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Electric Shock Therapy.

An electric shock is advocated as an alternative to cardiazol in schizoprenia, etc. Currents of 300–600 m.a. at a voltage of 80–115 are applied for $\frac{1}{2}$ to $\frac{1}{10}$ second. A feature of the immediate result is intense flushing of the skin which, though this fact is not mentioned, is suggestive of that produced by histamine.

H. W. EDDISON.

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- *Statistical Remarks on the Contribution of Gabriel entitled: "The Descendants of Alcoholics." *Scholz, E.* 108

A Method for Obtaining Brain Potentials from Subcortical Regions.

A method is described for the investigation of subcortical potential variations founded on the Hess method for the exploration of the nervous system with needle electrodes fixed in the skull. After termination of the observation the exact position of the electrodes is determined by making them into the anodic poles of a constant current with an extracranial indifferent electrode, and then demonstrating the electrolytically deposited iron by the Prussian blue reaction. It is claimed that characteristic records may be obtained for all the subcortical nuclei.

On the Relation between Meningitis and Ependymitis and the Morphogenesis of Granular Ependymitis.

In 50 cases of meningitis of various origins, the internal paths of the cerebro-spinal fluid circulation were always found to be involved in a process of ependymitis. Ependymitis originates generally through the conduction of an infection of the outer cerebro-spinal fluid spaces to the interior, and only very rarely as a hæmatogenous or an encephalitic process. This path of infection by the cerebro-spinal fluid accounts for the limitation of pathological changes to a small periventricular marginal zone. Three stages may be distinguished in the infiltration of the periventricular zone. First the appearance of a subependymitis and a cellular exudate on the ventricular walls. Secondly a replacement of the free exudate cells by organized glia-cells which break through the ependyma. The final stage occurs in the formation either of the nodular fibrous patches of granular ependymitis or the more spread-out glial layers of ependymitis diffusa. The ependymitis granularis generally found in general paralysis and tabes represents the final stage of luetic meningitis.

Pathological-anatomical Changes in the Brain caused by Avertin Poisoning.

In a case of avertin poisoning clear signs of an acute toxic process were detected in the central nervous system. A definite ganglion cell fatty degeneration was present without the pathological process showing affinity for any particular locality. The glia showed generalized fatty degeneration, together with an acute inflammatory reaction of the pia and of the endocerebral mesenchyma.

Statistical Remarks on the Contribution of Gabriel, entitled: "The Descendants of Alcoholics."

The author considers that the morbid states attributed by Gabriel to the descendants of alcoholics are too ill-defined to support any theory of the existence of damage to the germ-plasm in chronic alcoholics.

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*Pseudo-tabetic and Pseudo-paralytic Symptoms in Cerebral Commotion. <i>Eichler, P.</i>	

Cerebral Circulation in Experimental Convulsions.

An attempt was made to ascertain the role of vaso-constriction in the production of experimental epilepsy. A Gibbs type of electrically-heated needle combined with a thermo-couple was used. Monkeys and cats were used for the experiments, some with general dial anæsthesia, and some with local anæsthesia. The brain was covered to guard against heat loss, and under the covering it was excited by a movable bipolar electrode with "Thyratron" interrupters. Convulsions caused by electrical stimulation, and in the case of some sensitized animals spontaneous convulsions, were found to be invariably accompanied by the thermo-electrical signs of an increased blood-flow in the grey matter. This increased blood-flow began a few seconds after the first muscle twitches and continued for some time after cessation of the fits. No change of blood-flow was detected in the white matter. The increased blood-flow was observed on the contralateral half of the cerebrum in one-sided fits and in the motor cortex, the putamen, the caudate and the thalamus. In bilateral convulsions the increased flow was observed bilaterally. No evidence of local vaso-constriction was ever observed.

The Effect of Short-wave Irradiation of the Head on the Cerebro-spinal Fluid Pressure.

The behaviour of the cerebro-spinal fluid pressure was investigated when the head was irradiated for ten minutes with 10 m. waves from a Siemens ultratherm emitter. It was found that irradiation of the head gave rise to an increase of intracranial pressure with a simultaneous reduction of the blood-pressure. The observation points of course to an increased cerebral blood-flow consequent on vasodilatation.

Traumatic Thalamic Lesion with Hemianæsthesia and Severe Mental Disturbance.

A case is described in which a severe head injury with fracture of the skull was followed by a left-sided complete anæsthesia, together with left-sided loss of taste and smell. The somatic disturbances were accompanied by marked mental change characterized by affective disorder, and resembling the condition described by Kleist as a mesencephalic disturbance of excitability.

Pseudo-tabetic and Pseudo-paralytic Symptoms in Cerebral Commotion.

A study of three cases of a typical commotional psychosis confirms the observations of Roemhold that traumatic cerebral lesions may give rise to a condition resembling pseudo-paralysis. The loss of deep reflexes and of the pupillary reaction gives rise to a clinical picture differing from that of genuine tabes through the absence

of fixity of the pupillary aperture. The total loss or depression of the deep reflexes was present in one case many years after the accident. The author considers that the pupillary and tendon reflex disturbances are due to a diencephalic lesion, which in one case was also manifested by glycosuria and excessive loss of weight.

BRAIN.

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Olfactory Alloæsthesia.

The writer describes a condition in which a stimulus applied to one olfactory membrane is not appreciated on that side, but is thought to arise in the opposite nostril. In nine of the twelve recorded instances, a cerebral tumour was found on the side from which the odours were transferred. In the three remaining cases the tumour was on the opposite side.

The writer supports Hammonds' theory and considers it possible that a tumour in one cerebral hemisphere may prevent the correct perception and identification of an olfactory stimulus on that side, so that the impulse is in turn diverted to the opposite olfactory centres via the anterior and hippocampal commissures.

