success, and finally falls into quite nonsocial expressions of himself in speech (incoherence, verbigeration, echolalia), action (mannerisms, automatisms, negativism), and ideas (hallucinations, delusions). Throughout, the intellect, which is not at first seriously involved, is reacted upon by the narrowing of the patient's contacts with the life about him. It undergoes a progressive deterioration as the result of the conjoint operation of the two factors: the insufficiency of the affective motive, and the inadequacy of the objective material with which it works. The psychological treatment should consist in helping the patient to maintain as large a number as possible of points of vital contact with his environment, and in fostering an enlargement of his emotional life so that these newer experiences can be permanently assimilated to the other elements of his personality.

C. S. R.

PSYCHOPATHOLOGY.


In a series of 412 cases admitted in two years, the blood-serum was tested, and of these, 105, or 25.48 per cent., were found to be positive. This shows the distinctly high incidence of syphilis of 1 in every 4 admissions. An analysis of these cases shows several interesting features. On admission, 55 cases, although actively syphilitic, did not present signs suggestive of general paralysis. Later a certain number developed sufficiently to be recognized as general paralysis—a recognition hastened by the fact that their sera were known to be positive. It was evident that syphilis occurred in eight types of mental disorder, presenting symptoms in no way suggestive of syphilis. Of the 105 admissions with positive sera, no less than 21, or 20 per cent., were diagnosed on admission as confusional insanity. This was to be expected in view of the prevalence of a confusional state in the earlier stages of general paralysis—an expectation borne out by further observation of these confusional cases, in which 11 were diagnosed ultimately as general paralysis. The immediate recognition of the presence of syphilis enabled early antisyphilitic treatment to be carried out, with excellent results in many cases. The knowledge that syphilis is the causative factor has a definite bearing upon the prognosis, as it was found that when the cerebrospinal fluid was negative, antisyphilitic treatment was often successful. Four cases with a clinical picture of general paralysis on admission were found to have negative sera. The 55 cases with positive sera on admission, but without symptoms suggestive of general paralysis, were diagnosed under eight forms of mental disorder as: delusional, 8; confusional, 21; melancholia, 4; senile dementia, 7; gross brain lesion, 3; mania (recent), 6; dementia praecox, 3; epilepsy, 3—55 cases.

C. S. R.

It is evident that there is neither a high nor a low calcium content for any particular psychosis. Owing to the onset of spasm in parathyroidectomized animals with low calcium content, it was considered that epilepsy would show a fall in calcium content, but this expectation was not realised. It was found that the average for manic and depressed cases was the same, but there were no agitated cases of melancholia in the series. The lowest average was in general paresis, and the highest in paranoia, but more would have to be done to warrant any conclusion being drawn. The figures below 9.0 mgrm. per 100 c.c. applied to two cases of primary dementia, one case of epilepsy with dementia, and one case of general paresis with mania. The only case above 11.0 mgrm. per 100 c.c. was a case of paranoia. Briefly the results show that the calcium content of blood-serum in mental cases lies within normal limits, and that a high or low content is not diagnostic of any specific condition.

C. S. R.


To establish the thesis that mental defects and psychopathic phenomena are prolific sources of crime, we are oftentimes asked to consider court records and statistics. Question as to the validity of this inference at once arises. It is a tenable position to hold that court records are not a true or reliable index of crime in a community. It is indeed conceivable that the mental weakling commits crime, but the point is that he is caught on far more frequent occasions than his more intelligent confere in the ways of evil. The investigations of those surveying the field impartially would indicate that there is quite as much crime and immorality among the more intelligent as among the less intelligent. We are therefore forced further afield to seek the reasons why crime is committed. Every crime has a motive or motives either expressed or repressed and, in the latter case, to be detected only by analysis. It may happen that the criminal himself is not aware of the motive. Many juvenile crimes are the result of the desire to emulate and there appears to be small doubt but that uncontrolled instinctive urgings are the mainsprings of crime. This explanation is neither an excuse nor a palliation. Crime should not be treated more leniently because it is explained. As age increases the various 'urges' and motives change and at the same time become more complicated. Crime seems, in some way or other, to solve a problem and, at the time, is apparently the only way out of a difficulty. As the misdemeanour of the juvenile is the result of instinctive urgings, so the first approach towards its understanding must come by the same route. The conception of studying, and above all, of dealing with juveniles from the viewpoint of psychopathology is not good scientific procedure. Our knowledge of social problems will not be increased, nor will our
skill in dealing with them become greater, if we persist in regarding them as purely pathological. For those juveniles and adults who will not respond to the milk of human kindness, drastic treatment is the only adequate prescription. The crime motive-complex must be broken up, and punishment of a severe nature in relation to the crime is the only hope looking towards a proper response. The cure, then, if cure it can be called from the standpoint of society, with regard to those who cannot or will not do well for society by reason of their inability to profit by experience in the form of punishment, is their elimination in the case of serious crime. Why for example should the insane murderer go free and the sane murderer be hanged? They should both disappear. As far as environment counts the foundations of all true social reform is to be found in home discipline, not in psychopathological investigations into child life.

C. S. R.


Infanticide is commoner in insanity during lactation than in puerperal insanity or the insanity of pregnancy. Exhaustion psychosis is the most frequent form of insanity (75.5 per cent.). An age of under 30 is a point in favour of a good prognosis. Insanity and subsequent infanticide are much more frequent in multiparae than in primiparae. Previous attacks of insanity have a definite bearing on the prognosis, the chances of recovery being much lessened when there has been a previous attack. Little can be said with regard to heredity, owing to the difficulty of obtaining a reliable history. Suicidal ideas are common, being present in about 60 per cent. of the cases. In many cases the primary idea is suicide, and the homicide is secondary. The presence of the suicidal impulse is not a contraindication of a good prognosis. Alcohol as a causative factor has but little importance in the insanities connected with childbirth and infanticide. Epilepsy is not common in these cases, having no greater percentage than obtains in the whole insane population. Amenorrhoea is a frequent symptom, and usually persists for some months. An early return of the menses is a point in favour of ultimate recovery. Amnesia is frequently present. It is commonest in the exhaustion psychoses, and provided that it is not permanent, it is a point in favour of a good prognosis. Amnesia is of very rare occurrence in dementia praecox. Simulated amnesia is seldom found in the insanities of childbirth with infanticide.

C. S. R.

PROGNOSIS AND TREATMENT.


Thirty-eight cases of dementia praecox which recovered were analysed from the standpoint of potential prognostic indications occurring either before or during the attack of mental disease. The chief considerations were race,