logical rather than physiological signs; the chief, of course, is the loss of consciousness. Sleep and a conscious ego mutually exclude each other. The ego-consciousness being without doubt a function of the cortex as a whole, we can scarcely speak of a sleep centre in any psychological sense. The cause of this loss of consciousness must, nevertheless, be sought. It cannot be ascribed to fatigue in any exclusive sense, for obvious reasons; the author develops with some ingenuity the view that innervation processes keep the cortex awake, and that when these fail or are insufficient the cortex falls asleep—in other words, physiological unconsciousness supervenes. He adduces evidence, in the next place, which, in his opinion, suggests that there is an actual brain area from which these postulated stimuli pass to the cortex, and this ‘waking-centre’ he localizes in the basal ganglia, regio subthalamica, and mesencephalon. When it is impaired in function by disease, the cortex is not longer “kept awake,” and sleep ensues.

The paper is interesting and stimulating, but not a few of the author’s deductions from the known facts of epidemic encephalitis, for instance, are highly speculative.

S. A. K. W.

PSYCHOSES.


In the conception of autismus, as elaborated by Bleuler, two factors can be distinguished; these may act separately, but only in their combination is autismus brought about. They may best be described as (1) introversion (in the wider sense), and (2) regression. The varying content of the autistic state depends on variation in the form of regression.

The special dissociative type of autismus, such as is seen in schizophrenia and in the dream state, is through regression directed to an autoerotic or archaic stage, recognizable by the fact that in it independent organization of both personality and ‘non-ego’ is imperfectly developed, with the result that these cannot be properly separated. By the conception of dissociation is understood the breaking down, the ‘dilapidation,’ of personal psychical organization, though this of itself will not explain the peculiar form of primitive thinking which makes its appearance therewith. Psychologically, affective dementia cannot be explained solely by this dissolution of psychical associations.

Projection is explicable by the state of introversion, while its phenomena, as far as their character is concerned, depend on regression, and the interaction of the two seriously hinders return to a normal state on the part of the schizophrenic or makes it frankly impossible. In an early stage of schizophrenia undeniable evidence of feeling and occasionally of its repression can be obtained in some instances; but with gradually increasing regression the affective dementia becomes more obvious, since personality, which experiences feelings and can repress them, is disappearing.

J. S. P.
The diagnosis between dementia praecox and schizophrenia; a new means of investigation by etherization (La discrimination entre la démence précoce et la schizophrénie; un nouveau moyen d'investigation: L'éthérisation).—Henri Claude and Gilbert Robin. L'Encéphale, 1925, xx, 289.

While accepting Bleuler's view of schizophrenia, the authors cannot see their way to include all dementia praecox in schizophrenia. There is dementia praecox on the one hand, comprising the simple forms, hebephrenic catatonia, and a section of dementia paranoides; schizomania, on the other hand, can be classed with a schizoid-schizophrenic line of development.

In the earliest phases it is easy to distinguish the two classes, but as the disease advances it is difficult to distinguish hebephrenic catatonia from schizophrenia. At this stage the same general characters dominate the picture. To aid in differential diagnosis, the method of etherization was adopted. Griesinger had noted that ether and chloroform narcosis produced in mania and melancholia a brief period of lucidity. The authors applied the method to establish the degree of intellectual rapport still remaining in patients suffering from dementia praecox and schizophrenia, by observation in this "lucid interval of narcosis artificially obtained." The method is to etherize the subject in a warm atmosphere after due medical precautions have been taken. After the initial anesthetic excitement has passed off, the patient is subjected to a questionnaire or a series of reaction words on Jungian lines, and the type of response is carefully recorded.

During this phase, which is the 'optimum phase' of investigation, there is a period of psychical relaxation which permits of the forcing of the barrier of inhibition. The responses may be correct and logical, and affectivity may be normal, in striking contrast to the former demeanour of the subject, revealing, therefore, an integrity of the intellectual faculties not noticeable before etherization. In such cases a true lucid interval is established, but as narcosis wears off the patient slips back into a state of disorientation as before. Thus, by establishing the possibility of a lucid interval of normal intelligence, precious data for nosographic classification are obtained.

E. Miller.


Kraepelin's clear-cut division of the psychoses into dementia praecox and manic-depressive groups soon needed modification. Many cases were found which did not entirely conform to either type. The author of this paper found also schizoid and paranoid trends in patients not frankly psychotic, and gave to them the name of paraphrenics. Bleuler, rejecting Kretschmer's term 'cyclothymic,' uses the word 'syntonic' to denote an individual who reacts to life in a mildly manic-depressive way, i.e., one who is in harmony with or attuned to his surroundings, in contrast to the schizophrenic, who shuts himself off from his surroundings and attempts to adapt reality to his own aims.

