[211] **The relation of occupation to migraine.**—W. ALLEN. *Jour. Nerv. Ment. Dis.*, 1927, lxvi, 131.

IT is pointed out that there is a generally accepted idea that brain-workers and the more cultured members of the upper classes are more subject to migraine than others. The author has tabulated the occupations of 400 migrainous patients and 1,000 non-migrainous patients and finds nothing to support the view that occupation has an influence on the occurrence of migraine.

R. G. G.

[212] **Clinical contribution to drug addiction: the struggle for cure and the conscious reasons for relapse.**—L. KOBB. *Jour. Nerv. Ment. Dis.*, 1927, lxvi, 22.

REAL drug addicts are possessed of a pathological nervous constitution with its inferiorities, pathological strivings, etc., and relapse is due to the fact that often only by the use of opiates can relief from these distresses be obtained. Now-a-days the laws restricting the sale of drugs prevent milder cases from resorting to drugs after they are once "cured," but the more severe cases revert again and again and so relapses seem to be more common. Nearly all addicts make sincere efforts to be cured in the earlier stages, but later the effort is at best half-hearted and only undertaken for purposes of expediency. The hope for cure wanes as time passes, and the force of habit, numerous impelling memory associations, and increasing physical dependence on opiates are added to the original pathological nervous condition. At the same time physical dependence on opiates is unimportant, as a cause for relapse during the first two or three years of addiction, in those who have been off the drug for two weeks or more. In some very nervous persons, with addiction of long standing, withdrawal of the drug may produce hysterical symptoms or hypomania which may last for several months.

R. G. G.

PSYCHOSES.

[213] **The significance of research into heredity for the diagnosis and prognosis of the endogenic psychoses** (Bedeutung der Erblichkeitsforschung für die Diagnose und Prognose endogener Psychosen).—HERMANN HOFFMANN. *Münch. med. Woch.*, 1926, 1104.

UNTIL recently work on inheritance of mental diseases was largely focussed on whether it was of the similar or dissimilar type: it has now been definitely proved that similar forms preponderate in heredity, but are not exclusively present. Thus the psychotic parents of cases of circular insanity show 69 per cent. of the same type, with 3 per cent. of the schizophrenic type, whereas among the psychotic parents of schizophrenics 52 per cent. were also schizophrenics and 21 per cent. manic-depressives. Thus schizophrenics appear

relatively less frequently in the heredity of manic-depressives than manic-depressives in that of schizophrenics. We should be very cautious in diagnosing manic-depressive insanity in the child of a schizophrenic parent, and in the author's experience when this does occur the other side of the family shows some cases of the manic-depressive type. On the other hand, there is quite a considerable probability that insanity in the child of a manic-depressive case may take the form of schizophrenia, though manic-depressive psychosis is the more probable form. Moreover, where such children do show the schizophrenic form, we find that either the other parent or his family shows schizoid or schizophrenic manifestations, or else that the manic-depressive psychosis is of an atypical form, either an agitated melancholia with anxiety and catatonic traits, or irritable querulous and paranoid ones, or else phases of true mania and depression superimposed on a foundation of schizophrenic traits. While true manic-depressive patients do occasionally have schizophrenic children, this is infrequent. Among the atypical circular psychoses we would include for our purpose all psychoses combining depressive and schizophrenic features, and the offspring of these are mainly definite and progressive schizophrenics. The same holds good for the paraphrenics, but less completely so for the paranoias, querulant and other, and senile paranoid psychoses. Circular psychosis is rare in the offspring of these, but similar paranoid psychoses occur as well as schizophrenia.

Leaving now the cases of direct inheritance, we find that a number of the endogenic psychoses show no morbid heredity. Others show it indirectly only, and prominent among these is the collateral inheritance in schizophrenia. For instance, take a patient suffering from a prolonged depression with a sensitive paranoid tendency without being definitely paraphrenic. There is no manic-depressive psychosis in the family, but a maternal uncle had a similar illness which developed into a definite schizophrenic terminal state after a few years. Collateral schizophrenic cases make the prognosis unfavourable especially when the mode of onset has been similar ; whereas if, in the above case, the uncle had only had a real manic-depressive attack the prognosis in the doubtful paranoid depression would have been better, though more uncertain that the definitely bad prognosis with schizophrenic collaterals. Our material is not yet sufficient to give any definite indications. Where the inheritance is mixed all sorts of mixed forms may occur, and heredity can give little guidance as to the probable outcome in any given case.

Where brothers and sisters are psychotic the forms are more frequently similar, but dissimilar forms occur with fair frequency as might be expected when the inheritance is mixed.

Psychopaths of a definitely schizoid type are more likely to have schizophrenic than manic-depressive children, while if both parents are of the cyclothymic psychopathic type the children are considerably less likely to be

schizophrenics. Where the parents are psychopaths of different types, the children are more likely to have a psychosis of mixed form, while paranoid and querulant psychopaths tend to have schizophrenic children.

