

Correlated writing explaining the hallucinations was subsequently obtained from a different subconscious system. *VIII*: Scenes appeared representing a journey to Italy, loosely corresponding with the accompanying script, but evidently not its emerging imagery. Irregularities in the hand-writing are attributed to inhibitions from another train of thought, and "tapping" another "system" produced script more precisely correlated with the hallucinations.

Series C.—Auditory hallucinations. *Obs. IX*: The subject experiences "voices" in the form of "messages." Subconscious introspection attributed these to intensive subconscious thinking leading to auditory images which enter consciousness owing to their *intensity* and the *striving* and desire that they should be heard. *X*: The subject was directed to exercise subconscious volition to the effect that she should hear the words of her script as a voice. This was successful, her veracity being undoubted. The rich elaboration of an accompanying "vision" she attributed to the intensity of a previously constructed and frequently recurring image which was "flashed before consciousness like a moving picture." Intensity rather than volition was operative here.

Series D.—*Obs. XI* records a dream of apparently similar mechanism to the hallucinations.

The author concludes that there is a type of hallucination due to the emergence into consciousness of the normal imagery of a dissociated subconscious mental process, which become hallucinations through being unrelated to the contents of conscious thought, and that similar factors operate in some dreams and some insanities. He regards an hallucination as an adult mode of thought and not a regression. He insists that there is no "the subconscious or the unconscious," but that "greater and lesser systems of potential and dynamic processes may be motivated by the urge of one or more dispositions," and may interplay or may function "subconsciously."

MARJORIE E. FRANKLIN.

The Rôle of Situation in Psycho-pathological Conditions. (*Mental Hygiene*, July, 1921.) *Richards, E. L.*

There are men, women and children whose difficulties of adaptation are associated with their respective settings of environment, habit data, temperamental friction, and all the other facts of common experience.

Undramatic relief can often be given by such simple measures as ventilative discussion of the difficulty with the patient and his family, change in the habits of living, corrective exercises for twists of personality expressed in sensitiveness, nagging, nervous fears of disease, day-dreaming and so on. The physician should study the patient as an individual, and the author stresses the importance of the situational factor in causation.

Without benefit of training in the traditional methods of psycho-pathological research, the writer of this paper began at the start with a study of case material and its intrinsic values in terms of problem and constructive assets.

In the cases outlined in this paper the facts of situation seem to

play a leading *rôle*, as indicated by the disappearance of certain unhealthy tendencies in the presence of a setting modified to suit the individual need.

The seventeen cases sketched, all children, are taken from the Out-Patient Department of the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital. The physical condition had been passed by one or more physicians on the general dispensary staff. Social workers had made repeated visits to the homes and school, listening to the stories of the family and teachers.

One is struck with the simplicity of the subject-matter to which one's attention is called. The surprise is greater if one has been accustomed to associating psychiatric patients with well-formulated psychoses of Kraepelinian entities.

The complaints for which children were referred—twitching, retardation, speech disturbance, excitability, imaginary somatic distress, etc.—may or may not augur ill for the future.

For the present they constitute a handicap to the start in life. The presence of "spells," for example, whether temper storms or pseudo-convulsive tricks, tends to single out the child from other children in the family and other scholars in the class-room.

Watching and anxiety shown by parents and teachers affects the child adversely, sometimes fostering embarrassment with feelings of inferiority; in others it acts as a wedge for natural aggressiveness and lack of consideration, and in every instance it focusses the attention of the child on himself with a wealth of unhealthy reactions so familiar in the psycho-pathology of every-day life.

Among these situations great and startling facts such as somatic disease, emotional strains of shock and conflict and desperate adaptive problems of poverty and hardship are not found. The situational data presented here involve such facts as poor habit-training, faulty understanding of the individual child, and unwholesome attitudes of parents and teachers expressed in chronic worry, oversolicitude, nagging, repression of initiative, too much stimulation, pushing beyond natural capacity, etc. Petty and commonplace facts they seem in the telling, yet capable of producing tremendous influence on the springs of human activity. A fearful, timid and over-anxious mother produces backwardness and lack of initiative in a boy of 8 years by repressing his boyish instincts to fight and play. A nagging, anxious and over-ambitious mother by making her boy of 8 over-work and by keeping him up until 11 p.m. causes him to have tics and facial twitchings. Hypochondriasis, taking the form of pain in the knees, occurs in a girl of 3 after the advent of another baby in the family. A girl of 12 steals, has temper tantrums and is untruthful because she hates her boarding-house and a little girl in it.

Parents and teachers are concerned with the course of the behaviour and how it can be modified. Should the twitching or speech trick be ignored or should it be made the object of argument and reprimand? Ought shyness and lack of initiative to be handled by aggressive or suggestive tactics? Parents are glad to get the advice, and fifteen minutes' talk with a school teacher will work wonders. The physician's

ultimate consideration must be with the "doings" in every instance, no matter how elaborate his analytical study of the "final essence."

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2. Neurology.

A Contribution to the Study of Psychic Troubles in Tabes [Contribution a l'Étude des Troubles Psychiques dans le Tabes]. (L'Encephale, May, 1922.) Urechia, C. I.

Are the psychotic troubles of tabes due to an unknown toxin, a hypothetical syphilitic toxæmia, or the extension of syphilitic changes from the cord? Anatomical findings have varied. In a case of the author's of tabes showing psychical depression, retardation and hallucinosis, with a positive Bordet-Wassermann test in blood and fluid but no lymphocytosis or albumen; the brain had plaques of a syphilitic, superficial meningo-encephalitis. He cites another case of a tabetic who developed symptoms of derangement in the moral and ethical spheres. *Post-mortem* a few discrete patches of plasma-cell and lymphocyte infiltration were found round some of the medium-sized vessels. The author considers the tabetic psychoses to be of organic origin and due to cerebro-spinal syphilis. In cases reported negative (*e.g.*, by Alzheimer and Westphal) it is suggested that a small, discrete lesion may have been overlooked. Cases with ethical deterioration are of medico-legal as well as psychological importance. Similar changes of character and conduct sometimes follow cerebral inflammation from various causes, such as encephalitis lethargica, typhus and the exanthemata—a fact which has some pedagogical significance.

MARJORIE E. FRANKLIN.

The Significance of Biologic Reactions in Syphilis of the Central Nervous System, with Notes on Treatment, Especially Intraspinal. (Arch. of Neur. and Psychiat., January, 1922.) Kalisko, D. F., and Strauss, I.

This paper is supplementary to an account published in the *American Journal of Syphilis* in 1918. The writers consider that there is a tendency to over-estimate the importance of spinal fluid reactions in the early stages of syphilis. Though frequent, these changes may indicate nothing more than a temporary meningeal irritation from general syphilitic septicæmia. A slight pleocytosis is sometimes caused by lumbar puncture. Definite and persistent pleocytosis, globulin reaction and a Wassermann positive in all dilutions suggest more serious membrane involvement, but it is not yet possible to foretell with certainty in early syphilis the later development of parenchymatous disease. In vascular syphilis, moreover, there may not be any alteration of the fluid. The time and manner of neuro-infection, latency, immunity (in which lipoids may be the chief factor), and the possibility of a special strain of spirochæte are questions discussed in the article, but considered to be still undetermined.

The methods of treatment employed by the authors are described. They advocate intensive intravenous therapy in constitutional