G. W. T. H. FLEMING.

Tumours of the Thalamus.

The writer describes six cases of tumours affecting the thalamus. Five were gliomas and one a sarcoma. They appear to take origin from the subependymal glial layer and have primary relation to the medial areas of the thalamus, the caudate nucleus, the roof of the mid-brain and the walls of the lateral ventricles. The tumours invade the brain in a lateral direction, and have no tendency to invade the region of the tuber.

Clinically they show early mental deterioration and early conjugate ocular palsies. In the early stages cases may resemble general paralysis.

G. W. T. H. FLEMING.

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 *The Principles of Caricature. *Kris, E., and Gombrich, E.* 319
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Individualism in Psychotherapy.

The value of the scientific method is so great that there is a natural desire to extend its application; some have tried to work with it in departments of life to which it is not suited. The scientist has a clear goal; he seeks to add to knowledge, and thus to find "truth". The psychotherapist, as such, is not primarily interested in adding to knowledge or in the quest after "truth". His immediate aim is to alleviate suffering. The material with which he is concerned does not lend itself to the observation and experiment of the laboratory or the analogous procedure of clinical investigation and demonstration. Hence he should use another approach—the individual method. The psychotherapist should realize that this method is dependent upon subjective factors, and can make no pretensions to being scientific. It is used in conditions which cannot be standardized. He has no right, therefore, to make pronouncements about the objectively valid—that which is true for all men—the "real" world. It would be unwise to regard as final either the scientific or the individualistic method. Wisdom lies rather in the recognition that one is inconceivable without the other.

Dr. Bennet doubts the wisdom of accepting anyone for training as a psychotherapist who is under thirty. Personal analysis should be compulsory. He should also have a knowledge of philosophical principles, of academic psychology, of the various theories of the schools of psychopathology, and a first-hand acquaintance with psychotic illness, preferably in the mental hospital. It is noted that the facilities for training psychotherapists in this country are woefully inadequate.

S. M. COLEMAN.

Some Ætiological Factors in the Pathology of Stammering.

Two cases of stammering are presented. In one, ideas of inferiority seemed to be the essential causal factor and the case is explained along Adlerian lines; in the other oral-erotism was conspicuous, and a Freudian interpretation is attempted. From these two cases it is concluded that a mass treatment of the pathology of stammering is inadequate. Each case presents its own peculiar problems and must therefore be treated individually.

S. M. COLEMAN.

The Principles of Caricature.

It is shown how in caricature the same unconscious mechanisms are made use of as in the dream-work and in wit. There is exaggeration of the weakest feature: distortion, for instance, by dwarfing the body; simplification; tabs of identity—that is, substituting a single feature for the whole; and condensation—that is, compressing within the portrait both the individual caricatured and, for instance, some animal, fruit, etc. The most interesting problem, however, is why portrait caricature was not known to the world before the end of the sixteenth century. Here various theories are reviewed, but all are shown to be unsatisfactory. A psycho-analytic explanation is then advanced. Image-magic, we are reminded, is the most widespread of all spells. Caricature as an art could not develop while this image-magic remained strong; while it was considered not as a joke, but as a possible injury, to distort a man's face—even in a picture. Such play with images presupposes a degree of mental freedom which was only achieved in comparatively recent times. This monograph is abundantly illustrated, and also contains a bibliography.

S. M. COLEMAN.

The Nescience of the Aranda.

Ashley-Montagu and Malinowski maintain that native Australians or Trobrianders have no exact physiological knowledge of the relation between coitus and conception. The author, as a result of his field-work, convincingly shows that their knowledge on this matter is unconscious or partly repressed. In actual fact there is, as is so often found in the child, a curious dissociation between actual knowledge

and avowed knowledge. In accordance with their totemic theology they deny all realization of the father's part in conception, but, at another level, they are shown to be thoroughly aware of the facts of life. S. M. COLEMAN.

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CONFINIA NEUROLOGICA.

VOL. I.

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Multiple Causation of Nervous Diseases.

Two different pathological conditions simultaneously affecting the organism may sometimes be the cause of the explosive development of a nervous disease, as the author first observed in some cases of Raynaud's disease. Influenza has a great tendency to make latent infections manifest. The influenza virus may combine itself with the syphilitic organism or may activate it. There has been described the postencephalitic development of multiple sclerosis, syringomyelia, progressive muscular atrophy, amyotrophic lateral sclerosis, hemiplegia, epilepsy and psychoses. Traumatic conditions require very careful investigation. The neuroses are often closely related to organic conditions previously acquired, particularly infective diseases, cachectic states accompanying blood diseases or tumours and endocrine disorders. (Author's abstr.)

The Reflex Relations between the Viscera and the Sweat-glands and their Significance in Diseases of the Internal Organs.

In three cases with gall-bladder disease the colorimetric examination of sweat secretion showed distinct disturbances in the corresponding dermatomes (T₇-T₉), the result of a viscerosudoral reflex. The impulses originating in the gall-bladder enter the cord via the posterior roots, and stimulate the vegetative nuclei in the lateral horn or in the intermediary zone. The functional state of the sweat-glands is eventually changed, either by way of the rami communicantes or by way of afferent fibres in the posterior roots. The disturbance of sweat secretion produced by the viscerosudoral reflex may be a hyperidrosis, or a hypo- or anidrosis. There may be dissociation between the area of sweat disturbances and Head's area of sensory disturbances. The segmental disturbance of sweat secretion may also be found, if Head's zones are absent. (Author's abstr.)

A Case of Recklinghausen's Neurofibromatosis combined with Lateral Spinal Meningocele.

