

### 5. Psycho-Pathology.

*Family Hatreds in Mental Pathology [Les Haines Familiales en Pathologie Mentale]. (Ann. Med.-Psych., April, 1926.) Robin, Gilbert.*

The author limits the discussion to the more severe and dangerous hatreds such as one finds in the case of the mother suffering from a toxic exhaustive psychosis, the persecuted paranoiac and certain schizophrenics. He points out the necessity of determining whether the hatred is a causative or a secondary phenomenon. As an example of the latter case he instances the schizophrenic who takes a dislike to certain members of his family, for the reason that they are the people who try to rouse him from his preoccupation. On the other hand, there is the importance of the œdipus and the electra complexes, involving, as they do, a jealousy and hatred of the rival parent.

As regards treatment, he advocates firstly the elimination of any possible physical factor as in the toxic exhaustive group. For others a certain degree of separation from the family—at all events while treatment is being carried out. For those cases where the cause of the hatred is not manifest to the patient he urges that the situation in its entirety should be laid before him. In difficult cases of phobias, in obsessions, and even in schizophrenia he advises the employment of psycho-analysis. D. EWAN CAMERON.

### 6. Pathology.

*Some Observations upon Carbohydrate Metabolism in Malaria, with Special Reference to the Effect of Insulin and Glucose upon Benign Tertian Malaria. (Fourn. of Trop. Med. and Hyg., March 1, 1927.) Rudolf, G. de M., and Marsh, R. G. B.*

**SUMMARY.**—(1) When single specimens of urine from each case were examined, glycosuria was found in 0·9% of untreated general paralytics, but in 15·4% of those who had been treated with benign tertian malaria.

(2) Glycosuria was present in 90% of treated paralytics when the urine was examined on numerous occasions.

(3) Blood-sugar curves following the ingestion of glucose tended to approach the normal after inoculation with malaria, and also between febrile paroxysms, but these observations were made on only two cases.

(4) During malarial therapy the blood-sugar was found to vary inversely with the temperature. The subsequent rise in the blood-sugar does not necessarily take place steadily, and the final level after the temperature has fallen may be higher than the level before the pyrexia.

(5) The administration of glucose during malarial pyrexia produced no obvious change as regards the objective signs, but apparently relieved of the subjective symptoms. No effect upon the parasites was observed.