are presented the typical symptoms of a compulsion neurosis arising as a result of a sex trauma experienced earlier in life. The symptoms, in the main, representing the efforts on the part of the patient to atone for her imagined uncleanness, her compensatory atonement being represented by symbolic attempts at self-purification.

C. S. R.


This is a readable essay on anxiety in general, of which two varieties, somatogenic and psychogenic, are distinguishable. Anxiety as a state is separable from mere reactions of anxiety, and the question is discussed why one should develop in one instance, and the other in another. Some significance is attached to what is called 'hypernoia,' by which term is meant a recognisable constitutional component of a psychological class consisting in predominance or fertility of ideas; hypernoia is stated to be the normal constitution of cultured people. Its converse is hyponoia. The reaction of the hypernoic and hyponoic to conditions giving rise to anxiety is different in the two. Thus with the hyponoic relative poverty of ideation, of imagination, will enable him to escape the anxiety state that might otherwise come into being. The general paralytic lives in an impossible cosmos of happiness because he is hyponoic. If imagination is fleeting anxiety states are slight. The reaction of the two categories to the same stimulus can be put thus: in the case of the hyponoic, the immediate response, the momentary feeling of anxiety, fright, and so on is stronger; he reacts without deliberation, reflexly. In the case of the hypernoic loss of self-control is much less obvious (unless the stimulus be overwhelming, as in earthquake or railway accident); his imagination, his store of ideas, is in reality an aid to control. In Freudian terminology, it may be said that the hyponoic abreacts, the hypernoic represses. The experience is much more quickly over in the former, and it is in the latter that psychical repercussions may lead to anxiety states.

S. A. K. W.

PSYCHOSES.


Two cases are described, both in women, in which organic brain disease supervised in the course of a schizophrenia. In the first case, after years of typical paranoid schizophrenia, a right hemiplegia and aphasia developed; in the second, symptoms of intracranial tension suggesting a tumour, possibly a case of cysticercus. Examination in the latter was difficult owing to the patient's mental state.
In neither did the appearance of the organic cerebral affection make any recognisable difference to the course of the psychosis, and this is used as an argument against any view which attributes dementia praecox to an underlying anatomical lesion. At the same time, the author allows validity to the contention that the supervening organic states may not, from localisation or nature or duration, have been calculated to interfere with the clinical course of the psychosis.

J. S. P.


A survey of seventy-five cases of psychoses associated with the puerperium showed that in many there were at the onset expressions of conflict about the infant and its significance. The study did not give evidence of definite etiology in toxæmia or exhaustion and there was little to prove association with endocrine disturbances. It appears more profitable to refer the psychosis of this epoch of life to psychogenic factors, and of these the most important seems to be those factors which make for sexual maladaptation or maladjustment. It has been generally accepted that there is nothing distinctive which differentiates psychoses of the puerperium from corresponding types of psychoses at other epochs in life. Observations made upon the cases selected in this study do not indicate any types of reaction or prognosis which differentiate the puerperal psychoses from those not associated with childbirth, except in so far as to affirm that in cases of women whose adaptation to the marital relations is satisfactory, childbirth is not likely to be found a precipitating factor.

C. S. R.


The work here reported concerns the ingestion of iodine in the form of .5 g. of potassium iodide and its elimination by the kidneys and subsequent quantitative estimation. The procedure is described in the minutest detail as regards both preparation and control of patient and chemical technique.

Among the general conclusions are the following:—

1. In the case of the melancholic phases of manic-depressive psychoses iodine is held longer in the body, i.e., is less quickly eliminated per vias urinarias, than in the case of normal subjects and of non-syphilitic subjects; in manic phases, on the other hand, elimination is characteristically faster than in the normal. This conclusion suggests that iodine metabolism may play a part in manic-depressive psychosis.
2. In cases of schizophrenia an oscillation of elimination takes place, quite independent of the clinical phases of the affection; it is a kind of elimination 'ataxia' and may bear some relation to the basic character of the disease.

3. In cases of old syphilitic psychoses and in general paralysis there is a tendency to iodine retention as in melancholia.

4. In other forms, inclusive of the arteriosclerotic, no special finding has been obtained.

J. S. P.


A comparison is made between the placidity of the stable paranoiac who has achieved an emotionally satisfactory compromise between the world of wish and of reality, and the tension, unhappiness and periodic outbursts of the patient with paranoid dementia praecox, who wears out his emotional mechanism without ever reaching such an adjustment. This internal tension is not destructive to the patient's mind but is ruinous to his social relations. The author's thesis is that this tension is neurotic rather than psychotic and that by dealing with this secondary matter the psychotic can not only be maintained as an agreeable and co-operative individual, but his psychosis may even be kept in the form that best lends itself to a natural and social mode of treatment. Cases are quoted to illustrate this point and three practical suggestions are made. (1) Intensive treatment from the moment the patient comes in contact with his physician, but with no contact between the two other than therapeutic, i.e., no social or administrative relations. (2) A strong attempt to educate the patient in the theory of knowledge and to develop his capacity for formal logical criticism. (3) The concentration upon any neurotic as distinct from psychotic symptoms that may be present, and the postponement of the attack upon the psychosis until this has been completed.

