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. Amenorrhcea 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.

[222] Prognosis in schizophrenia.—EDWARD A. STRECKER and GORDON F. WILLEY. Jour. of Ment. Sci., 1927, lxxiii, 9.

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,
history (both familial and personal), personality, prepsychotic somatic state, precipitating situation, onset, and the psychic and physical phenomena of the psychosis itself. Racial or ancestral traits do not determine to any significant extent the presence of symptoms which bear a malignant aspect. Heredity occasionally exerts an indirect effect, and the previous existence of chronic mental disease in a parent may apparently create an environment from which a benign psychosis in the offspring may take some of its unfavourable symptomatological aspects. A close study of the personality is often fruitful and furnishes helpful prognostic guides. Abnormality of personality in itself is not pure evidence of chronicity, and a psychosis which seems prognostically unfavourable may be given, falsely, such an appearance by determining prepsychotic idiosyncrasies of character. If the psychosis is in some sense an evolution of such peculiarities and no deterioration of personality is implied, the outlook is not necessarily hopeless. Rarely sensory deprivation due to organic disease may influence the behaviour during the psychosis so that it seems bizarre and malignant, unrelated to affect.

If the precipitating situation is innately significant and the psychotic content reflects its component factors, then the psychosis may be benign even though the symptoms in themselves have a somewhat sinister aspect. The transition from sanity to mental disease is an extremely critical period. Inhibition is lessened and extraneous, accidental happenings may be deeply impressed and later elaborated into apparently malignant symptoms. Other things being equal, an acute stormy onset is a favourable sign. An affective display which is markedly at variance with the remainder of the psychotic content or a notable insufficiency of affect ordinarily constitutes a criterion of chronicity. It is important to distinguish between the psychosis in which the emotional disharmony or paucity results from the unfolding of a fundamental disease process, and the one in which the apparent lack of alignment and emotional inadequacy are determined by independent factors not concerned with the basic mechanism of the psychosis. Toxicity or exhaustion may complicate a benign psychosis and impart to it a deteriorating guise. Both the prepsychotic life and the psychosis should be carefully scrutinized for evidence of infection or bodily depletion. Catatonia is not peculiar to dementia praecox. It may be a response to toxicity, and it then admits of a hopeful prognosis. Stupor, in itself, does not furnish a safe prognostic indicator, and it must always be considered in its relations to the entire psychosis. When the psychosis as a total reaction constitutes an escape and psychotic correction of serious circumstances in life which have brought the patient to an impasse, then the prognosis may be favourable even though the clinical aspects are not promising. Careful study, not only of the actual mental symptoms, but of all the antecedent factors which may have been influential in moulding or complicating the expression of the psychosis and their proper evaluation, should tend to reduce the margin of prognostic error.

C. S. R.
The treatment of certain types of mental disorder by artificial sleep maintained over a considerable period—8 to 10 days—was first introduced in 1920. Many observers since have published their results and the drug ‘somnifene’ (a mixture of the diethylamine salt of diethyl-barbituric acid and allyl-isopropyl-barbituric acid) has been most used. Klaesi has reported well on the results obtained by prolonged narcosis in certain types of schizophrenia. Mueller concludes that the most suitable types of mental disorder for this treatment are: 1. Agitated and excited states, especially those in which there is marked anxiety. 2. Acute hallucinatory conditions. 3. Schizophrenics showing marked negativism. 4. Patients with volitional or ideational stereotypies. Three patients in the Ranchi European Mental Hospital were treated in this way. The therapeutic effect produced was not, on the whole, particularly gratifying, except in one case in which a remarkable confirmation was obtained of the suspicions that had been formed as to the main etiological factor of the disorder. This was a case of an obsessional neurosis and under the influence of somnifene there was disclosed what could not otherwise be obtained in the anamnesis. The other two cases were a subacute mania associated with general paralysis, and an acute agitated melancholia with anxiety symptoms of extreme intensity. The details of the treatment and the precautions to be observed are sketched. Only one of the three patients shewed any untoward symptom through this treatment. The temperature on the third day rose to 104°F. and there were signs of collapse. The injections were stopped, the temperature fell the following day, and the treatment was continued. The first case was treated for 10 days and slept for 160 hours; the second case was treated for 11 days and slept 177 hours, 55 minutes; and the third slept 130 hours, 20 minutes, under treatment for about 8 days. Although prolongation of this form of treatment for more than ten days is probably attended with some risk, there is no reason against employing it for shorter periods.

C. S. R.