changes;
where death ensued from some acute process and not from any wasting disease. Out of a total of thirty-one, eight were selected as being nearly ideal for the purpose. Brain material from normal controls was also studied. Interesting deductions are made. It is believed that to establish a true organic basis for dementia procox a demonstration is required not so much of nerve-cell changes, our knowledge of which is inadequate, as the demonstration of consistent changes in the brain as a tissue. A plea is made for reasonable consistency in findings, especially if far-reaching conclusions are to be based on them. If we are to list dementia procox among the organic brain diseases we must find, at least in a fair percentage of the cases, some kind of definite pathology. Mott's views are criticized, and it is stated that "we find nothing in the nervous tissue that, from our standpoint, is consistent with Mott's interpretation of destroyed cytoplasm." It is judged that dementia procox is even less a structural brain disease than pellagra or alcoholism. In both of these latter conditions changes, if present in the brain, are not primary but are secondary, not so much to varying somatic conditions as to fairly specific somatic conditions; but the study here strongly indicates that in dementia procox the condition is completely lacking in any fundamental or constant alteration of nerve-cells, though at times nerve-cell changes secondary to those varying somatic states of which we now have little knowledge, but which are found operating in so-called normal control cases, are present. Any nerve-cell alterations that may be seen in dementia procox we might better call a reaction to various, mostly unknown, somatic conditions (plus post-mortem and technical factors) such as operate in the controls. Since these nerve-cell reactions in dementia procox seem in no way specific and are not constant or uniform, since they do not differ materially in degree or in kind from the changes seen in the cells of control cases, the author feels justified at present in believing that they are dependent on the same general causes that operate in the controls and are not dependent on any special conditions existent in dementia procox. It may well be that in this medley called dementia procox, certain cases may be included that are true examples of organic brain disease, but subject to later revision, if necessary, his study of dementia procox, in well-selected cases, has not shown even a suspicion of a consistent organic brain disease as a basis for the psychosis. To Dunlap the idea that whatever changes are found in the brains of dementia procox cases are not constant, are secondary and thus not essentially different in meaning from the nerve-cell changes found in non-psychotic persons, like the controls, or in patients with ordinary somatic diseases, is not an unwelcome idea.

C. S. R.


For obvious reasons stress is laid on the great importance of early diagnosis. It is often thought that if the patient has insight into his symptoms, the diagnosis cannot be general paresis. In insight there are two elements, the intellectual comprehension of the symptoms in the patient and also the
emotional reaction which follows such knowledge. It is true that in advanced cases there is generally loss of any insight, but it is frequently present at the commencement, and may occasionally persist. The second heresy is biological; that is that any patient who does not show a positive Wassermann in the blood or cerebrospinal fluid, who has no lymphocytosis, or increased sugar content in the fluid, and in whom the reactions of Lange and of Guiliain are negative, is not a general paretic. Though this is very often true, it is not always so. The third heresy, perhaps, is that of the incurability of the disease.

General paralysis may be approached both from a psychiatric and a neurological standpoint. Psychiatrically the symptom of dementia is the most important. It is a progressive dementia, most often showing itself in the character and morality. Irritability is extremely frequent, with subsequent loss of reserve. These, with memory and attention defects, and a diminution of working capacity, are the main elements which usher in the demential onset. Then we may have to note instead psychic manifestations of a manic type. The writer thinks that a syphilitic who will subsequently develop general paresis may have an acute manic attack, and at this period no demential elements will be in evidence. Later, at the end of a year or two, another such crisis may occur in which some dementia may be noted. The third type of approach may be either a melancholic depression or a typical melancholia. This latter can precede the appearance of general paralysis by two or three years, but after a period of false security the patient enters the paralytic state with a demential melancholia. There is another depressive form described by Gilbert Ballet as neurasthenic, where severe headache, weakness and hypochondriacal ideas are complained of. A rare mode of onset is with confusional symptoms, in relation with the meningoencephalitis, often associated with alcoholism. Delirious forms may still further be isolated.

C. S. R.


Many influences for and against mental health are seen in modern civilization. The most striking phenomenon in this connection may be stated as a paradoxical principle; mental diseases increase as physical disease decreases. Suppose, for example, that some physical disease became so prevalent and so fatal that most people succumbed to it before reaching the age of twenty-five. Mental disease would then greatly decline, as comparatively few persons develop mental disorders before reaching that age. On the other hand, suppose that infectious diseases and the diseases of early life were all eradicated and the average longevity reached seventy years or more, mental disease would then enormously increase, since the rate of incidence of mental disease mounts up with advancing age. A second principle steadily working to furnish more patients is that the rate of mental disease is higher in cities than in rural districts. Cities are still rapidly growing and rural population is declining. A third principle which is operating to increase mental disease has to do with
eugenics. The rate of mental disease is higher among inferior stocks than among superior stocks. The general birth-rate in late years has markedly declined, and this decline is believed to have been greatest among the superior stocks. If this trend continues future peoples will become more and more susceptible to mental disease. The factors tending to counteract these influences are increased temperance in alcohol (prohibition in America), the movement to check the spread of syphilis, and a general higher standard of living.

C. S. R.

TREATMENT.


This article is based upon Ferenczi’s explanation of suggestibility, which depends on the repressed libido. Coué minimizes the important part played by heterosuggestion in his method. It differs from other suggestive methods insomuch as the transferred object libido is subordinated in the expression of narcissistic libido. Coué’s idea of replacing right thought for wrong imagination is not justifiable unless the ‘right’ is also the psychophysically healthy.

If autosuggestive imagination is acting as a repressive force in the service of the conscious ego-ideal it would tend to increase the ego-dominance. If it is used in the service of the unsatisfied libido, autosuggestion would increase the libido-dominance. Repressive or expressive autosuggestion cannot be recommended when it is used either to promote regression, weaken the reality principle, or to encourage the delusion of omnipotence. Induced autosuggestion can be most safely used for the removal of slight neurotic symptoms occurring in approximately normal persons under exceptionally severe conditions of strain, in cases preserving relics of a bygone conflict, and in unanalysable persons.

Robert M. Riggall.


Apart from the treatment of delinquency the rôle of the physician should be to act in an advisory capacity to the judge or schoolmaster. In considering the individuality of the delinquent, Gordon notes that delinquents cannot be pigeonholed into classes. An offence may be a direct expression of an impulse or the symbolic representation of it, the difference depending on whether the impulse is repressed or not. In dealing with these cases a plea is made for a broader outlook, and the advisory physician, to avoid an unintelligent routine, should have other interests and experiences bearing on the problem. An institute with trained women workers for the treatment of delinquency is advisable. The physician should avoid being dominated by any particular creed and his functions should be guided by the underlying factors in delinquency. It should be recognized that we are all potential delinquents and delinquency is caused by a failure in the control of instinctive tendencies.