There was a direct communication between the meningocele and the dural sac. The tumour corresponded to an hour-glass tumour, growing extraspinally through the intervertebral foramen. The characteristic symptoms are radicular pains and those of a transverse lesion of the spinal cord. The tumour becomes secondarily cystic by degeneration of the extraspinal portion. In this case there was no intraspinal portion, so that the tumour did not actually belong to the group of hour-glass tumours. Myelographic examination is essential in diagnosing these tumours. G. W. T. H. FLEMING.

No. 6.

- *The Investigation by Means of Guttman's Method of the Restitution of Sweat Secretion in Regeneration of Peripheral Nerves after their Complete Interruption. *Hauptmann, H.* 349
- *Pathological Correlations of the Motor System of the Eye. *Halpen, L.* 362
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The Investigation by Means of Guttman's Method of the Restitution of Sweat Secretion in Regeneration of Peripheral Nerves after their Complete Interruption.

The stages of regeneration of a peripheral nerve may be studied as far as the restoration of sweat secretion is concerned by the chinizarin method. The restoration of the sweat secretion runs parallel to that of pain sensation. Completely normal sweat secretion appears only after recovery of all qualities of sensation. The area of sweat sensation in the zone of distribution of a peripheral nerve and the area of sensation, particularly of pain sensation, differ from each other in extent and shape. The restoration of sweat secretion during regeneration progresses distalwards or concentrically. Small islands showing sweat secretion may also appear; these islands may gradually increase in size and coalesce. The restoration of the sweat secretion is accompanied by a regression of the hyperidrosis found in the surrounding areas. (Author's abstr.)

Pathological Correlations of the Motor System of the Eye.

Two phenomena of pathological ocular correlation were observed. One appeared in coma, and consisted of consensual elevation of the lower lid on illumination of the opposite eye. This consensual lid reflex seems to be a defence reaction. It could be elicited from either eye. It is assumed that its pathway lies in the subcortex. The second phenomenon consisted in spastic closure of the left eyelid on voluntary movement of the eyeballs to the left. This association between lateral ocular movement and blepharospasm probably takes place by irradiation of the impulse originating in the frontal cortex to the facial nucleus. (Author's abstr.)

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*Pearly Tumours of the Nervous System. <i>Askenasy, H.</i>	209
Delirium and Multilocular Sclerosis. <i>Aubin and Barvaux, A.</i>	239
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Pearly Tumours of the Nervous System.

Observations on six cases of pearly tumours are reported. They are of extreme rarity, their frequency being less than 0.4% of all intra-cranial tumours. Their point of origin is usually at the level of the basilar process, and they may extend to the ponto-cerebellar angle, to the temporal fossa or to the region of the sella. Histologically these formations have been for a long time inaccurately designated as "cholesteatoma". This name implies a histogenetic conception which does not agree with the actual facts. The term "pearly tumour" (Cruveilhier) is preferred. More precisely these tumours belong to the group of congenital cysts, and could be called "epidermal cysts with cholesterol".

From the microscopic point of view they present from the periphery inwards (1) a condensation of nervous tissue with proliferation of neuroglia; (2) the walls proper of the cyst formed of stratified epithelium; (3) the cyst content, a lipoid substance, coloured red by Sudan III. Clinically, pearly tumours are characterized by their very slow evolution and the poverty of localizing signs. Treatment is essentially surgical; prognosis depends on the site and extent of the formation. More than in any other tumour there is the danger of post-operative decompression.

S. M. COLEMAN.

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*Changes in Vestibular Chronaxie in Rabbits under the Influence of Alcohol. <i>Brun, M.</i>	46

Changes in Vestibular Chronaxie in Alcoholics as a Result of the Administration of Alcohol.

The measurement of vestibular chronaxie made on alcoholics (without administration of alcohol) showed: (1) In the first period of abstinence in the non-psychotic alcoholic the chronaxie is often above normal; (2) in the course of an acute alcoholic psychosis it is markedly below normal, down as far as a level characteristic of the emotivity of a child of three; (3) in chronic alcoholism, after a prolonged period of abstinence, the chronaxie is usually maintained at a level below the normal.

A further series of experiments was undertaken demonstrating the modifications of vestibular chronaxie following the administration of alcohol. The degree and duration of these changes were found to be directly in proportion to the amount of alcohol taken. In all cases the modifications presented three phases: (1) lowering, (2) augmentation, (3) return to the original value. In alcoholics these changes were more marked than in the non-alcoholic group. S. M. COLEMAN.

Changes in Vestibular Chronaxie in Rabbits under the Influence of Alcohol.

It was found that (1) states of profound alcoholic narcosis persisted after the return of the vestibular chronaxie to normal, and (2) in comparison with man, the duration of alcoholic prostration in the rabbit is always much shorter after the absorption of a quantity of alcohol relatively considerable for its weight.

S. M. COLEMAN.

JULY-AUGUST, 1938.

*A Clinical Conception of the Neuronoses and Neuromyloses. <i>Austregesilo, A.</i>	61
*Spontaneous and Therapeutic Remissions. <i>Teulié, G.</i>	82
*Observations upon the Use of Cardiazol Treatment in Several Cases of Schizophrenia. <i>Pamboukis, G., and Tsiminakis, J.</i>	94
*Contributions to Biotypological Studies in Schizophrenia: Blood Constitutional and Racial Groups. <i>Prokop, J., Skalickova, O., and Cupik, J.</i>	104

A Clinical Conception of the Neuronoses and Neuromyloses.

A series of cases are presented showing the neurological changes resulting from vitamin B deficiency and from anæmia, together or singly. It is pointed out that the peripheral nerves have not an independent pathology; there will always be associated changes in the central nervous system. Again it is shown that, for these conditions, polyneuritis is a misnomer; there is no inflammatory process, the condition being one of degeneration. The author prefers the terms "neuronosis" or "neuromyelosis", according to the distribution. S. M. COLEMAN.

Spontaneous and Therapeutic Remissions.

