subject to enuresis—32 per cent. of the entire group. The study showed that these children had pathological emotional instability. Thirty per cent. of the mothers of children with enuresis had had emotional disturbance (depression and morbid fears) during pregnancy. The mother does not become suddenly adjusted emotionally when the child is born, so that the latter is subjected to an emotionally unstable environment from birth and becomes conditioned in some of the reactions which appear characteristic for this group. In all cases of enuresis, where organic disturbance is excluded, we may consider the enuresis as merely a symptom expressing an emotionally unstable child, and that in every case the child is responding to emotional instability in the mother either preceding or following birth.

C. S. R.

PSYCHOSES.


Study of onset of disorder in male patients seems to establish two factors preliminary to schizophrenic psychoses. Firstly, the appearance is late in a long series of subjectively difficult adjustment efforts. Secondly, it seems never to occur in those who have achieved if only for a short time a definitely satisfying adjustment to a sex object. Efforts to identify exactly the factors which cause milder maladjustive efforts to pass over into schizophrenia have not been successful. The author does not believe we are justified by accumulated facts in stressing the sex factor as of exclusive importance. Much more data are needed in regard to the onset of the malady; at this stage, however, there seems little reason to doubt that cultural distortions provided by the home are of prime importance. Maladjustment which was without a foundation of erroneous attitudes which parents or their equivalent had thrust upon the child has not been observed. Interpersonal factors seem to be the effective elements in the psychology of schizophrenia. The great majority of the author's patients have shown for years before the break clear signs of coming trouble. A number were of a simple psychoneurotic sort—hysterical incapacitations, reactions by obsessive substitutions, neurasthenic and anxiety conditions. Many incipient cases might be arrested before efficient contact with reality is completely suspended. Three sorts of maladjustive processes which do not lead immediately to arrest of the individual's struggle can be distinguished. They include sublimatory resymbolizations, compensatory motivations, and defence reactions. It is never easy to say just when the schizophrenic patient has crossed the line into actual psychosis. Schizophrenia is much more likely as an outcome than in those who have fairly integrated the experience of infancy, childhood and the juvenile period. It is interesting, however, that the longer psychotic collapse is escaped, the less the chance of a grave disorder, and the less typical any illness which ensues. In other words, a psychosis occurring in a psychopathic youth under, say, the age of 22, is in all likelihood frankly
schizophrenic; but an initial psychosis occurring at, say, 30 will probably be a brief excitement, even if decidedly schizophrenic in type. This suggests that the psychopathic sort of maladjustment grows more effective as experience is accumulated, notwithstanding the fact that its interference with social efficiency may continue unchanged, or even increase. The motivation at work is in a general way conflicting groups of elaborated (and more or less successfully repressed) personal tendencies opposed by tendencies of the nature of ideals (cultural controls). The disturbance in reality-appraisal which has been slow in the prodromal stages, is now very swift, progressing to a state in which everything is involved in the cognitive efforts. This stage in which nothing is without an incomprehensible meaning, and the ordinary exchange of intelligence is palsied, may continue in relatively simple elaboration. This is the catatonic type. In it the conflicts remain unsolved and the struggle expands into cosmic dramas and the psychic processes revert through the ontogenic repertory, perhaps down to the most primitive. At any time, however, this situation may pass into one of a few typical attempts at readjustment. There may be a massive resynthesis amounting to recovery with profit. There may be a fragile reorganization prone to relapse under difficulties. Of grave portent is readjustment by paranoid processes. Finally, there is the practically irremediable hebephrenic type in which destruction of the conflict is achieved by disintegration of the acquired socially adopted tendencies, and along with this a dilapidation of the evolved structures influencing manifestations of simple naive tendencies. The motivations of such patients then become juvenile, childish, or even infantile. In the prodromal period one sees many who were "depressed" for a long time before the outbreak of frank psychosis. This is to be distinguished from the psychosis of depression. Perplexity is an important phenomenon of the incipient state. In this condition, extra-conscious material influences perceptions of reality to such an end that the patient becomes more and more entangled in contradictions, alternative notions, and illusions. Fear-states covering the gamut from phobia through terror, and from anxious feelings through apprehension, to fully developed primitive panic, are factors important in many incipient conditions. All three of these phenomenon-groups combine in the evolution of most schizophrenic psychoses.

