speak of a typical schizophrenic, a typical manic or of mixed types, and Bleuler questions whether it is even necessary to differentiate between the two. Hence, too, a paretic or senile case may act like an expansive maniac or a paranoiac, and an apparent neurotic becomes a psychotic; it all depends upon the degree of schizoid or syntonic reactions that they possessed throughout their lives.

In respect to the psycho-neuroses it will be found that they are preponderatingly schizoid. Though they may never become schizophrenics they always manifest deep schizoid trends and a guarded prognosis is advisable. Most neurotics are latent schizophrenics, and the compulsions and so-called neurasthenias are also manifestations of schizoid mechanisms. Obsessions, phobias and hysterias remain schizoid in their reactions even after making excellent recoveries under psycho-analytic treatment.

Psycho-analysts have known these reactions under different names, and translating schizoidism and syntony into Freudian terms, we can say that every transference neurotic has also a fragment of narcistic libido, and depending on the quantity and perhaps quality he is either a frank transference neurotic, a mixed type, or so deeply narcistic that he cannot be influenced by any treatment. We still have to find why one schizoid reacts as a compulsive neurotic or hysteric and the other as a schizophrenic, and only by studying the cases analytically can we hope to come to the nucleus of the questions involved. A. WILSON.

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6. Treatment.

The Treatment of Morphinism [*Über die Behandlung des Morphinismus*]. (*Münch. med. Woch., November* 7, 1924.) *Hösslin, R. v.*

It is pointed out that this is one of the most difficult tasks in medicine. Whereas many patients have no tendency to habit-formation when given morphia, others form a habit readily; this is ascribed to a specific readiness of the brain-cells to combine with morphia, with a resultant alteration of their functioning, and also an increased ability of the organism to destroy the drug; these factors give rise to the need for ever-increasing dosage and to the development of abstinence symptoms. Clinical experience shows that this tendency to habit-formation occurs in mentally unstable persons, who have little power of resistance to physical or mental pain and a defective capacity for sleep, who seek relief and restoration of energy in drugs and readily become dependent on such relief, which is given only by increasing doses.

Regulation of the sale of morphia is unsatisfactory and the drug can usually be procured by *habitués*. A great difficulty in treatment is the legal one that patients cannot be detained for cure against their will for a sufficient time to reduce to a minimum the risk of relapse.

A detailed account is given of the precautions necessary for treatment, which can only be given satisfactorily in a "closed

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institution" or asylum; the cunning of the *habitué* in hiding supplies or procuring them in disguised forms and the need for trustworthy nurses are strongly emphasized. The author prefers a gradual withdrawal to a sudden one, and gives three doses a day at the start, reducing the night dose last. He advocates giving large doses of sodium luminal subcutaneously so as to tide the patient over the abstinence symptoms by keeping him in a state of twilight sleep, and gives also camphor and caffeine injections to overcome the feeling of prostration. Finally he insists on the need for several weeks' strict watching after the complete withdrawal of all hypnotics, and for a period after this requires that the patient shall again submit to 48 hours' strict isolation every 8 to 10 days. Refusal to being searched will suggest a bad conscience, the process being repeated every three months for a further period.

For other drugs than those of the opium series he advocates immediate withdrawal, as the abstinence symptoms are less severe and prolonged.

He is in favour of compulsory legislation for the treatment of drug cases, and does not make any suggestion of psychotherapy or attempt to gain the patient's co-operation otherwise than that involved in submitting himself to restraint and restrictions. M. R. BARKAS.

Morphinism [*Über Morphinismus*]. (*Münch. med. Woch.*, *July* 4, 1924, *p.* 893.) *Wuth, O.*

Therapeutic remarks: The treatment of morphinism is primarily that of overcoming the abstinence symptoms; generalizations should not be made, but each individual should be treated according to his special constitution. Patients complain that the usual sedative drugs do not allay the symptoms but merely add to them a feeling of stupefaction. Chloral hydrate is especially to be avoided, as it often has a paradoxical action and produces states of excitement. Alcohol has the same objection as to unpleasant after-effects. Scopolamine and atropine are generally to be avoided, and given only if sweating, salivation and motor unrest predominate; and they often fail to remove these. Antipyretics, baths, fresh air, venesection and "protein shock therapy" have given good results, probably through their action on the autonomic system. Intravenous cholin has been found useful by Klee and Grossmann, but is still in the experimental stage. Various endocrine products and drugs acting on the autonomic system should be tried with due consideration of the individual's special modes of reaction, while the general narcotization of the autonomic system by antipyretics or by small doses of morphia during gradual withdrawal should not be neglected. M. R. BARKAS.

The Use of Twilight Sleep in Insanity [*Die Anwendung der Dauernarkose bei Geisteskranken*]. (*Münch. med. Woch.*, *October* 17, 1924.) *Wiethold, F.*

The author gives a general survey of the treatment with somnifen introduced by Kläsi and now widely tried. His general conclusion

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