and consolation demonstrated by Janet as so common in these cases, was very obvious. Generally this yearning has been replaced by a feeling of domination, influence, and suggestion.

It is pointed out that as a rule delusions of influence are secondary to automatic phenomena, the patient having the feeling that his actions are due to outside influences. In this case the idea of influence appears to be to a certain extent independent. The author considers that delusions of influence may constitute a syndrome which may be reached in different ways.

W. D. C.


This article gives the history of several patients suffering from post-war neuroses unsuccessfully treated by repeated hospitalisation. In agreement with Adler's theory, the authors consider the cause of the neuroses described lies in a feeling of inferiority, which the patient seeks to compensate by undertaking work of too ambitious a nature for his abilities. With failure of achievement, neurosis results. Psychotherapy has proved of no permanent value in curing these cases and the best solution lies in careful vocational guidance.

E. B. G. R.

PSYCHOSES.

[40] Influenza and schizophrenia: an analysis of postinfluenzal dementia praecox as of 1918 and five years later.—Karl H. Menninger. Amer. Journ. Psychiat., 1926, v, 469.

There are three outstanding features in the analysis made of the data pertaining to postinfluenzal psychoses of the schizophrenic type: (a) Schizophrenia was relatively the most frequent psychiatric syndrome; (b) it occurred with and without evidence of hereditary taint or predisposition; (c) most of the cases so diagnosed made more or less complete recoveries. If we retain the Kraepelinian conceptions of dementia praecox, we must suppose that influenza precipitated many cases which seemed in the acute phase to be dementia praecox, but of which relatively few ultimately verified this early diagnosis, and were somatic or cyclothymic psychoses of strongly schizophrenoid colouring. For those, including the author, who reject Kraepelin's conception of dementia praecox in favour of the conception of a schizophrenic syndrome, representing certain kinds of phases of psychic disintegration arising upon varied bases and following varied courses, the conclusions from the influenza series would be that many such schizophrenic syndromes occurred immediately subsequent to influenza, but of the entire series the great majority of cases ultimately recovered, some promptly, some only after a year or more; a few progressed to various degrees of dementia. This would indicate a relative benignity of the process. This schizophrenic picture has been reported under a
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variety of names by most of the writers on postinfluenzal psychoses. All agree that the syndrome occurs in both predisposed (schizoid) and unpredisposed (syntonic) individuals. There is some disagreement as to the relative frequency of the schizophrenic syndrome, but general agreement as to the good prognosis. The small evidence of all the major psychoses subsequent to influenza, relative to the enormous morbidity of influenza, would indicate that while influenza-schizophrenia relationships offer much subtle material for elucidating the inner structure of mental mechanisms, they do not offer many direct problems of management or treatment.

C. S. R.


An analysis of the cases here described leads to the following conclusions:

(a) Obsessive neurosis as a clinical entity may exist throughout the entire life of an individual continuously or more frequently episodically without admixture of manifestations of a psychotic disorder. (b) Obsessions may occur symptomatically in the course of chronic paranoia or dementia praecox. In such cases they may be considered of the same order as any other morbid phenomenon characteristic of paranoid or schizophrenic types of individuals, in whose life various morbid manifestations of a psychotic nature may occur episodically. (c) When delusions in paranoia and dementia praecox are fully developed, the former obsessive phenomena usually subside or disappear.

(d) Obsessions may occur in the course of many mental affections. (e) A direct transformation of an obsessive into a delusional idea is possible but it is not very frequent. (f) More frequently the obsessions form a point of departure for the development of delusions by a process of argumentative interpretation, which is especially strong in paranoid individuals and this is particularly marked in cases in which the obsessions are persistent. (g) A paranoid individual after having elaborated his delusions may include in the latter his former obsessions, or else develop new delusional ideas with a different content. (h) Transitions of obsessions into delusions, infrequent as it is, may be observed both in paranoid states and in affections of a depressive nature, especially when the latter repeat themselves and are persistent.

(i) The existence of obsessions in the life of an individual has no direct bearing upon the form of psychosis which may develop later. It only implies the existence in that individual of a psychic dissociation of personality which reaches its maximum during the paroxysm. The newer conception of dissociation of personality, concerning the forces which are at work in the formation of obsessions which may or may not develop into delusions, is, perhaps, of great value and fruitful in the consideration of the subject. Though the mere existence of obsessions over a prolonged period does not necessarily suggest the later development of a psychosis, it renders the individual potentially psychotic.

C. S. R.
A woman, age 32, suffered from typical though unrecognised epidemic encephalitis in 1920. Lethargy, nocturnal restlessness and other symptoms persisted. In 1922 she gave birth to a healthy child. From this date definite Parkinsonism developed and she became very depressed and suicidal. The pregnancy had a serious effect on her illness and the prognosis is now bad.