C. S. R.


Statistical evidence and the results of the analyses of individual families in which schizophrenia occurs indicate that heredity is an important factor to be considered in the etiology of schizophrenia. In a series of 150 unselected cases there were 117 or 78.01 per cent. that had heredity tainting factors, usually considered as of significance in the heredity of the psychoses. This is about equal to that found for psychoses in general and considerably greater than that of the non-psychotic 67 per cent. It is slightly less than has been
found in manic-depressive psychoses, 84.13 per cent., and in epilepsy 81.26 per cent. The most frequent tainting factor is psychoses. These occur among the mental abnormalities of the antecedents and members of the families in a percentage of 43.22. This is about three times greater than has been found in those who are not psychotic. It is about the same as occurs among the psychotic in general (45.9 per cent.). It is about equal to that existing in the heredity of manic-depressive psychoses (43.86 per cent.), and much greater than occurs in epilepsy (22.5 per cent.). Abnormal character occurs more frequently among the antecedents and members of the families of schizophrenic patients than in any other form of psychosis. It occurs as a tainting factor nearly twice as frequently as in manic-depressive psychoses (21.24 per cent. as compared with 11.5) and somewhat more than exists among the insane in general (18.8 per cent.). Mental abnormalities occur much less frequently among the parents of schizophrenic patients than in the psychotic in general. Parents of manic-depressive patients are more frequently tainted with mental abnormalities than are those of the schizophrenic. Schizophrenia has its heaviest heredity tainting in antecedents which are in indirect relationship to the patient. Indirect tainting in schizophrenia is more than twice as great as in manic-depressive psychoses, (38.3 per cent. as compared with 18.09) and much greater than in the psychotic in general. Schizophrenic patients are more tainted in atavistic relationship, i.e., grandparents, than are those who have manic-depressive psychoses, in the proportion of 25.64 per cent. to 15.5 per cent. The evidence obtained from the application of Mendelian theories to the investigation of the heredity course of schizophrenia tends to indicate that the transmission of the factors for the creation of the Anlage to schizophrenia follows the course of a Mendelian recessive character. The factor that is transmitted seems to be of complex rather than simple Mendelian character. Specific qualities of abnormality of temperament and character, which in general correspond to those designated as schizoid, occur with such frequency among members of families in which schizophrenia exists, that the thought is suggested that these may stand in some relation to the genetic course of the disorder. Non-schizophrenic psychoses and mental abnormalities occur among parents and families of schizophrenic individuals to a degree that suggests polymorphous heredity relations in this disorder. The existence of polymorphous heredity, however, is neither proved or disproved. While there is some statistical evidence of the occurrence of anteposition in the heredity course of schizophrenia, a critical consideration of the data on which this is based does not justify the acceptance of this as a regular occurrence. There is no certain evidence that the heredity course is in any way sex-linked. Consideration of the family stocks in which schizophrenia occurs tends to show the existence of certain specific characteristics that appear as schizophrenic phenotypes, or as specific qualities of temperament and character that may be manifested in various members of the family, or as a modifying influence in the shaping of the clinical form of psychoses that are not dominantly schizophrenic.

C. S. R.

Radiological observation of gastrointestinal motor functions in 51 cases of schizophrenia affords the following general conclusions: 1. Definite changes in these functions are found. 2. The changes are somewhat characteristic of the different clinical types. 3. The more acute the psychosis is, the more abnormal are the changes. 4. Gastrointestinal motor functions are normal in chronic deteriorated cases. 5. The visceral reaction to intense emotions in acute schizophrenia is analogous to that observed in lower animals when experiencing fear, rage, etc. 6. In acute schizophrenia the colon is most susceptible to sympathetic control. 7. In acute schizophrenia sympathetic control of certain functions and concomitant autonomic control of other functions contributes to disorganization of digestive processes. 8. In 70 per cent. of acute, actively hallucinating cases there is retention of barium or of food residue in the colon for a period longer than five days.

C. S. R.


The evidence collected in this research shows that in a good number of cases evolutionary anomalies of the brain are found. These consist in abnormalities in the sulci and convolutions, persistence of the foetal cells of Cajal, diversity of the type of nervous cells, binuclear cells, etc., which arise from abnormal developments of the foetal nervous system. Dementia praecox develops in at least 50 per cent. of cases (based on observations undertaken in the last two years) in subjects who have already suffered from prenatal or postnatal lesions of the brain or of membranes (anomalies of development, foci of leptomeningitis, etc.). The histopathological facts in the development of the brain in dementia praecox show degenerative and not inflammatory processes. The lesions are essentially focal not only in the cortex but also in the basal ganglia, mesencephalon, cerebellum, pons, and also in the medulla. Generally lesions of the cerebral cortex are constant, and those of the thalamus almost constant. Lesions of the striate and other extrapyramidal nuclei are very frequent in catatonic cases. The brain of the dementia praecox case is thus permeated with microscopic foci of disease sometimes concentrated in extra-cortical areas, sometimes in the cortex itself. They are not uniformly distributed in all the lobes. Frequently, however, they have a preference for the frontal lobes, sometimes in one field, sometimes in another.

