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 spirochaeties 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
case. A preponderance of vascular change with few spirochætes is to be inferred in cases of the confused or demented type, while the presence of the spirochæte in large numbers in the cortex is characteristic of the more active grandiose or emotional type. From the therapeutic point of view, it is interesting to record that in the treatment of general paralysis by malarial inoculation and tryparsamide, the best results, so far, have been obtained in grandiose cases and in those with agitated melancholia. In cases of the confused or demented type, little or no improvement has followed.

C. S. R.

[258] Syphilitic pseudobulbar dementia (Démence pseudobulbaire syphilitique).


Foix and Chavany isolated in 1926 a variety of syphilitic mesencephalitis with mental change, existing in two main varieties, according as hemiplegia coexisted or not. The present example, occurring in a man of 39, consisted clinically in:

(1) Pseudobulbar signs: emotional incontinence, typical speech disorder, and difficulty in swallowing.

(2) Left-sided hemiparesis.

(3) Psychological changes: puerilism, aboulia, disturbances of affectivity and of judgment.

Although the blood-pressure measured 170/110 and the blood and spinal fluid reactions were negative, the author regards syphilis as the etiological factor. In support of this view he points to the previous history of ocular palsies and the presence of pupillary alterations.

M. C.


We can get at the roots only by studying the delinquent in his environment. Briefly, the cause is failure to adjust to social life as he finds it, either from mental or physical inadequacy, or both. It may be said that often it can be traced to natural instincts and emotions, which the culprit neither understands nor knows how to control, coupled with ignorance on his own part or on that of those responsible for directing his life. Attention is drawn to the importance of slight and often unrecognized attacks of encephalitis lethargica, one of the outstanding results of which is permanent or occasional diminution of responsibility. This explains more bad conduct and suicides than is generally realized. Good home relationships are essential for good conduct in the young. But unless they are hopelessly unsatisfactory or there is bad example and training, home is the proper place for the young delinquent. The requisites for the healthy development of a child are: love and the sense of security that love brings; an opportunity for developing his own individuality; and he must have good examples in front of him. All ordinary instincts must be guided into satisfactory channels. The problem with delinquents at a late sage its
often to find out what earlier training has been faulty or neglected and to see that something is done to compensate for this. Our aim should be prevention of serious misdemeanour. This can be achieved by social betterment, including better housing and more public parks and open spaces. The School Medical Service should be developed so that it can deal with both physical and psychological difficulties. Finally, magistrates should never dismiss the first offender who has often been going wrong for years and is probably living in an unsatisfactory environment, for which reason he requires much help.

C. S. R.


It is possible, though not probable, that within the group of feebleminded there are more males at the lowest level, more females in the somewhat higher grades, and finally more males in the highest grades. This theory would require a complex idea of the distribution of intelligence and one at variance with ideas now current. It is assumed, at present, that the distribution of intelligence represents a normal curve, with its highest point agreeing with average ability and then a gradual decline in both directions, with superior intelligence at the upper end and inferior ability at the lower. This is, however, an assumption that needs further verification. It is possible that the Binet scale may fail to show true sex differences in children of normal intelligence, but that where mental defect is present, there may be a tendency for slight differences in ability in the two sexes to be exaggerated. It is probable that so large a social element, which can in no way be represented by mental age or I.Q. scores, enters into the appearance of feeblemindedness that tests like those of the Binet scale are not as successful in giving an exact definition of feeblemindedness as we might hope. It is true that certain individuals who have all the characteristics of feeblemindedness as described in general terms of ability and conduct still occasionally make fairly high scores on the Binet scale; whereas, on the other hand, certain persons who have a surprisingly low mental age still succeed in the community under average social conditions. The Binet tests are valued aids in the diagnosis of mental deficiency but they should be accompanied by others in determining both the existence of mental defect and the grade of defect present.

C. S. R.

[261] Reading disabilities in relation to maladjustment.—Phyllis Blanchard. Mental Hygiene, 1928, xii, 772.

Despite the existence of a considerable literature on the subject of reading disabilities, these often remain unrecognized by teachers and parents, being confused with mental retardation or deficiency. When this disability persists
over a period of years, it leads to failures in school and thus sets up a feeling of inferiority. Unless adequate and socially acceptable compensations for the feeling of inferiority are developed, personality and behaviour deviations are apt to arise. These deviations are usually rather mild, taking the form of day-dreaming, an oversensitiveness which may lead to unpleasant relationships with schoolmates, or inattention, absentmindedness, and lack of interest, all of which are annoying in the classroom. Even if adequate compensations for inferiority are found, the educational maladjustment still persists, and this may lead to vocational maladjustments in later life. This is particularly true when the child with a reading disability happens to be of superior intelligence. Some of the common causes of this disability seem to be undiscovered vision defects; emotional conditionings in the early years of school life; inadequate teaching in the early grades, or changes from one pedagogical method to another during the acquisition of the fundamental skill which is necessary for reading proficiency. The correction of reading disability ordinarily results in better educational adjustment. With the substitution of success for failure in the environmental situation, the feeling of inferiority is relieved, and compensatory mechanisms are no longer needed. Behaviour deviations, therefore, disappear.

C. S. R.


The average blood-pressure in the insane varies according to age—the older the patient the higher the blood-pressure. There is little or no difference between the blood-pressures in mania and melancholia. The large majority of insane epileptics exhibit a constant lowered blood-pressure, which is independent of the number or frequency of the fits or of the form of epilepsy. Epileptics in common with normal persons may have their blood-pressures raised by such conditions as arteriosclerosis and chronic Bright's disease. Non-epileptic defectives conform in general to the average of all types, but have comparatively low pressures after the age of fifty. It is clear, therefore, that mental symptoms in the insane bear no relationship to blood-pressure, the cases with epilepsy being excluded. In the latter it is probable that the lowered pressure is related to the epilepsy and not to the mental symptoms presented.

C. S. R.


The interrelation between focal sepsis and the variation in agglutinin-formation of the insane may occur through the medium of a high intestinal sepsis caused or induced by infection with paratyphoid or food-poisoning organisms. Poisoning and loss of leucocytes in the intestinal tract, a bacteriæmia of intestinal organisms, most of which are rapidly killed, and re-infection from pyæmic focal sepsis originally caused or initiated by the bacteriæmia, are probable factors in this relation.

C. S. R.