In conclusion, we may say that where the schizophrenic parents have had a psychosis of a mild and slowly progressing type, the children are more likely to have one taking a more rapid course, and of earlier onset by an average of 13 years; the children are unlikely to show a remitting type when that of the parent has been of the steadily progressing type.

M. R. B.

[214] **A study of the endocrine organs in the psychoses.**—BERTRAM D. LEWIN. *Amer. Jour. of Psychiat.*, 1927, vii, 391.

THE findings in the various organs were as follows. In general paralysis, extra-tubular fibrosis and exudate in the testes dependent on local vascular alterations; patchy fibrosis and exudate in the ovaries; rarely a lymphoid exudate in the hypophysis; frequently a lymphoid exudate and fibrosis in the adrenals; nothing specific or unique in the thyroid. In the cerebral syphilis group, occasionally changes such as those found in the general paralysis group. In the senile group, an exaggeration of the normal degenerative process of old age in the testes; except for arteriosclerotic changes, no constant findings in the other organs. In the arteriosclerotic psychosis group, the presence of a patchy, extra-tubular fibrosis in the testes seemed dependent on the presence of local arteriosclerosis; no special features in the other organs; arteriosclerotic changes. In dementia præcox, the lesions described in the endocrine glands were inconstant, and those which were most common (e.g., extra-tubular fibrosis in the testes, patchy fibrosis in the ovaries) were probably due to intercurrent chronic disease. The other psychiatric groups contained too few examples to allow of any anatomical and psychiatric correlation. The author emphasizes that he does not mean to assert the absence of any possible relation between endocrine organs and psychosis in those groups, such as dementia præcox, where the findings were essentially negative. He does, however, feel that there was no evidence in his material of such relations and for the dementia præcox group in particular he believes that his material was quite comparable to that on which several untenable hypotheses have been based.

C. S. R.

[215] **The functional psychoses as an evolution of psychic impotency.**—J. H. CASSITY. *Jour. Nerv. Ment. Dis.*, 1927, lxvi, 105.

THE author quotes several cases to illustrate his thesis that unfortunate environmental factors, whether they be micro-organisms, ill-treatment by parents, sexual traumas, nursing excesses, or what not, often seriously interfere with normal psychosexual development; and it is then that the individual is obliged to change his psychic attitude towards life in order to reconcile his

actual or imagined sexual inadequacies with sociological and biological requirements. Further, it is in this shift and transformation that he assumes a different perspective from the average individual and hence becomes a neurotic or psychotic. The author regards this as affording an explanation of many of the reactions of paranoia, melancholia and general paralysis, and thinks that there may often be actual sexual weakness of a somatic type. He does not wish to advance this theory as all-embracing but thinks that impotence has more to do with psychotic developments than is generally believed.

R. G. G.

[216] **Endocrine and biochemical studies in schizophrenia.**—K. M. Bowman. *Jour. Nerv. Ment. Dis.*, 1927, lxv, 483.

The author sums up the study as follows. The findings are not consistent with the constant presence of any definite endocrine disorder and do not suggest that a simple glandular dysfunction of a constant type is an etiological factor in schizophrenia. Rather they suggest that many functional disorders, closely linked up with the endocrine system, are frequently found and that schizophrenia is not a specific endocrine disease but may arise on a number of different bases. The one constant finding appears to be that a metabolic disorder of varying degree is nearly always present, as manifested in functional gastro-intestinal disorders and a tendency towards low basal metabolism.

R. G. G.

[217] **On irritability in manic depressive insanity** (Ueber Reizbarkeit im manisch-depressiven Irresein)—Eugen Kahn. *Münch. med. Woch.* 1926, 1314.

By irritability we understand a special emotional state with a sense of unpleasant inner tension apt to be discharged by emotional outbursts. Such states are common in physiological and pathological states, pregnancy, menstruation, menopause, in organic diseases, manic-depressive insanity and in neurotics and psychopaths.