Treatment of three schizophrenics with sulphur injections was followed by remission. The cases are presented in order to show how guarded the psychiatrist should be in evaluating the importance of the therapeutic agent. All three individuals had previous or subsequent remissions without the aid of injections. We

are reminded that 30% of schizophrenics show spontaneous remission. It is asked, how should one determine in an individual case whether the recovery is due to the treatment; has merely coincided with the treatment, or has perhaps been hastened by it? The question is considered to be of special significance at present on account of the wide application of Sakel's method.

S. M. COLEMAN.

Observations upon the Use of Cardiazol Treatment in Several Cases of Schizophrenia.

Report on 23 cases of schizophrenia treated by cardiazol injections, of which only two had shown symptoms for less than two years. Of the two recent cases, one made a social recovery. Eight of the chronic cases showed a mild and transitory amelioration. The remaining cases derived no benefit from the injections.

S. M. COLEMAN.

Contributions to Biotypological Studies in Schizophrenia: Blood Constitutional and Racial Groups.

A study of 1,767 schizophrenics, according to blood groups, showed practically no variation from that of the normal population of Bohemia. An investigation into the constitutional types of Kretschmer corroborated the findings of other workers. No predominance of racial type was discovered.

S. M. COLEMAN.

SEPTEMBER-OCTOBER, 1938.

- *The Syndrome of Mental Automatism in Schizophrenia. *Kourélas, D., and Scouras, P.* 117
 *The Psychotic Form of Epidemic Parotitis. *Urechia, C. I.* 144
 A Case of Paraplegia in Flexion of Cerebral Origin. *Zand, N.* 151
 On Tonic Phenomena in the Pigeon Suffering from Beri-beri. *Getzowa, S., and Halpern, L.* 157

The Syndrome of Mental Automatism in Schizophrenia.

The therapeutic results, obtained by Sakel's method, show how important it is to make an exact diagnosis at the onset of schizophrenia. From their clinical observations during the early stages of the psychosis the authors have established that the syndrome of automatism is the fundamental feature of the condition and the first to manifest itself. At this stage the syndrome may only be observed as mechanical and parasitic thought phenomena, such as: thought-echoing, sonorous thought, explosive words, neologisms, intrusive thoughts, commentaries, intuitions, premonitions and telepathic experiences. At a later stage these phenomena will be accompanied by thought-blockage and interference.

S. M. COLEMAN.

The Psychotic Form of Epidemic Parotitis.

A review of the literature concerning mumps with nervous complications, is followed by a case-report. A woman, aged 54, developed epidemic parotitis, and died on the ninth day of her illness from myocardial failure. Mentally she presented a state of mania, complicated by mild confusion. The findings at the autopsy, a meningo-encephalitis, supported the few previous reports on this rare complication.

S. M. COLEMAN.

NOVEMBER, 1938.

- *On Constructive Apraxia and on the Apparent Disorders of Apperception and of Expression of Spatial Relations. *Janota, O.* 173
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On Constructive Apraxia and on the Apparent Disorders of Apperception and of Expression of Spatial Relations.

A detailed report on a case of constructive apraxia and allied symptoms following injury to the left parieto-occipital region is followed by a critical discussion. Within the constructive apraxic syndrome there was inability to draw in perspective or to reunite parts to form a whole. Closely allied to the syndrome are acalcularia and the faculty of distinguishing the fingers and left from right, also present in this case. It is pointed out that the fundamental operation in calculation is a spatial one and therefore closely allied to constructive apraxia, as also are finger agnosia and the inability to tell right from left. It is concluded that the essential disorder is a failure of perceptive and expressive ability regarding spatial relations. It is further found that constructive and classical apraxia do not differ fundamentally so much as in degree. Agnosia and constructive apraxia are found to be intimately bound together. Besides the essential syndrome there were mild aphasia, alexia and agraphia. The inability to delimit these does not mean that they are to be confounded. Regarding anatomical localization, the author describes a second case, exhibiting the same syndrome. Here, at the autopsy a tumour, a meningioma the size of an apple, was discovered having its centre at the angular gyrus. This finding was considered to support the opinion that disorders of perception and expression of spatial relations are associated with lesions of the left parieto-occipital region. The tumour was, however, too gross to permit of a more specific localization.

S. M. COLEMAN.

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Construction in Analysis.

It has been argued that in giving interpretations to a patient the analyst treats him upon the principle of "heads I win, tails you lose". That is to say, if the analysand agrees, the interpretation is right; if he contradicts—that is resistance—the interpretation is still right. In actual practice the "yes" or "no" of the analysand is not accepted at its face value. The affirmation or dissent must be followed by indirect confirmations. The nature of these is dealt with in detail. Should this indirect corroborative evidence fail to manifest itself, it is an indication that the analyst has given a wrong construction.

In a certain proportion of cases the analyst's constructions lead finally to the patient's recollection of the original experience but it does not always lead so far. In many therapeutically successful cases, the patient has an assured conviction of the truth of the construction without recapturing the memory. In such cases related details to the subject of the construction are recollected, but not the event. They frequently occur as day-dreams, and it is pointed out that if belief were added they would be hallucinations. Freud speculates as to whether hallucinations, also, are not screen-memories for childhood experiences that have been repressed and forgotten.

S. M. COLEMAN.

Ego-disturbances and their Treatment.

By demonstrating the derivatives of repressed material to the analysand, psycho-analysis leads to the toleration of less and less distorted derivatives, until finally the ego is confronted with its repressed content. In thus removing the isolation of these contents from the whole personality, and allowing the repressed instincts to catch up with the development which the ego as a whole has passed through in the meantime, it changes infantile into adult sexuality, and so makes an ordered sexual life possible with consequent development of sublimations.