Summarizing the work of Bleuler and Kretschmer, the writer believes
both schizoid and syntonic reactions exist in every one, but one or the other predominates. The same applies to the psychoses. This affords an explanation why cases of transference neuroses (compulsions and hysteria) may become frank psychoses, or recover though still manifesting schizoid tendencies. Syntony has nothing to do with the neuroses, the symptoms of which have in principle long ago become identified with the mechanisms of schizophrenia. In predisposed individuals these reactions may become markedly enhanced and then result in a psychosis of either type. The other type of reaction is also present and, depending on the degree, we speak of a typical schizophrenic, or typical manic, or mixed types. This explains why some paretics act like expansive manics and others like paranoiacs. Translating schizoidism and syntony into Freudian terms, we can say that every transference neurotic has also a fragment of narcissistic libido, and depending on the quantity, and perhaps the quality, he is either a frank transference neurotic, a mixed type, or so deeply narcissistic that he cannot be influenced by any treatment.

E. B. G. R.


What is frequently diagnosed as dementia praecox because of the impossibility of the patient to judge correctly, and because of his defective memory and automatic attitudes, all of which make one suspect a prolonged and incurable invasion of the mental faculties, is often only a confusional psychosis. Seven such cases are described in this paper, the illness lasting from six months to three years and ending in recovery.

The confusional psychosis is more sudden in onset than dementia praecox. The intellectual faculties are in abeyance owing to inattention and disorientation rather than permanently disorganized, and the amnesia is variable. The essential characteristic of dementia praecox is the profound invasion of feelings, of emotion, and of tendencies even in their superficial relationship. There is a discord in the affect, for which later on is substituted a continuous apathetic state. Amnesia is progressive and final. It is of great importance to determine the degree and genuineness of the intellectual defect, and to investigate its causes before arriving at a diagnosis.

E. B. G. R.


The widely differing theories put forward by various eminent writers in recent years as to the cause of dementia praecox are, the author considers, based on analogy, and he emphasizes the advisability of studying this disease in relation to other nervous disorders. When so considered, dementia praecox, by virtue of its hereditary nature and progressive course, is found to resemble most closely the hereditary degenerations or abiotrophies. If collected into a group, these conditions and others which closely resemble them, although not definitely shown to be of the same nature, are found to comprise perhaps fifty distinct nervous disorders, which attack many different nervous functions,
producing a variety of motor, sensory and mental disturbances. The pathology of dementia praecox is best explained by considering it to be one of this group—one in which the affected structures happen to be particularly important in mental activity. The logical field for further investigation appears to be that of heredity.

E. B. G. R.


The test was applied to the spinal fluid of thirty-three cases of dementia praecox and twenty-six cases of manic-depressive psychosis. Along with other colloid and the usual fluid tests, the goldsol reaction proved in these conditions absolutely negative. The only exceptions were that in four cases of the former and two cases of the latter a faint curve was obtained, and in some at least of these a *lues latens seropositiva* was the explanation. When, therefore, the reaction is present in either of these psychoses, it is due to the coexistence of some other morbid process.

J. S. P.


The writers have studied some forty cases, comparing those which have shown manic or manic-depressive phases with those which have shown only depressions. They give in some detail their investigations into the endo-psychic conflict in both groups, as evidenced by stress of circumstances at the onset of the psychosis, and by the conversation of the patient during illness and recovery.

The study up to the present is to be regarded rather as an attempt to find fruitful ways of approaching the manic-depressive mental processes than as conclusive at any point. The authors feel the need of co-ordinated study in which the whole background of personality is considered in close relation to the manifestations of the disordered state. There is as yet no view of this psychosis based upon physiological data that is satisfactory, and, in the light of their cases, they would have to conclude that none of the generalizations about complexes and the like are very convincing. Both the personality and the mental reactions appear to be rather widely varied from case to case, and they must admit that the principle of unity, which would make the phases of manic-depressive reactions take their place as aspects of one fundamental psychological, or physiological, process, is wanting. Both manic phase and depression may be produced on the same personality. Further study of the depressions may show how the depressive cases may be related to the manic and be brought better under general formulas, but at the present time the writers find no very hopeful conceptions in the field.