The biological process which is the basis of dementia praecox rarely produces organic lesions in the central nervous system of a degenerative type of exogenous origin. So far as the cortex is concerned, with a special predilection for the
third layer of cells, the agency would seem to be an organic basic substance of an ammoniacal type.

The irregular dissemination of the lesions, never identical in any two cases, accounts for the diversity of symptoms, while involvement of extrapyramidal areas accounts for catatonia. There is a real distinction between the psychology of the normal person and the dementia praecox case just because of these lesions; moreover, they can be catalogued by microscopical examination. A long appendix is added on the 'Zolle di disintegrazione a grappolo’ which the author finds in cases of dementia praecox and amentia but not with definiteness in normal brains.

R. G. G.


From their experiments these observers conclude that seemingly no specific relationship can be established, on the basis of the ordinary standards, between blood-group distribution and schizophrenia and manic-depressive psychosis. As a corollary, from the standpoint of constitution, if there is a specific relationship obtaining in these psychoses as regards genotypic physiological pattern it does not appear to include the quality of blood type.

C. S. R.

[107] Modern observations on heboidophrenia (Vedute odierne intorno all’eboidofrenia).—M. CAMIA. Riv. di pat. nerv. e ment., 1927, xxxii, 147.

In 1890 Kahlbaum described a condition closely allied to hebephenia which he called heboidophrenia. This he defined as an alteration of the psychic constitution of a man in relation to society (character, personality, or temperament) and alteration in the instinctive life amounting to a lack or perversion of the moral sense, which may result in actual criminal behaviour. Other symptoms (weakening of the intelligence, raising or lowering of the affective reactions) may occur in some cases but are not characteristic and may be altogether lacking. The author has noted the occurrence of such symptoms after encephalitis lethargica and describes two cases in relation to infantile cerebroplegia.

He concludes that heboidophrenia is not a clinical disease-entity, but is a syndrome whose symptoms correspond to those described by Kahlbaum. This syndrome may be met with in three clinical forms; dementia praecox, encephalitis lethargica and infantile cerebroplegia.

R. G. G.
The main attributes of the paranoiac are arrogance, egotism, distrust, and false reasoning. Through these he is unadaptable to society. The child and primitive man are somewhat naturally paranoid as defence mechanisms develop. Paranoiacs have been arrested at this stage of development. At school they are often brilliant but tend to neglect those studies which do not please them and often develop the habit of instructing themselves in subjects out of the curriculum. In a large number of cases, though seemingly clever, they fail at examinations and accuse the examiners of injustice. The adolescent often hides his haughtiness under a cloak of false modesty and timidity. Pride and timidity at the onset of sexuality are liable to render him afraid of the normal expansion of his virility and bring about an abnormal genital life, with possible perversions. In the army he makes a bad soldier and soon terminates his military career because of his inability to submit to discipline. In everyday life the paranoiac is in evidence. He is seen in the restaurant as a customer who makes personal grievances concerning his food. On the Underground he shows ill-temper with the conductor over some triviality and when jostled believes the act is intentional, and is susceptible to fancied slights of all kinds. The same type is apt to be interested in often ridiculously petty inventions and tries hard to convince others of their worth. As a citizen, though scrupulously honest, he is ever apt to be lodging protests against the Treasury, police, postal authorities, etc., or wrangling with people with whom he has relations. The paranoiac is often altruistic, though the rule that altruism is not infrequently only dissimulated egoism is very applicable to this type. Among his tendencies there is excessive devotion to reforms, either political, social, mystical, or artistic, and the liability to become a propagandist of some political sect or some Utopian theory. In his love life he tends to morbid jealousy. His attributes may lead him to shun society and often he takes refuge in reverie, which can tend to create a fictitious personality. But in no way has this anything in common with schizoid states. Prophylaxis is more efficacious than treatment. In childhood any signs of the tendencies spoken of must be ferreted out and restrained. The child must be led to more correct adaptation to social life. Not much more, however, seemingly, can be done to prevent the development of the paranoiac constitution.