The first task is to make the id accessible by ego-analysis. As a result of the conflict permanent ego-alterations have taken place. The forces, which at one time opposed each other, are now wasted in the hardened defensive attitudes of the ego. Ego-analysis aims at enlisting the support of the reasonable observing ego,

and dividing it from the automatic, defensive, experiencing element. By this means the bound energy is set free and the original conflict re-activated.

S. M. COLEMAN.

Some Remarks on Treatment of Sexes in Palæolithic Art: A Psycho-analytical Note on Palæolithic Art.

The salient feature of the earlier Aurignacian drawings is the remarkable concentration on female characteristics. Not only do the number of female statuettes greatly exceed those of male ones in the proportion of 70 to 5, but not one phallus has been found to set beside the numerous images of the vulva. It is a peculiarity of these female figures that while the torso and secondary sexual characteristics are accentuated, the head and limbs are obscured. As a result, the figure as a whole takes on a phallic significance. Dr. Heilbronner concludes that man in the Ice Age attributed especial importance to composite representations of the male and female sexual organs.

In the later Magdalenian epoch there were three important changes. Instead of the female sex predominating, the male sex is the more prominent of the two. Images of the vulva have become rare, those of the phallus common. Next, the artistic impulse seems almost to have disappeared; the figures are now debased and lifeless repetitions in a flat two-dimensional plane. Jones suggests that the more purely libidinal motive has been displaced by others of a more conflicting order. Thirdly, the figures are now represented no longer *en face*, but in profile. Palæolithic man invariably depicted animals in profile—the posture he was accustomed to when shooting at them to obtain food. The attitude of the draughtsman towards the human beings he depicted therefore approximates in the Magdalenian epoch to that towards his prey. This could result from either an increase in cannibalism or a heightened hostility among the males.

Jones ventures a sociological explanation for these differences. He concludes that for some reason, climatic or cultural, life was harder for Magdalenian than for Aurignacian man, and that it may well have been a time when the conscience was undergoing an important development.

S. M. COLEMAN.

The Position of the Psychopath in the Psycho-analytic System.

For the understanding of the psychopath Jones's division of the phallic stage into the protophallic and deuterothallic is useful. A large group of psychopaths have their fixation point in the former level; genital primacy is achieved, but there is little awareness of the œdipus complex, castration fear, or the importance of the difference between the sexes. Don Juan is the classical example of the protophallic type, and analysis shows that bisexuality is his dominant characteristic. The performances of the criminal phallic psychopath indicate desexualized polarities at the place of the original bisexuality. They steal; polarity of mine and yours. They lie: polarity of true and untrue. They play parts: polarity of me and the other fellow. They are aggressive: polarity of courage and cowardice. Sometimes they kill. They kill one of their two components which they project outwards. The argument is supported by a number of illustrative cases.

S. M. COLEMAN.

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Short Distance Prognosis of Schizophrenia.

The writer considered the 188 schizophrenics discharged from the Maudsley Hospital between January 1st, 1934, and December 31st, 1935. Those over 46, with a history of more than 1 year and of doubtful diagnosis, were excluded. On January 1, 1938, 34.5% had made a recovery to a point where from the purely social aspect they were as good as they had been before their illness. None had received treatment by any of the modern drastic therapeutic measures. A further 8.5% showed a recovery with social defect. The prognosis in females is generally better than in males.

G. W. T. H. FLEMING.

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Problems of Psycho-analytic Technique. Part I.

In the introductory chapter the author's main concern is to stress two excesses into which the analyst may fall. There is, on the one hand, the danger of talking instead of experiencing; theoretical knowledge may lead to joint speculation on the part of doctor and patient in lieu of analysis. On the other hand, there is the risk of unsystematized "free floating" that corresponds to the "acting out" of the patient, and is not comprehended by a reasoning power that keeps ulterior aims in view.

The second chapter gives a broad survey of the theory of therapy. Psycho-analysis assumes that the essential function of the psychic apparatus is to discharge entering quantities of excitation and later on to bind them. If this fails, undischARGEABLE quantities will flood the apparatus in unbound form. This is the prerequisite for a neurosis: an escape-discharge, not willed by the ego, taking place through unusual channels. In the psycho-neuroses the damming up has come about through insufficient discharge because of a chronic defence of the ego against the instincts. Only the ego can be directly influenced, and analysis aims at reuniting with the conscious ego the contents which have been withheld from consciousness and the total personality by countercathexes of the ego. This is made possible through the circumstance that the warded-off instinct components produce derivatives. Every interpretation, either of a resistance or of an id impulse, consists in demonstrating a derivative as such to the judging portion of the ego. This leads to a reduction of anxiety, and consequently to a production of further, more undistorted, derivatives.

S. M. COLEMAN.

The Use of Automatic Drawing in the Interpretation and Relief of a State of Acute Obsessional Depression.

In this interesting and probably unique case, the patient freed herself from an obsessional depression by being brought to realize for herself the inner meaning and symbolism contained in her "doodling". These findings were somewhat dramatically substantiated objectively. No analytic technique was employed and no deep insight into the personality obtained. The case does, however, strikingly confirm a number of psycho-analytical hypotheses.

S. M. COLEMAN.

Psycho-analytic Investigation of and Therapy in the Border-line Group of Neuroses.

A group of cases standing midway between the psychoneuroses and psychoses is isolated. Inordinate sensitivity, psychic rigidity, negative therapeutic reaction, feelings of inferiority, masochism and projection-mechanism are some of the reaction-formations or character traits found in these patients. Narcissism is regarded as the source of anxiety, against which the symptoms are defence-mechanisms. Treatment should be directed particularly against the underlying

narcissism. Since disordered ego-functioning plays a greater part than in the transference neuroses, the prognosis is correspondingly more grave.

S. M. COLEMAN.

Dream Observations in a Two-year-four-months-old Baby.