In manic-depressive insanity we may divide such states into two groups—that of a constitutional lasting state, and a phasis form, though transition forms also occur. Among a small unselected group of manic-depressives there were 39·5 per cent. men and 34·1 per cent. women who showed this symptom, while many more showed characteristics of a kindred nature. Age and sex do not appear important factors. Phasis irritability is most often shown in the transition from a depressed to a manic phase, while prolonged irritability is shown in some chronic melancholias. The irritable types of melancholia show all grades of transition to the paranoid, with delusional ideas associated. Cases of mania or melancholia may have phasic irritability which seems to represent an abortive phase of the opposite type. It seems probable that irritability is part of a special constitution associated with but not an essential part of the

manic-depressive and cycloid inherited constitution, and it is probable that investigation of the inheritance of psychopaths would show this as a special type. States of nervous irritability may be hypomanic and hypomelancholic phases not recognised as such. All possible combinations of phasic and chronic and progressive irritability occur with all phases of manic-depressive and cycloid tendencies, and little is clear beyond their tendency to occur in combination. In some cases where manic and depressed states occur simultaneously the irritability seems to result from the conflict between stimulation and inhibition of volition. It is possible that this conflict causes the unpleasant tension which shows itself in irritability, the predominance of one or other resulting in manic or depressed phase, while lasting irritability results from a balance being maintained between them. Possibly endocrine and chemical conditions play a part; and alcohol or other drugs are often resorted to to allay the irritability. The author does not, however, regard irritability as part of the manic-depressive disposition, and thinks that it may play a part in many types of psychopathy and psychosis, so that each case must be treated as an individual and treatment be directed to adjustment of the whole personality and environment, so as to relieve the painful tension.

M. R. B.

[218] **The syndrome of mental automatism and its role in the formation of the chronic systematized psychoses: a review.**—P. BAILEY. *Jour. Nerv. Ment. Dis.*, 1927, lxv, 345.

MENTAL automatism may be sensory, motor or ideo-verbal, and is regarded by de Clerambault (whose work is under review) as the basal factor on which a hallucinatory psychosis is built. Systematized delirium is the reaction of the subject's personality to the phenomena which take place within him and which he regards as extraneous in origin because they are foreign to all his usual system of experience. Sometimes the phenomena are not commented upon by the patient, in which case a condition of chronic hallucinosis results, but usually the patient reacts with a systematized delirium the nature of which depends on the strangeness of the phenomena, the intellectual make-up of the patient, his character and affective tone. The actual automatism is supposed to be due to a physicochemical alteration of cortical neurones, due to infection, intoxication degeneration, traumatism, etc.

R. G. G.

[219] **Heredo-congenital onychogryphosis, total alopecia, and schizophrenia.**—MAX SCHMIDT. *Acta Psychiat. et Neurol.*, 1927, ii, 122.

CASES of onychogryphosis of familial incidence are extremely rare; a familial anomaly comprising generalised alopecia and onychogryphosis is still rarer, only two instances being on record. Schmidt's paper concerns a remarkable family characterized by onychogryphosis, hypotrichosis, and schizophrenia. The nail changes were the most outstanding feature and were traced by the

author through five generations. Out of 115 members of this family 33 individuals had gross nail changes, and another nine showed a minor type of lesion. Males and females were both affected. Two sisters in this family together with their mother showed in addition a marked onychogryphosis, a generalized hypotrichosis and schizophrenic symptoms. In this case not only had the mother suffered from a depressive psychosis, but her husband also (who did not belong to the family) was of psychopathic temperament and stock.

The author refers to an interesting community living in the south-west provinces of France known as the Cagots. Of obscure origin, the Cagots have always been social outcasts; their importance in this present connection lies in their physical conformity: cretin-like in appearance, they are of a yellowish-pale complexion: the hair of the head and body is scanty and the nails are like talons. The Cagots have been thought to be descendants of lepers; others have believed them the surviving members of the Visigoths, and trace the word "cagot" from "canis gothicus."

M. C.

PSYCHOPATHOLOGY.

[220] **The unmarried mother; a socio-psychiatric viewpoint.**—HENRY C. SCHUMACHER. *Mental Hygiene*, 1927, xl, 775.

IN approaching the subject of illegitimacy, five factors at once clearly present themselves. In the first place, these unmarried mothers are mostly young; over 75 per cent. are under twenty-one years of age. Secondly, most of these mothers come from the economically inferior strata of the population, the majority of those employed being domestic servants or semi-skilled factory workers. In the third place, to a large extent they are of inferior mentality. On this point, as well might be expected, there is the greatest divergence in the available statistics. In the fourth place, over half of them have previously been delinquent, a third of them previously immoral. Lastly, well over half come from homes in which there are immorality and alcoholism, poverty and dependency, absence of parental training.

Evidence shows plainly that there is no justification in assuming that of necessity a causal relationship exists between sex delinquency and mental pathology. There may be an unduly and disproportionately strong sex urge from internal glandular imbalance: there may be lack of normal inhibition; or mental defect. There are individuals who are quite normal physiologically and intellectually, but who engage in illicit sex relationships as an expression of a definite behaviour tendency. Frequently such an individual uses her sex life to overcome or to compensate for thwartings of desires or of activities in other directions, or to gain consideration and through it expression of other desires and interests. One must not overlook that type of girl who deliberately and consciously chooses to gratify her passions. Here the behaviour is not due to unconscious, repressed complexes. Such a girl's conduct depends solely