

*Two Cases of Phenylpyruvic Amentia.* (*Lancet*, Jan. 5, 1935, p. 23.) Penrose, L. S.

A metabolic abnormality, peculiar to aments, has been recently described by Föllings. Ten Swedish cases of imbecility were found to excrete phenylpyruvic acid in the urine. In several instances the abnormality was present in more than one member of the family, but it was never found in normal relatives. The author tested the urines of 500 patients. One of these, an idiot, æt. 19, gave the characteristic reaction. One epileptic fit is recorded in this case. The patient exhibits marked kyphosis, with unusual broadness of the shoulders; this deformity is supposed to be characteristic. The patient's brother, also an idiot, aged 5, presents the same reaction in the urine, and has frequent epileptic fits. Indications of other kinds of mental abnormality were found in other members of the family, and this is in line with the Swedish cases. It seems likely that the cause of the mental deficiency is a congenital metabolic error connected with the oxidation of phenylalanine. The condition is analogous to alkaptonuria. Phenylpyruvic acid is easily detected in acid urine by the addition of a few drops of 5% solution of ferric chloride: a dark green colour appears, which fades away in the course of a few minutes.

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### 9. Treatment.

*A Case of Agoraphobia [Ein Fall von Platzangst].* (*Internat. Zeits. f. Individ. Psychol.*, April-June, 1934.) Dreikurs, R.

This is a short sketch of agoraphobia in an only girl. The origin of the illness lay in the emotional attitude, so common in spoilt children, that the whole world is full of dangers, that she herself is helpless to overcome these, and she must therefore evade as many of them as possible. Recovery followed the freeing of a sense of courage and the arousing of a sense of fellowship.

JANE I. SUTTIE.

*Difficulties in Treatment by Individual Psychology [Schwierigkeiten bei der individualpsychologischen Behandlung].* (*Internat. Zeits. f. Individ. Psychol.*, April-June, 1934.) Horvat, A.

The physician must neither over-estimate nor under-estimate the difficulties of treatment. In the former case, he tends to make treatment a conflict for superiority with the patient; in the latter, treatment is defeated by the physician's own inferiority feeling.

The better prognosis may be given about the patient who realizes he is paying too dear for his goal of superiority. It is the degree of community feeling still present, or that suffices the patient, that determines an "easy" or a "difficult" case. Treatment must endeavour to bring the patient to a spontaneous insight that to use other people as means to one's own ends, not to see them as ends in themselves, is to infringe a law of Nature. The main difficulty in treatment is the patient's resistance, which springs from the same urge as do the symptoms themselves, namely from the desire to evade the tasks of life. Where this escape costs too dear, there most can be achieved. The real way to the community is found through real suffering.

JANE I. SUTTIE.

*Cure of Epilepsy with Acetylcholine.* (*Boll. soc. ital. biol. sper.*, vol. ix, pp. 694-6, 1934.) Serra, P.

Acetylcholine injected hypodermically was efficacious in only 2 of 20 cases of epilepsy.

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