Indirect evidence suggests that dreams occur during the first year of life. In psycho-analytic literature Freud alone has reported dreams taking place at a very early age. He finds that they are "simple fulfilment of wishes", and "by no means interesting". The dream observations reported in this paper contain the element of wish fulfilment, but they are not completely without problems, at least not from the standpoint of the dreamer. They indicate that the child was struggling with strong and strange emotions which he could not work through during the excitement and rapidity of reality and which consequently he had to repeat and work through more completely in his dreams.

S. M. COLEMAN.

Preliminary Phases of the Masculine Beating Phantasy.

The question left open by Freud—whether there is a preliminary sadistic phase of the masculine beating fantasy—is answered in the affirmative. The aggression of the boy is first of all directed against the breasts of the pre-œdipal mother, and is only secondarily, under pressure of guilt feelings, turned against himself. In so doing the buttocks of the boy are equated with the breasts of the mother, which among other things represents a narcissistic attempt at restitution. The executive is only subsequently, in the œdipal phase, "transcribed" from mother to father.

S. M. COLEMAN.

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Convulsion Therapy in Schizophrenia by means of Ammonium Chloride.

Intravenous injections of 10 c.c. of a 5 or 10 % solution of ammonium chloride provoked convulsive attacks. This had a sedative effect on excited schizophrenics.

Attempts at the Cure of Schizophrenia with Ammonium Chloride.

The writer obtained 22% complete remissions and 15% remarkable improvements in a group of 27 schizophrenics.

Donaggio's Phenomenon after Treatment of Schizophrenics with Ammonium Chloride.

The convulsive attacks provoked by intravenous ammonium chloride caused the appearance or increase of the Donaggio reaction in the urine.

Alterations in the Blood-picture Produced by Convulsion with Ammonium Chloride.

The alteration in the blood-picture found after intravenous injection of ammonium chloride were identical with those found after cardiazol or insulin treatment, i.e., after an initial short shift to the right in the Arneth count, there is after 2-3 hours a distinct shift to the left.

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Erythrocytometry in Psychiatry.

The measurement of the erythrocytes in various mental diseases with verifiable anatomical and functional impairment of the liver shows the same deviation of the erythrocytometric formula to the right (macrocytosis) that has been observed in cases of essential hepatic disease. The observations on the albumin-globulin ratio confirm the view that schizophrenia is a toxic psychosis of intestinal hepatic origin. The paper is well illustrated by numerous diagrams.

Lymphocytometry in the Differential Diagnosis of Schizophrenia and Dysthymia.

The lymphocytometric formula was compared in 26 cases of schizophrenia and 26 dysthymics. Whilst there is a displacement to the right in schizophrenia, there is a reverse tendency in dysthymia. The displacement to the right is most marked in the catatonic types of schizophrenia. In dysthymia the displacement to the left is most marked in cases of acute maniacal excitement.

Leucocyte Count following Intra-carotid Injections of Thorotrast.

Cerebral angiography was performed on four epileptics and one case of lues for diagnostic purposes. Injections of from 0.4-0.8 c.c. Thorotrast per kilo body-weight were given to the epileptics and 0.2 c.c. per kg. to the luetic. Blood observations were continued for 10 days after the injection. A decrease of eosinophils takes place in the first 24 hours after the injection, whilst the neutrophils show a relative increase.

The Prefrontal Leucotomy of Moniz in 100 Cases of Severe Psychosis.

The operation of Moniz was performed in 100 cases. These consisted of 48 schizophrenics, 14 dysthymics, 9 cases of hebephrenia, 7 perverted conduct, and 12 resulting from cerebral malaria. Two cases died which had exhibited, in the one catatonia, and in the other mental confusion and dysthymia. In both these cases post-mortems revealed unsuspected frontal glioma. The authors therefore consider that, apart from such diagnostic errors, the operation has a zero mortality. Transitory aphasia, hemiplegia and similar cerebral disturbances were noted in 7%. 10% of the cases showed some general physical disturbance. No mental disturbances were observed to follow the operation. Vomiting and convulsions occurred in 40%. Some of the cases with convulsions gave the best ultimate results. It is claimed that the cures and ameliorations are permanent. In the schizophrenic cases 15% were cured and 31% were improved. In this class the length of the illness had been on an average of 9 years' duration for the hebephenics, 4 years for the catatonics, and 6 years for the paranoiac cases. In cases of confusion 4 out of 5 cases were cured. It is not clear from the paper what the statistical results were in the remaining types of psychosis treated.

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The Treatment of Schizophrenia with Protracted Insulin Shock.

The author admits that his method is not devoid of danger, and for this reason he only applies it to cases of schizophrenia that are generally considered to be hopeless. The method, which he has practised for sixteen months, depends on his observation that some insulin-treated cases which had suffered from prolonged coma-resisting sugar treatment improved remarkably rapidly. Thirty-two cases were treated by prolonged shock on a total of 132 occasions. The comatose state was prolonged by abstention from the usual sugar administration for a minimum of 12 hours. The patient is maintained in a state of superficial coma, which is prevented from becoming deep by the repeated administration of small amounts of sugar by the nasal tube. The patient is prepared by an ordinary insulin shock treatment on the previous day so as to be sure of a uniform insulin susceptibility. For the prolonged coma a dose of about 2-3 units more than the usual shock dose is given. Coma should not begin till the third or fourth hour of hypoglycæmia. Of the 32 cases treated, 10 cases had a three-years' history, and 22 a history of more than three years. In the first group of 10 cases, 8 complete remissions were obtained. In the second group of 22 cases, 5 recovered completely and returned to work, 6 were discharged as improved, and 11 were unchanged.

The Combined Shock Treatment of Schizophrenia as an Example of the "Block Method".

