ABSTRACTS

his study of these and other myths referring to cultural achievements due to heroic deeds, Malinowski does not quarrel with psychoanalytical explanations, but claims to have corrected the sociology of these interpretations. After reference to the intimate connection between magic and myth, instances are given in actuality as well as in myth in which the situation forms a matrilineal complex, conflicting with the conventional tribal law. Myths of incest between brother and sister frequently occur among matrilineal peoples, while hatred and rivalry between brothers, or between nephew and maternal uncle, are found in the world’s folk-lore. From this it will be seen that Malinowski’s extremely interesting and painstaking researches possess a much wider application than at first is apparent.  

ROBERT M. RIGGALL.

PSYCHOSES.

[28] Dementia praecox and crime.—DOROTHY CROUSE. Mental Hygiene, 1925, ix, 90.

From a study of eighty-three cases of dementia praecox seen in the Psychopathic Clinic, Recorder’s Court, Detroit, the following conclusions are arrived at. It is quite apparent that crimes of violence are not, except in rare instances, the type of outbreak of the dementia praecox patient. In fact, most of those committed by the group studied were entirely without violence, only three of the eighty-three cases showing any evidence at all of this. Two of these were “offences against the person,” and one an “offence against property with violence.” Three of the total number also were “offences against property without violence.” There was but one “offence against chastity,” and six (non-support) “against the family.” The remaining cases came into the “miscellaneous” and “offences against the administration of Government” groups, practically all of them being misdeemours. It is quite obvious that the individual who is suffering from dementia praecox is incapacitated for adjusting in the complex society of present-day civilization. Since he is not able to adjust socially, it is not fair to consider him legally responsible for his conduct. Because of his mental disease and the resulting inability to get along in society, the dementia praecox patient is subjected to frequent and unwarranted arrests, which often terminate in prison sentences from thirty to ninety days. At the expiration of his term he is again returned to society, only to go through the same vicious cycle of maladjustment, subsequent arrest, and prison sentence. It is apparent that not only from a humane standpoint, but from an economic point of view, permanent hospital care should be provided for these individuals.

C. S. R.


The article deals with the case of a Japanese emigrant, a baker, of twenty-six. There was no family history of serious illness and no insanity. His youth and infancy were normal and uneventful. He separated from his
family to go to Lima. Masturbation was practised between the ages of fourteen and eighteen. He married a Japanese woman more or less of the same age when he was twenty-three, but separated from her after eight months, attributing no blame to her and feeling no misgivings himself.

Temperamentally he was normal, in intelligence vivacious and docile; amiable in company, and with no gross sexual abnormalities.

He was admitted to hospital after having shown for a week considerable psychomotor agitation—writing countless letters, delirious, singing wildly, and sleepless. In hospital he was maniacal, destructive and aggressive, having visual and auditory hallucinations. His temperature was normal to subnormal. There followed a period of comparative tranquillity, and later he became suicidal.

Microscopic examination revealed *Filaria Bancrofti* in the blood. He increased in pallor, but showed no signs of elephantiasis or any organic disturbance of the bodily organs. No intestinal parasites were found. He left the hospital much improved mentally and was repatriated.

It was impossible to affirm categorically that the filaria was the sole cause of the condition. Marital maladaptation and separation from his home must have been contributory factors. The organism presumably caused alterations in the cerebral circulation, and toxæmia.

Another case of filaria with psychosis is mentioned, and four cases of filaria are discussed due to the immigration of persons from Asia.

The distribution of *F. Bancrofti* and *F. Loa* is discussed, and the pathology of the disease, with bibliography, is given fairly completely. There is a diagrammatic table distinguishing the effects of *F. Loa* from those of *F. Bancrofti*.

E. MILLER.


In general paralysis we find all the mental symptoms characteristic of mania, of melancholia, of paranoia, and of dementia praecox. There is only one psychic symptom of general paralysis for the contents of which explanation has been sought, viz., the delusions of grandeur. Overnourishment of the cortex, cortical hyperæmia, the activity of the toxin of the treponema pallidum, have been advanced as causal agencies of the grandiose ideas. Anton holds that they are due to a confusion between wish and perception. Mendel says that ideas of grandeur are derived from anatomico-pathological changes just as little as are normal thoughts from the histology of the cortical cells. Since the discovery of the luetic etiology of general paralysis, interest in the psychology of the symptoms has been pushed into the background. Nevertheless, interest is again becoming manifest in the endogenous factors. Charcot speaks of the "innate disposition" towards paresis; Näcke thinks that most paretics are sanguine or choleric persons. Fauser calls them "sunny natures." Schüle and Cullers speak of "inferiority," and even the brain anatomist, von Monakow, points out that biogenetic factors are too little emphasized in psychiatry. Jasper seems to infer that paresis cannot
NEUROSES AND PSYCHONEUROSES.


The writer considers that the term ‘psychoneuroses’ conveniently groups together minor behaviour disorders, ‘which are not on the higher level of distortions considered under the psychoses.’ Both physical disabilities and emotional experiences may affect our behaviour adversely, and readjustment may, therefore, be secured by medical treatment in the one case, and by resolution of the conflicting emotions in the other. In the latter types (of which the author gives examples) it is rather the finding of a reasonable basis for the patient’s morbid fears and impulses than the bringing into consciousness their causation that leads to cure. Simple psychotherapeutic measures