E. B. G. R.


From consideration of a number of personally observed cases, given in some detail, the authors conclude that artificial abortion may act detrimentally,
either by aggravating an existing psychotic state or by initiating a fresh psychosis. There is no specific type of abortion psychosis, but in the majority of instances its character is of the depressive variety. An important practical conclusion is to the effect that it is doubtful, in fact problematical, whether artificially induced abortion ever acts favourably where it is undertaken by way of prophylaxis in a case in which the development of a psychosis is expected. No decision is at present practicable on the point whether from psychiatric considerations alone abortion should be induced. Each case has to be decided on its merits.

J. S. P.


The writer reviews 239 cases of brain tumour in the Mayo Clinic. The psychic changes tend to arrange themselves into three groups:—

**General Symptoms.**—These are vague and difficult of interpretation, as are other general symptoms from a neurological standpoint. The more generalized symptoms are as follows:—

1. Mild mental and physical 'let-down' (neurasthenic states).
2. Mild changes in personality (indifference, inadequacy, 'Witzelsucht').
3. Anxiety states.
4. Depressive reactions.
5. Mental confusion.
6. Deteriorating states simulating: (a) epilepsy, (b) arteriosclerosis, (c) senile dementia, (d) vascular lesions, (e) traumatic lesions, (f) dementia paralytica, (g) dementia praecox (catatonic states).

These reactions are rarely sufficient to aid in the localization of a tumour, but frequently may serve as a clue to the correct diagnosis.

**Specific Mental Reactions:**—

1. Lack of affect (change in personality).
2. Impaired mental grasp (lack of memory, interest and attention).
3. Impaired insight and judgment.
4. Impaired mental activity (poverty of thought processes).
5. Disturbances of general motility (psychosomatic).

When these factors are present, in the absence of any focal neurological signs, one may speak of a frontal lobe syndrome, understanding that this is not a positive syndrome, but is suggestive of a lesion in the anterior part of the cerebrum. These mental changes may be of varying intensity, show marked fluctuations, and, as a rule, appear late in the disease, the minor changes having probably been entirely overlooked in the early stages of the affection.

**Associated Mental Reactions.**—Under this heading are considered mental states, associated with brain tumours, in which a direct relationship is difficult to establish. Thus hysterical episodes, manic states or other psychotic states which occasionally lead to institutional confinement may at times be quite independent of the effects of the neoplasm. Undoubtedly the marked changes brought about by a new growth in the brain are likely to precipitate psychic alterations, especially in neuropathic individuals in whom the stabilizing qualities are none too good.
ABSTRACTS

In conclusion, it may be stated that a psychiatric examination is of considerable aid in all cases of suspected brain tumour, regardless of location, type of tumour, stage of the disease process, or mental status of the patient.

E. B. G. R.


This paper analyzes 113 'service' cases with the main purpose of examining their etiology, symptomatology, and prognosis. Existing literature is summarized and a plea put forward for a uniform system of diagnostic classification. It is shown that the proportion of the various disease types among service patients has altered since the war period, and that dementia praecox cases constitute by far the greater proportion of cases still under care. The etiological factors are divided into those existing before the war and those associated with service. Of the former, insane heredity, psychopathic predisposition, previous mental illness, constitutional inferiority, and excessive alcoholism together accounted for 99 per cent. of cases where full data were available. These factors were often found combined with physical inferiority, or with ductless gland anomalies. The etiological factors associated with the war included service trauma and infections. Only 8 per cent. showed no predisposing or exciting factor other than service. Varied toxically-infective factors yield a comparatively small number of disease pictures. An examination of the symptomatology shows that no new type of mental disturbance has been produced by the war, but that certain psychoses (viz., dementia praecox) which in civil life are usually chronically progressive appeared in an acute recoverable form. A very large proportion are of the dementia praecox kind, and of these most are of the paranoid variety. In nearly all of these a considerable degree of dementia was revealed. The inefficiency and lack of endurance of the mental defective are demonstrated. Nearly half of the general paralytics had an average length of service practically equal to that of the whole series. It is evident that the majority of the cases here analyzed would eventually have entered mental hospitals without the superaddition of war strain.

C. S. R.

NEUROSES AND PSYCHOEUCROSES.


The author presents a classification by means of a genealogy. In man the conflict of phylogeny and ontogeny becomes proportionately more acute. A genealogical system of classification should indicate the causal factors underlying the syndrome. A neurosis is defined as a disturbance of the harmonious relationship existing between psychological and neurological processes. Basing his remarks on Freud's theory of life and death instincts, the author thinks that ego instincts tend to produce an introverted type of reaction, while sex instincts, owing to their centrifugal action, produce extroversion. Emotional activity is thus either dissipated or held within the system. The normally equilibrated person reacts in both ways, but accentuation early in life of the sexual or ego instincts produces extroversion or introversion.