C. S. R.


The most frequent psychosis of the Malay people is acute confusion, mainly caused by infection. Many of those suffering from confusion are very aggressive and some of them run amok, in its literal sense. Malaria and syphilis especially are exceedingly often the cause of these hallucinatory confusions;
other infectious diseases may have the same effect, while dementia praecox announces itself amongst the Malay very often by aggressive confusion. Kraepelin classified amok as an epileptic dream-state, which in Western society also sometimes leads to acts of violence. However, the great majority of such cases are not caused by epilepsy. In amok the aggression is not due to temper or rage but to an agony of fear, the patient in his hallucination imagining himself to be attacked by a tiger, a snake or a human enemy. After the attack, what has happened is often not remembered; at times something is recollected, the last clear remembrance being that he was attacked. The Malay usually seizes his dagger or cleaver with which to defend himself against his supposed enemies. Often there may be flight, jumping into water, etc. Aggression does not manifest itself until some obstacle is met or somebody blocks the way. The terror may spend itself in suicide, self-castration or some other form of self-mutilation. The confusion may not be accompanied by such vivid hallucinations and illusions of terror; in those cases the patient goes about naked, dancing, smashing things up, or putting fire to the house. In Europe and America these infections also are very often accompanied by delirium, yet this "infectious murder" hardly ever occurs.

The external cause to be taken into consideration is that the knife is much closer to hand. More important is the difference between the mind of the Malay and the psychic structure of the Westerner. In the former there is a readiness for all kinds of emotional complexes, especially affects, to flood and occupy entirely the consciousness, so that all counter-motives are wiped away and the affect completely rules thought and action. Amok is, therefore, to be considered as an acute infectious delirium, while the peculiar psychic nature of the Malay is responsible for the symptoms.

Affect-lability plays an important part in lattah as well as in amok. Lattah generally is found in middle-aged women. The great majority of them have had intercourse and a close contact with Europeans, mostly as servants. After a fright or some sudden emotion, the startled patient screams, after which she manifests echolalia and echopraxis and does everything she is told to automatically. These compulsory symptoms can be kept up as long as one wishes by using the element of fright again and again. They disappear as soon as she is spoken to quietly and soothed. Immediately after the fright the patient utters obscene words over and over again or makes indiscreet remarks. A dream of a highly sexual nature is generally reported as the immediate cause. In serious cases every sound, every harsh word, is sufficient to "make her lattah." Every new emotion has the same effect. All control over feelings is lost while the intellect remains intact. Thus, undoubtedly, lattah is also a primitive affect-reaction. The Malay is extraordinarily sensitive to suggestion, which explains the echo-symptoms and automatism by command. It is reasonable to connect this repeated psychic surrender symbolically with the primary repressed sexual desire-complex, which expresses itself in the dream, and
precedes the symptoms of the illness. In that case this psychic substitution, which Freud accepts especially in compulsion neurosis, would provide sufficient camouflage to protect consciousness against the reappearance of the repressed desire pictures. It is different from the Western picture of hysteria, and lattah-patients hardly ever present hysterical symptoms or stigmata. To a certain extent, lattah therefore is closely allied to amok; for we also here find a sudden flooding of consciousness by an intense affect. The lack of control is one of the striking points of the primitive psyche.

C. S. R.

The author has attempted to show that the mechanism in all the so-called functional psychoses is similar, i.e., the real situation is intolerable owing to the non-satisfaction of the patient’s ‘urges’ and desires, so that satisfaction is acquired in a world of phantasy. This is true for paranoia, schizophrenia, and the manic-depressive psychosis. Whereas those with normal personalities attack the actual environment and attempt to fit themselves to it or it to them, those who develop a functional psychosis have abnormal personalities, so that they shirk reality when it is unpleasant and retire into a pleasant thought world. This world is pleasant for the following reasons:

1. Paranoia.—Failure to achieve is not due to inefficiency on the part of the patient, but to the machinations of others. The greater the delusions of persecution, the less the blame attached to himself in the patient’s opinion. He is able to overlook his own imperfections and failure to satisfy his desires.

2. Schizophrenia.—The patient passively retires from his environment and satisfies all his desires in a world of phantasy.

3. Manic-depressive psychosis.—The patient is much more active and has struggled with environmental conditions. A precipitating cause can often be distinguished, which seems to cause the patient to give up the struggle and secure satisfaction temporarily in a world of phantasy. During the manic attack the affect is one of exaltation owing to the feeling of escape from all inhibitions and the feeling that all his desires have been realized. The mechanism might be described as the same for all cases, and summed up by the phrase “Escape into psychosis.”

C. S. R.

PSYCHOPATHOLOGY.

It has been estimated that there are at least 3,000,000 nervous and mental cases in China, and that one out of every one hundred and twenty-six persons is a neuropsychiatric case. At least 43 per cent. of these cases are purely psychiatric, thus showing that there are 1,341,600 insane or psychopathic persons in China. No government hospitals for the insane exist in China. In Peking an institution which sometimes goes by such a name is nothing more