This method of treatment by combined insulin and cardiazol therapy is distinguished by the primary insulin treatment which is undergone before the cardiazol convulsions are induced. The insulin course consists of 20 to 30 severe hypoglycæmic shocks. The cardiazol convulsions are arranged in "blocks" or groups of either single or double or multiple treatment which alternate with groups or blocks of insulin treatments.

A Bilateral Glioma of the Hippocampus and its Pathological Significance.

Following on a survey of the recorded cases of multiple and symmetrical cerebral tumours, the pathology of a case of bilateral hippocampus glioblastoma in a man of 78 is described.

Hypersensibility in the Treatment of Schizophrenia with Tetracor.

An allergic reaction appeared after the tenth injection of pentamethylentetrazol in a case of schizophrenia. It was attempted to repeat the treatment a year later, and the first injection was followed by a marked reaction. The author succeeded in desensitizing the case by a series of increasing small subcutaneous injections of the drug.

FEBRUARY, 1939.

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The Pathological Value of Methods of Staining Erythrocytes to Demonstrate the Cerebral Circulation.

In order to test the validity of the methods devised by Pickworth, Sloninski and Cange, a number of normal cats were decapitated and the brain fixed *in situ* after rapid craniotomy. Not more than ten minutes were allowed to elapse between decapitation and fixation. A similar procedure was adopted in the case of two executed criminals. The brain was fixed within 15 minutes of decapitation. The author is fully alive to the changes in diameter of the vessels that take place after death, but believes that where there has been great vascular engorgement immediately before death, there will be no emptying when post-mortem vascular contraction takes place. He considers, moreover, that the aforementioned methods are competent to demonstrate that angiospastic conditions in the central nervous system had been present during life.

Experimental Investigations of the Cerebral Circulation during Generalized Convulsions.

Cats were given convulsive doses of cardiazol and were decapitated and the brains fixed in the preparoxysmal, in the tonic, the clonic stages, and in the post-epileptic condition. The erythrocyte staining methods of Sloninski and Cange were used. In the preparoxysmal stage the cerebral capillary circulation was found to show generalized anæmia together with small sharply defined areas of intense ischæmia. The anæmic stage disappears with the onset of convulsions. Brains fixed during the tonic stage give indications of a returning flow of blood, and during the clonic stage there is pronounced engorgement of the whole cerebral vascular system. The degree of hyperæmia is not uniform. The hyperæmia continues after the termination of the fit, and when a series of fits occurs small ischæmic patches are found in the engorged cortex in the preparoxysmal stage of subsequent fits.

The Normal and Pathological Anatomy of the Spinal Cord.

In cases of marked general arteriosclerosis the arteries of the cord and its membranes are either not at all affected or show only negligible changes. A frequent change in old age is hyaline degeneration with fat deposition and calcification in the veins of the cord, membranes and nerve-roots. The change begins in the adventitia and does not as a rule affect the intima.

The Water Test for Epilepsy.

Twenty-two cases were tested, 10 epileptics, 7 schizophrenics and 5 mental defectives. At the beginning of the experiment each patient was weighed and blood-pressure determined. Each then received 1 c.c. tonephin injected intramuscularly. Thirty minutes afterwards he drank between 3 to 5 litres of weak tea in half an hour. Immediately after this another injection of tonephin was given. The patient was weighed hourly, and if the antidiuretic action of the tonephin was insufficient a volume of fluid equal to that passed in the urine was administered, together with a third injection of tonephin. All cases showed pallor and fall of blood-pressure. After the water the patients complained of a feeling of fullness and abdominal pains. Most of them vomited. All the 10 epileptics had a fit, but none of the other 12 patients. It would appear that the water test has a greater specificity than the cardiazol test.

The Localization of the Lesions causing Hemichorea.

A case of hemichorea with lesions of the contralateral corpus Luysii is described. In the last days of life lesions developed in the opposite corpus Luysii, but owing to the patient's condition no extension of the choreiform movements took place.

ZENTRALBLATT F. NEUROCHIRURGIE.

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1. Psychopathology.

Masochism [Le Masochisme]. (Rev. Franç. de Psychoanal., vol. x, p. 173, 1938.)
Nacht, S.

Masochism was identified in the nineteenth century as a sexual anomaly by Krafft-Ebing, who suspected its relationship to sadism. Psycho-analysis has shown how the perversion is derived from the aggressive impulse turned back upon the ego as a result of guilt feelings and the need for expiation. The author doubts the value of Freud's further theory that masochism is an expression of a fundamental auto-destructive instinct. Following this historical survey there is a section dealing with erogenic masochism. Here there is a full discussion of the causal mechanisms illustrated by numerous case-histories. Further chapters describe moral masochism, masochism in the female, in disorders of potency, in homosexuality, in the obsessional neuroses and in melancholia. There is a final section on prophylaxis and therapy.

S. M. COLEMAN.

2. Treatment.

Difficult Children and Work Habits. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 1, Feb., 1938.) Hohman, L. B.

Difficult children, as a general rule, use the novelty excitement pattern of activity. Their slogan is, "I want what I want when I want it". Unfortunately they do not know, except for the moment, what they want and do not want it for long. In such children the embryo of work satisfaction is allowed to die unborn. The author is convinced that the teaching of work habits, especially in the field of manual skill, offers the most fruitful approach to the difficult child.

S. M. COLEMAN.

Problems the Occupational Therapist must Solve in Treating Maladjusted Children. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 11, Feb., 1938.) Tallmann, F. F.

The occupational therapist, dealing with the maladjusted child, will find herself confronted with special difficulties and problems. She will, in the first place, find that it is essential to be a therapist rather than a teacher of handicraft, Swedish drill or football. Among the attributes of the occupational therapist demanded by the child psychiatrist are: a liking for children; a well-ordered personality reasonably free from disturbing conflicts, anxiety and tension. A trained ability to record, report and interpret the child's productions. A knowledge of dynamic and child psychology, psychiatry and mental hygiene. A high degree of objectivity. A vivid memory of her own childhood, and a kindly, understanding, tolerant attitude to the behaviour of average children. The ability to adjust herself to many different children and to individualize each case.

