On the Treatment of Morbid Impulses and Compulsions with Re-education through "Distraction Therapy" [Über die Behandlung der krankhaften Triebe und Zwangszustände mit Neuerziehung durch Ablenkungstherapie]. (Zeits. für die ges. Neur. und Psychiat., December, 1924.) Bechterew, Prof. W.

The author begins by dividing "reflex psychotherapy" into five categories: (1) Suggestion in the hypnotic or in the waking state; (2) treatment by training (Dejerine); (3) the rational therapy or persuasion of Dubois; (4) Freud's psycho-analysis; and (5) the treatment by means of ideas of Marzinowsky. He calls the last three forms "higher psychotherapy." He discusses the advantages and disadvantages alleged for each by their supporters and opponents, and points out that only long years of collecting accurate data can prove the ultimate value of each. His own view is that there should be no clinging to one, excluding others, but that each practitioner and each patient must apply whatever methods appear best suited to the individual in the particular case.

He then proceeds to state his own findings in the treatment of compulsions and habits; he believes that in such cases no one method alone will suffice, but that the problem is essentially one of re-education of the higher reflexes. He holds that one aspect is inadequately considered in all the methods in use, namely that of concentration; this reinforces the morbid manifestation, and it is this that pre-eminently needs to be removed. The symptom is a sort of fixed conditioned reflex; through it attention becomes automatically attached to the compulsion, and all attempts at abstention from carrying out the compulsive act merely reinforce the concentration and compulsive force of the habit. Hence treatment must be directed to the distraction of attention from all that is associated with the compulsion, and to attaching such attention to more normal outlets.

He advises the following procedure: Firstly to investigate and make known to the patient the first stages of the development of the habit, and to explain that it was acquired, not inherited, and is therefore curable by psychotherapy. He considers it justifiable to strengthen the "will to cure" by pointing out the harmfulness of the habit, provided that a firm conviction is given of the possibility of cure. He then gets the patient to relax and place himself in a hypnoidal state, in which he should be fully conscious, but should concentrate on the idea of sleep to remove distracting thoughts. Suggestions are then given that he should not concentrate on the habit, but that he should avoid everything associated with it, that he will find satisfaction in abstaining from it, and that by such distraction of his attention from it he will feel progressively better; at the same time substitute gratifications are suggested, such as that of sweets for smoking, of mineral waters for alcohol, of sport for masturbation; the substituted outlets being appropriate to the particular habit. Suggestions are also given that self-conquest will banish the anxiety associated with the habit. Reasons are given why it need not give rise to

anxiety, varying in nature with the individual case. The author adds that he believes such anxiety symptoms, though of psychogenic origin, arise on a foundation of metabolic and endocrine dysfunction, which needs further study, and that the emotional disturbance in its turn adds to such dysfunction; hence treatment must include such drugs, diet or physico-therapy as may be appropriate. By such methods it may be possible to alter the morbid reflex and remove the underlying disposition to the formation of others of a similar kind.

In discussing the investigation of the first stages of the habit-formation, he suggests that psycho-analysis is unnecessary and useless if these are intellectually known to consciousness. (This is, of course, incorrect, since mere intellectual knowledge does not remove the compulsion. His methods may often be useful, but cases which do not yield to them may yet resort hopefully to analytic treatment). M. R. BARKAS.

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7. Pathology.

Blood in Personality Disorders. (*Arch. of Neur. and Psychiat., June,* 1925.) *Henry, G. W., and Mangam, E.*

These authors examined the blood of 200 consecutive admissions for carbon dioxide combining power, and found it unaffected unless there is some underlying physical disease. Determinations of the urea nitrogen of 143 cases gave negative results. Further studies of the non-protein nitrogen, uric acid, dextrose and chloride content of the blood gave negative results. Glucose tolerance tests showed more or less characteristic changes in the glucose content of the blood of patients in either phase of affective psychoses and in the acute stages of dementia præcox. These changes indicate a definite retardation of functions of the vegetative nervous system in manic-depressive depression and in the acute stages of dementia præcox, and an acceleration of these same functions in manic-depressive excitement. G. W. T. H. FLEMING.

On Dysoxidative Carbonuria [*Über dysoxydative Karbonurie*]. (*Zeits. für Arzt. Fortb., August,* 1925.) *Bickel, A.*

Attention is drawn here to a series of conditions in which the proportion of carbon in the urine is increased as a result of defective bodily oxidation processes. The carbon in the urine appears in nitrogen-containing substances, such as urea, amino-acids, and creatinin, and in nitrogen-free bodies, such as carbonates, oxalates, and a dextrin-like carbohydrate; in diabetes also as dextrose.

In normal individuals on an ordinary mixed diet and with moderate exercise the 24-hour excretion is roughly in the following proportions:

	Through kidneys.	Through lungs.	Through skin.	Through intestine.
C	10 grm.	270 grm.	2·3 grm.	3·0 grm.
N	15·6 ,,	0 ,,	traces	0·9 ,,

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