C. S. R.


Clinical reports on a hundred recent admissions were used as a basis for this study and twenty-two selected cases in which there was evidence of a more pronounced psychopathic background were especially considered as useful evidence. There was a tendency for the more distinct psychopathic pictures to be related to the manic-depressive or mixed forms of reaction, while the schizophrenic break, in anything like a pure form as related to pronounced psychopathic adjustment, was not clearly represented. There was definite contrast between the background of inadequacy (not usually identifiable with our conception of inadequate types of psychopathic personality), commonly seen in the schizophrenic reactions, and the 'classic' psychopathic personality with emotional instability and incompatibility found in the manic-depressive
of manic phase and the mixed types of reaction. Superficially at least this contrast is well expressed by the terms 'asthenic' and 'sthenic' personality. The depressive reactions, also, somewhat like the schizophrenic, did not as a rule show in the background distinct psychopathic personality. The 'mixed' reactions afforded some striking cases of coincidence of profound psychopathic formulations and high degree of psychotic disorder. Among twenty-six cases in which there was addiction to alcohol or other drugs there was found very little manifest evidence of psychopathic personality. A group of unclassified and miscellaneous cases contained some interesting individuals, but no significant generalizations emerged from them.

C. S. R.


This communication is based on the study of seven cases of pellagra, all of which clinically showed psychotic disorder. According to the author such psychosis is characterised by its progressive nature and may actually develop while other, somatic, manifestations of the disease are not in evidence or are improving; indeed, he goes so far as to say that the psychosis of the pellagra develops in cases that are hygienically satisfactory and that do not seem to be much under the influence of the alleged etiological factors of the disease.

It is curious that in only four of the seven were spinal cord changes noticed; in the others they were minimal or absent. Accordingly it is concluded that pellagra is no disease of the spinal cord, but a brain disease; and the statement is made in so many words that "the concomitant involvement of the cord, not infrequent, yet sometimes wanting, has nothing to do with the still unknown cause of pellagra"!

In the brain the changes are seen mainly in the Betz- and other ganglion-cells, and consist of swollen cytoplasm with disappearance of Nissl substance; increase of fat and pigment in the cells; distention and hyaline change of capillaries and precapillaries in the outer layers of the cortex; there are no signs of inflammation. It is said that similar changes are also found in ergotism and in poisoning by coal gas and by lead; and it is argued that the psychoses of these states are of vascular origin and may be usefully described as "angiogenic psychoses."

S. A. K. W.


The author suggests that the acute psychoses are reaction types, the reactions occurring on the constitutional basis of the susceptibility of certain brain mechanisms to systemic toxic conditions. These systemic toxic conditions
PSYCHOPATHOLOGY

originate in a disturbance of function in an abnormally sensitive central autonomic mechanism. Personality is to be regarded only as influencing the type of psychosis. The rôle inheritance plays in mental and nervous affections should not be judged entirely from nervous manifestations, but allergic reactions in general should receive more consideration because of their probable nervous origin. The exciting cause may be either psychic, physical, or a combination of both these factors.

C. S. R.


The purposes of this study were: (1) to discover the effect of insulin on the blood-sugar of psychotic patients as a preliminary to other insulin studies; (2) to find the type of reaction to insulin in the affective and schizophrenic psychoses; (3) to determine whether there is any difference in the reaction between patients with affective and schizophrenic psychoses; (4) to make a comparison of the reaction in psychotic patients with that obtained in normal patients.

In general, it was found that patients suffering from malnutrition benefited by insulin therapy. The appetite and amount of food intake were increased in practically all cases, and the dry, gray, flabby skin took on a healthy appearance. The effect on the mental status was difficult to appraise but there seemed to be an improvement in a few patients.

R. M. S.

PSYCHOPATHOLOGY.


A general survey of results leads to the conclusion that there are two distinct pathological processes at work in general paralysis: (1) A local irritative and destructive change, confined mainly to the cortical regions supplied by the anterior and middle cerebral arteries. This change is associated with the presence of spirochaetes in those regions, and is characterized by a distinct specific neuroglial reaction in the deeper cortical layers. (2) A general vascular proliferative change accompanied by destruction and degeneration of neurones. This is believed to be mainly the reaction of the brain to the prolonged effects of syphilis, and to be analogous to the marked vascular changes which occur in other body tissues in systemic syphilis and in general paralysis. It does not appear to depend on the actual presence of the spirochaete in the cortex.

The relative intensity and persistence of each process account for the variation in the clinical signs and the morbid changes in the different types of