S. M. COLEMAN.

Story-telling in the Re-education of the Insane. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 33, Feb., 1938.) Leonard, M. R.

As a branch of occupational therapy, story-telling has its place in the re-education of the insane. It is found to stimulate interest, sociability, and to produce a frame of mind favourable to the undertaking of other occupations. By this means the excited patient may be calmed, the irritable epileptic induced to be less truculent, and the patient suffering from insomnia soothed to sleep. Suggestions hidden in the story may be of value in combating the behaviour disorders of specific patients. Again the choice of story is important; the dull and depressed require stimulating tales, the excited those with a soothing effect.

S. M. COLEMAN.

The Treatment of the Cerebral Palsies from the Functional Viewpoint. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 67, Apr., 1938.) Phelps, W. M.

A description is given of the five chief lines of investigation in connection with patients suffering from cerebral palsy. First, the study of the actual type of motor disturbance; second, studies in localization of brain hæmorrhage; third, studies of the ways and means of testing the true underlying mentality; fourth, study in the fundamental psychological make-up and fifth, studies in the various forms of treatment.

Emphasis is placed upon the fact that the cerebral palsies really comprise two groups of disturbances: first, the group where voluntary motion is interfered with, and second, the group where involuntary motion is the primary consideration. The two outstanding types in these groups are respectively, the spastics and the athetoids. A brief summary of the methods of treatment of the two types, by medicine, surgery, physiotherapy and occupational therapy, is given.

S. M. COLEMAN.

Recreation as a Preventive and Therapy for Social Maladjustments. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 97, Apr., 1938.) Shaffer, G. W.

The socially maladjusted, that is the criminal and the mentally ill, are such because they have developed habits of response which are at variance with their social environment. Play, properly indulged in, is habit training for the more serious problems of life. As such it is a valuable therapeutic agent in the re-education of the maladjusted. It is a convenient method of developing socialization, and on account of its competitive nature is a harmless outlet for aggressive urges. Though the desire to play is deeply rooted, the urge is often ignored, sublimated or weakened to a desire merely to be amused.

S. M. COLEMAN.

A Socialization Programme in the Treatment of Dementia Præcox. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 107, Apr., 1938.) Yoder, O. R.

Observations and results in a group of 24 patients suffering from schizophrenia placed on a definite socialization programme, compared with an equal number of patients not receiving this personal attention, are recorded. After a year of therapy there were 2 recovered and 18 improved; of the control group 10 were improved.

S. M. COLEMAN.

An Educational Therapy Programme in a Mental Hospital. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 147, June, 1938.) Ballator, N. S.

At the Menninger Hospital special stress is placed upon education and re-education. In each case the psychiatrist prescribes a schedule of activity for the patient to follow. The convalescent schizophrenic, for instance, is encouraged to complete his studies by means of correspondence study, university extension courses or actual attendance in local classrooms. In other cases development and enrichment of the personality is obtained through hobbies, carefully chosen to fit the individual's special needs. For example, print collecting for the acquisitive, music for the schizoid, writing for the garrulous and expansive, and wood-carving, horticulture or sports for the aggressive and destructive. To improve cultural and emotional development the educational programme also includes courses in music, art, literature and drama. In the horticultural course, provision is made for each patient to have a garden of his own. Here narcissistic gratification and libidinal outflow is achieved through the sowing of the seed and the careful tending of the plant. Aggressive urges are sublimated in hoeing weeds, pruning and lawn-mowing, while guilt may be expiated in strenuous spading.

S. M. COLEMAN.

A Plan for Research in Occupational Therapy with Mental Patients, using an Experimental and a Control Group. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 153, June, 1938.) Wilson, S. C.

A plan is put forward for estimating statistically the value of occupational therapy for mental patients. Two groups of selected patients are to be placed under identical conditions, except that for one group intensive occupational therapy is employed. The experiment is to last a year, and the lines upon which the results obtained should be evaluated are discussed.

S. M. COLEMAN.

The Child Speaks to the Psychiatrist. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 231, Aug., 1938.) Conn, J. H.

A method of getting children to express themselves is described. The child who is timid, afraid of the dark, car-sick or jealous is given an opportunity to discuss his difficulties in an experimental play-setting. By re-enacting

his experiences through the medium of the play-interview, he will benefit by learning what he has contributed to the total situation and so to accept his share of the responsibility for his behaviour. S. M. COLEMAN.

Therapeutic Development of Occupational and Social Activities in New York State Hospitals. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 279, Oct., 1938.) Smith, P.

A chronological survey of the development of occupational activities in the New York State Hospitals from the year 1921 to 1934 is presented. The gradual introduction of new measures, the organization and expansion which have taken place, are demonstrated. S. M. COLEMAN.

Aims and Ideals of Occupational Therapy in State Hospitals. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 291, Oct., 1938.) Pollack, B.

The author finds that a more widespread use of occupational therapy is indicated. Again, for its proper function greater co-ordination and co-operation is required between the occupational therapists, physicians and nurses. Greater efforts should be made to extend the benefits of this therapy to the so-called deteriorated groups. Results should be measured in terms of patients rather than financially. By occupation and habit-training deteriorating patients may now be kept in better contact with reality. S. M. COLEMAN.

A Few Psychological Considerations in Working with Schizophrenic Patients. (*Occup. Ther. and Rehabil.*, vol. xvii, p. 329, Oct., 1938.) Ridgway, E. P.

The matter of making contact with the schizophrenic is often a difficult problem for the occupational therapist. This paper contains some useful practical hints as to how to appeal to such faculties as are still accessible, and again how to maintain interest once it has been aroused. S. M. COLEMAN.