should be practised first and then by superimposing phalangeal movements on the elbow movement loops and then letters can be introduced.

Neuritis does not bring on cramp of itself but may cause a cramped habit of the fingers to become painful. In certain cases organic troubles particularly affecting the wrist may give rise to pain during writing, but this is not a true writer's cramp.

J. P. M.


The factors in the production of maladjustment in college students are the same factors that are at work in other problems presented to psychiatric analysis. Their genesis is to be sought partly in the material, but more largely in the shaping of the material by the environment in its most plastic period, i.e., childhood. Least important, although most conspicuous, are the restrictions and stresses peculiar to college itself; but in the rigour of the requirements of that particular life-phase, plus the disturbances in biological, social, and psychological economy that are taking place at the same time, one finds the precipitants of numerous breaks and threatened breaks. These, with varying degrees of success, the counsellor in mental hygiene, psychiatrically equipped, can repair or avert.

C. S. R.

PSYCHOSES.


The writer gives the history of a catatonic confused case, which suggested a bad prognosis but which nevertheless recovered after treatment of septic foci. He thinks that we are justified in considering psychotic heredity as being in part, if not wholly, made up of other components. He suggests the term "septic heredity" to connote the effect of a maternal toxaemia upon the child in utero, while "transmissible familial infection" is another component which must not be disregarded. The progressive nature of a long-standing septic process results in a progressive deterioration of mental capacity. The hallucinations in this case were referred to the more diseased part of the head (otitis media and septic nasal sinuses). Various points correlating toxaemia and certain symptoms presented are briefly discussed.

C. S. R.


The types of mental disorders more especially concerned are those that bear the titles of dementia praecox, manic-depressive insanity, paranoid conditions, psychoneurosis, and toxic insanities. These constitute the great proportion of the admissions into mental hospitals. Certain cases illustrate, according to
the author, the effect of impacted molars, and of septic teeth generally, in producing confused mental states closely resembling dementia praecox. The existence of such teeth in one out of every eight cases of dementia praecox and manic-depressive insanity emphasizes the importance of the earlier dental history of all cases of this character, especially in the young. It is suggested that this form of psychosis should be regarded as "septic psychosis." This commonest form of psychosis, produced by long-standing chronic septic infection, exists sometimes alone, but more frequently along with and complicating other forms of psychosis, intensifying the more special mental features belonging to these latter conditions. The extent to which it is present in any case can only be determined by its removal, and the best hope that any psychotic patient can have is that his condition may prove to be largely, or possibly entirely, of the nature of a septic psychosis, and therefore one which may possibly be cured by the removal of the septic foci underlying it. Nevertheless the writer points out that it must not be thought that sepsis is the cause of all forms of insanity.

C. S. R.


The case quoted illustrates a projection-mechanism in a patient who was suffering from an organic disease of the nervous system. It deals with a delusion of infidelity in a man otherwise mentally normal, the delusion occurring on the basis of impotence, waning or disappearing with the return of potency and recurring with successive waves of impotence which were invariably accompanied by excessive sexual desire.

The patient was a man of 35 who complained of impotence. He had been getting weak gradually for about a year and was altogether unable to perform the sexual act for six months prior to his coming to the clinic. He had always been perfectly well and there was apparently nothing in his personal, family, or marital history to throw any light on his complaint. At a neurological examination incipient paralysis agitans was diagnosed, the result in all probability of an attack of epidemic encephalitis which was passed off as influenza. After a week on hyoscin hydrobromide the patient reported that his facultas cœundi had returned. Several months later he complained that the tablets no longer had any effect and that he was impotent once more. It was found that he was rapidly developing the classical syndrome of paralysis agitans. While still bemoaning the fact of his impotence, the patient was more alarmed about his physical condition; but the wife complained that for the first time he accused her of infidelity. The disease gradually progressed but his potency fluctuated from time to time. The delusion invariably disappeared when he was potent, and as surely returned with the recurrence of his impotence. Several attempts to gain deeper insight into the mental mechanisms failed to bring unconscious homosexual trends to the surface. After two years the patient
is utterly incapacitated physically. His delusion is still present, but it is not nearly so insistent; nor is his sexual desire so great as at first. Apparently with the waning of the desire the delusion, too, is subsiding.

The case seems of importance to the author in that a well-known projection mechanism was seen to be operating in a person with specific organic disease of the brain.

C. S. R.


This paper gives a clinical account of a woman of 32 who shortly after a sudden loss of consciousness developed acute maniacal excitement. Her delirium was characterised by logorrhea, fears, delusions and hallucinations. After 12 days she became calmer and then passed into a phase of depression with anxiety. She had ideas of unreality; she wept readily; cerebration was markedly retarded. A second bout of excitement followed which was in turn succeeded by depression and that in its turn by a third manic phase.

Examination of her nervous system revealed a fixed expression and a tendency towards movement en bloc. Speech was somewhat scanning and dysarthric and there was some nasal quality in the voice. The pupils were unequal. All the tendon jerks were brisk and the plantar flexor in type; there were no abdominal responses. Some oedema was visible in the left macular area, surrounded by a small haemorrhage. Later, the patient developed definite nystagmus, weakness of convergence, and tremor of the tongue. There was never any intention tremor of the limbs. The Wassermann reaction was negative, and the spinal fluid normal except for some increase in the sugar content.

During the periods of excitement some evidence of increased thyroid activity could be detected in her tachycardia, vasomotor instability, and a slight degree of proptosis.

The author has chosen to regard this case as a probable example of disseminated sclerosis, in which psychotic manifestations are predominant.

M. C.

PSYCHOPATHOLOGY.


The question of what is meant precisely by permeability of the meninges is not settled. It is known that the cerebrospinal fluid normally contains only