

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

upon her acceptance of a low ideal. Her actions are left to the mercy of her impulses and illegitimate motherhood is but accidental to illicit sex relations. Lastly come the psychotic and the more serious psychoneurotic disturbances. Here the individual definitely fails in her attempt at adjustment along socially acceptable lines. Often sex promiscuity in such individuals is but an expression of the breakdown of the normal inhibitions or a freeing of former repressions due to the mental ailment.

C. S. R.

[221] **Psychic factors in juvenile delinquency.**—FREDERICK H. ALLEN.  
*Mental Hygiene*, 1927, xl, 764.

HERE is discussed the individual's struggle to attain self-respect, self-confidence, and an adequate sense of his own individuality. The failure to attain this goal by means of socially constructive types of activity may lead to any one of the various manifestations of abnormality, among them being various types of delinquency. Failure to attain self-respect and self-confidence usually leads to the development of unhealthy compensatory activity which, if not corrected, may form the basis for a criminal career or for one of the varied nervous and mental disorders. Delinquency is one of the commonest forms of compensatory effort made by individuals to overcome some of their handicaps. In analyzing the histories of sixty stealing cases studied in a child-guidance clinic, it was found that in nearly half of them the stealing and associated activity were related definitely to feelings of inadequacy which had their roots in various factors in the life situation of the child. Common among these factors were physical characteristics which stamped the individual as being different, such as obesity, speech defects, undersize; mental defects of varying degrees; certain habits, such as enuresis, masturbation; racial prejudices; presence of more attractive and gifted brothers and sisters; immorality and desertion of parents; economic factors: failure to achieve a healthy emancipation from parents; and repressive discipline. Illustrative cases are given and it is pointed out that the treatment must be directed toward one or more of three things: (1) the elimination of one or more of the sources that are feeding a sense of inadequacy. As many of these factors are fixed, it is necessary to resort to another approach; (2) changing the attitude of the individual and others in his environment toward the source of the difficulty—a procedure that usually involves the third step, namely: (3) redirecting the activity into more socially constructive channels, strengthening the constructive assets of the individual, broadening interests, and creating opportunities for new ones. A fourth and somewhat negative line of approach is the avoidance, as far as possible, of creating new sources of difficulty by mistaken methods of handling those already developed. Something besides mere punishment and correction is necessary. The measures that are necessary in each case can be determined only after an understanding of the dynamic factors has been reached and a plan evolved that will strike at the roots of the problem.

C. S. R.

- [222] **An investigation in illustration of the importance of neurology to mental deficiency.**—ERIK J. LARSEN. *Acta Psychiat. et Neurol.*, 1927, ii, 71.

CRITICAL of previous work on the heredity of mental disorders which fails to distinguish clearly between primary and secondary mental defect, the author undertook an enquiry into the importance of hereditary factors in the primary amentias. Out of a total of 100 juvenile asylum patients, evidence of organic nervous disease was found in 70, as opposed to 29.7 per cent. of cases of children from special schools Grade 2, and 20.9 per cent. of cases from special schools Grade 1.

The author is inclined to place importance upon the role of birth injury in the production of mental disorders and cites the presence of facial palsy as evidence of such trauma. Although admitting that signs of bilateral disease are almost always demonstrable in apparently unilateral cases, he still suspects birth injury, for he says, "it is not to be expected that a birth lesion should be unilateral."

M. C.

- [223] **Blood groups in mental diseases.**—F. PROESCHER and A. S. ARKUSH. *Jour. Nerv. Ment. Dis.*, 1927, lxxv, 569.

THE authors as a result of their investigations envisage a time long ago when no separation into races had occurred and all individuals were universal donors. The foetus passes through this stage to-day just as in other respects it repeats, in rough form, its phylogenetic development. With this picture of the primitive universal donor in mind it would seem that the crudest and least highly developed of nervous systems might belong in general to Group I members. This simple system with its more undifferentiated parts might be expected to be less susceptible to injury by those higher factors, loss of which stigmatizes the person concerned as insane. In other words Group I members should be least susceptible to insanity, and this is actually the case. The authors suggest that these findings, added to such facts as inherited insanity, are strong indications for an organic basis of insanity and that is it a matter of race and structure and not of infection caprice or environment (though the power of environment to demonstrate or precipitate insanity is well known).

R. G. G.

- [224] **The adrenalin glycaemic curve as a diagnostic aid in psychiatry.**—HAROLD GORDON, JESSIE M. OSTRANDER, and STELLA COUNSELL. *Amer. Jour. of Psychiat.*, 1927, vii, 183.

THESE investigators found definite group curves in manic-depressive and in dementia præcox cases free of somatic disease. In the manic-depressive psychoses, the curves showed a relatively well-defined peak and delayed return of the blood sugar to the primary level. In dementia præcox cases the curves showed more or less of a plateau, a less sharply defined peak and a less marked delay in returning to the fasting level. In a small series of cases with hepatic

disease they also found a distinctive blood sugar curve. In these cases the curves tended to become flat and showed a terminal rise. Similarly, in the endocrinopathies flat, rising curves were obtained. This test showed promise both as a means of confirming psychiatric diagnosis as between manic-depressive and schizophrenic cases, and as a method of determining the glycogenic function of the liver.

C. S. R.

### PROGNOSIS AND TREATMENT.

[225] **The treatment of neurosyphilis and paresis with malaria.**—H. GOLD-SMITH and R. ROCKWOOD. *Amer. Jour. of Syphilis*, 1927, xi, 165.

THE authors have treated 14 cases of paresis and cerebrospinal syphilis with double tertian malaria, followed by intensive arsphenamine treatment. Eight of the patients have returned to their usual work. Two died, one from syphilitic heart disease during an attack of ague and the other from cystitis and terminal pneumonia. They recommend the treatment for selected early cases of paresis.

J. G. GREENFIELD.

[226] **The malaria treatment of general paresis.**—A. FERRARO and T. C. C. FONG. *Jour. Nerv. Ment. Dis.*, 1927, lxxv, 225.

THE results claimed in the published accounts are tabulated, and the methods employed by the authors and others are fully discussed. The effect on individual symptoms and on serological reactions is then dealt with, as is the relationship of results to the special technique employed.

Finally the possible explanations of results are reviewed and the authors suggest that the action of the raising of the body temperature in destroying the spirochaetes is probably responsible for improvements.

R. G. G.

[227] **The intraventricular treatment of paresis.**—R. CESTAN and M. PERES. *Jour. Nerv. Ment. Dis.*, 1927, lxxvi, 227.

A FAIRLY extensive experience of injecting salvarsan intraventricularly leads to the conclusion that when the ventricular fluid is rich in albumin and cells the physician can with impunity inject up to 6 mgm. of salvarsan. In proportion as the ventricular fluid is or becomes less rich in albumin and cells the dose must be rapidly diminished to 1 mgm., which is always tolerated. Although serological reactions are often considerably modified by this treatment neither the symptoms nor the clinical course of the disease seem to be much altered.

R. G. G.