W. D. C.

The cases of two brothers who were each attacked by hebephrenia at the age of 18. The heredity included tuberculosis and psychosis. There was a difference of 14 years in age between the patients, and the younger nursed his brother for several years. A similar case in three brothers is quoted. The author is impressed by the indications of an infection as the cause, but in the discussion it was observed that the constitutional factor is at least equally important.

W. D. C.

The case of a woman of 58, insane for seven years, who exhibited such intractable destructiveness of everything that can be torn or broken that for four years she has had to be maintained naked in a room furnished only with a heap of seaweed. The psychosis is manic-depressive but atypical—a mixture of melancholic ideas and manic conduct. The patient shows remarkable cleverness in getting possession of destructible articles, and great pleasure in their destruction. When questioned she states that Christ is shut up in the asylum and she must do what she can to aid in His liberation. It is not a case of the aimless destructiveness seen in elderly, anxious melancholics. At the beginning of her illness it was impulsive and was ascribed by the patient to the influence of some diabolic agency, but later this secondary delusion became of primary importance in affecting her conduct and she claimed that she heard voices ordering her to tear and to destroy.

W. D. C.

A detailed study of a case of uncomplicated and fixed erotomania in a woman...
of 55. The condition was precipitated at the age of 17 and has persisted since, unaffected by marriage or by numerous infidelities. The mentality of the patient is examined at length and the absence of any other psychotic symptom is emphasised. The author points out that as a rule erotomania is a syndrome grafted on to and later absorbed by a chronic delusional state, but in certain cases, such as this, it is autonomous and independent.

W. D. C.


The syndrome of erotomania in women may be acute and transitory, or chronic. The latter may also be divided into the paranoiac type with delusional interpretations and a tendency to develop persecutory ideas, and the pure or intuitional type restricted to amorous ideas and daydreams. Illustrative cases are described and their letters quoted.

W. D. C.


The influence of meningeal involvement on the subjacent cortex has been overrated, except in general paralysis and some senile cases. Taking four types of psychosis—schizophrenia, manic-depressive, general paralysis, and senile psychosis—the author finds that pathologico-anatomical differences may be detected in the neurones, in the glia, and in the blood vessels. The localisation of the lesions is regarded as of considerable importance. From these studies the author is led to the conclusion that general paralysis represents a dual, parallel, degeneration of an infective and of a parenchymatous type.

R. G. Gordon.


A woman of 38 was knocked over by a train and sustained a fracture of the outer table of the right parietal bone, her mother at the same time being killed. From the age of four she had been eccentric, unstable, emotional and excitable, but able to earn her living. Since the accident she has been in a state of chronic mania and progressive dementia.

W. D. C.
Neologistic logorrhoea in a case of chronic hallucinatory insanity (Logorrhée néologique chez une malade atteinte de délire hallucinatoire chronique à manifestations polymorphes, etc.)—M. Cenac, Bull. soc. clin. de méd. ment., 1923, xvi, 68

The case of a woman of 48 suffering from hallucinations of hearing, smell and general sensation, delusions of persecution and grandeur, and uncertainty of personality; perfectly oriented, lucid and with good memory, indicating complete absence of enfeeblement; with at the same time marked disorders of posture and especially of language, viz. neologisms, corrupted and meaningless words, and verbal stereotypy. Her conversation consists largely of phonemes—in Forel’s description, a ‘salad of words.’ A number of examples are given, and it is concluded that the case is probably one of paranoid dementia.

W. D. C.


An account of a man, age 25, who lost both legs below the knee at the age of six, and thereafter exhibited incessant motiveless fugues. There were marked changes in his temperament, and immoral tendencies. The fugues were not epileptic, hysterical or due to any obsession, and there was no manic-depressive syndrome. The patient has parole from the asylum and has shown no desire to go away.

W. D. C.

An impulse conscious and without amnesia, probably epileptic (Impulsion lucide et mnésique, vraisemblablement comitiale).—G. G. de Clerambault, Bull. soc. clin. de méd. ment., 1923, xvi, 237.

A case of assault by a man, age 28, of morbid heredity, who had been previously under care as a precocious dement, and who had had fits for some years. The outburst followed severe migraine and the patient remembered all details.

The medicolegal importance of the case is stressed, especially in view of the absence of amnesia. The author has no doubt that the incident was genuinely epileptic and other similar cases are quoted in which also the memory was perfect.

W. D. C.


The record of a Turkish Jew who had wandered over the world for 45 years. Misfortune befell him, persecutory hallucinations developed, and he sought refuge in an asylum.

W. D. C.