

afflicting so many of the author's compatriots is the meddling with the management of institutions such as prisons and hospitals for the insane. The officials of these institutions are very much in the position of the Salem witches.

Much is done now in the name of law, order, and progress that is not sane. The various crazes of to-day are an evidence of the unsettled minds of the community. They are therefore legitimate subjects for the attention of psychiatrists. Not a little of freak legislation is proposed by medical men, which makes it doubly important that we, as medical men and women who study especially mental diseases, should endeavour to guide such minds, both medical and lay, into proper channels.

SYDNEY J. COLE.

2. Clinical Psychiatry.

Dementia Præcox in Twins. [*Démence précoce gémellaire.*] (*L'Encéphale*, April, 1920.) Laignel-Lavastine and Boutet.

Twin sisters, æt. 37, were admitted at the same time into Sainte-Anne's Asylum in 1913; the diagnosis then made, *viz.*, "folie à deux," was, in the opinion of the authors, justifiable at first. One of the sisters, G., considered to be the active element in the "folie à deux," was the first to start delusions of persecution with false interpretations, and then auditory hallucinations; the other sister, B., developed delusions later. No sooner was G. transferred to another asylum than B., who was regarded as the passive element in the "folie à deux," recovered, or apparently recovered. Thus the first diagnosis seemed to be confirmed, but this did not take into account the subsequent course of the cases.

G. remained under certificates from 1913 until February, 1920, when she died of pneumonia. According to the last report made of her case, there was undoubted mental deterioration, but all the psychic functions were not equally affected; thus, though memory and ideation remained good, and attention was fairly well preserved, both the emotions and the reactions were much impaired. Indifference was the predominant feature of the case—she took no interest in anything, she was neglectful of her appearance, and completely inactive; she had various absurd delusions as well as hallucinations, but she showed no anxiety nor any violent reactions. It became quite clear that this was a case of dementia præcox.

B., though discharged from the asylum within three weeks of her admission in 1913, continued to be more or less deficient—in the words of a reliable informant: "She has never been quite normal since." In November, 1919, she was again brought to the asylum, where she still remains; the following symptoms—negativism, mannerisms, emotional indifference and inactivity—undoubtedly point, in her case also, to dementia præcox.

It is thus seen that the original diagnosis of "folie à deux" finally resolved itself into one of "dementia præcox in twins." Laignel-Lavastine, in a recent paper, insisted on the importance of recognising this particular variety of "familial dementia præcox," which was originally described by Soukhanoff.

In the discussion which followed, Dr. Arnaud described two exactly similar cases, which he and Dr. Pierre Janet have had under observation now for several years. It was likewise a question of twin sisters, who became afflicted at the same time with a syndrome consisting of a considerable impairment of affectivity, and also of volition, without any marked enfeeblement of the intellectual faculties at first. The principal characteristic of the one is apathy, and of the other, inertia. In short, both are cases of dementia præcox.

Dr. Laignel-Lavastine said that Dr. Arnaud's cases furnished yet another example of dementia præcox in twins, to be added to those cases of familial dementia præcox already recorded.

NORMAN R. PHILLIPS.

Nervous and Mental Disorders of Soldiers. (*The Amer. Journ. of Ins.*, April, 1920.) *Brown, Sanger.*

An account is given of the administration of Base Hospital 8, where all cases, except those evacuated through England, were grouped for return to the United States. Some 6,093 cases passed through this hospital up to March 1st, 1918. They were grouped under the following headings: psychoses, 1,916; psycho-neuroses, 1,663; epilepsy, 752; constitutional psychopathic states, 634; mental deficiency, 524; organic nervous disease, 148.

Psychosis: An unusual type of reaction was met with and was referred to as "war psychosis." This reaction was met with in about one-fifth of all the cases. On admission these patients were bewildered, disorientated, inaccessible, and showed clouding of consciousness. There were active hallucinations of sight and hearing. They generally thought themselves at the front under fire and were anxious and apprehensive. This condition had some features in common with the psycho-neuroses, but the condition differed in that the patients were inaccessible and disorientated, with mood changes and no insight. Emotion and excitement seemed to play a prominent part in its production. The impression was that the prognosis was good. Another group resembles this in some respects. As a rule the patients had not been to the front. They were confused, rambling, disorientated, and presented the picture of delirium. The condition was regarded as one of hysterical delirium. Some cases of dementia præcox gave a history of symptoms previous to enlistment, others appeared to develop since. Depression was more commonly met with than elation in manic-depressives. Both showed a war colouring. *Psycho-neuroses*: These cases must be fully understood to be successfully treated, and the fact that they are disorders of the mind and not of the body must be fully appreciated. Two general types were recognized, those of ordinary civil-life type and those resulting from battle experiences. The former rarely reached the front. A number of cases of mental deficiency, epilepsy, and mental disease exhibited war neuroses, such as mutism, tremors or hysterical hemiplegia. *Epilepsy*: The constitutional make-up of the epileptic is of greater significance than the actual seizure. The disease should be interpreted as a severe degenerative neurosis, of which the seizure is not the most important symptom. Cases of epileptic equivalents were common. *The Amnesias*: A number of these were really cases of

epilepsy, others occurred after excessive use of alcohol, and others were hysterical in nature. The hysterical individual escaped from a difficult or intolerable situation by wiping out from memory all circumstances associated with it. *Constitutional psychopathic states*: These patients, while not suffering from frank mental disease, nevertheless were in a mental condition sufficiently abnormal to bring them into serious conflict with those about them. Some of these people might have made fair progress in civil life where they could have changed their environment, but in military service this was not possible. *Mental deficiency*: Many of the defectives were useful in labour battalions. Their emotional make-up and conduct were considered of more importance than the testing of their mental ages by scale. *Organic nervous diseases*: Peripheral neuritis after diphtheria, influenza or other toxic condition was frequently encountered. Syphilis of the C.N.S. was found in many cases, although comparatively few cases of general paralysis or tabes were observed. A number of patients presented mental symptoms or epileptiform seizures as the result of brain injury. *Encephalitis*: Symptoms of an epidemic encephalitis are given, which are very similar to those found in "lethargic encephalitis" of French and British writers. These patients, however, were not particularly dull and lethargic, and ptosis was not found as constantly.

C. W. FORSYTH.

The Rehabilitation in the Community of Patients paroled from Institutions for the Insane. (*The Amer. Journ. of Ins.*, January, 1919.) Clark, S. N.

The rehabilitation of patients must begin in the Mental Hospital. Information should be obtained in regard to the make-up of the individual and to the situations faced which led to the disturbance of behaviour. The patient should be fitted for active life by advice, instruction and habit formation. Patients after discharge should only be required to meet situations to which they can adequately react and to which they can make good adjustments. The apparent disinclinations of the improved dementia præcox are actually preservative, and he should not be asked to assume characteristics—the bearing of responsibility, a tendency to compete normally with others, etc.—which are absent. The patient must, however, be stimulated to some extent, otherwise progressive disinterest in the environment is apt to result. Each case must be treated as a distinct problem, but the general principles outlined must be kept in mind. On discharge some organisation—an out-patient department—should be available to carry out supervision. This should include a medical director, an examining division, a social service department, and, if desired, an occupation bureau. The medical director should co-ordinate the work of the department. The examining division would consist of medical men trained in psychiatry. The physician should advise the patient with regard to his activities, and watch for evidences, such as irritability, depression, insomnia, functional pain, etc., that he is finding difficulty in meeting the situation adequately. If unusual problems arise an attempt should be made to aid him to weather the storm. The work of the social service department ought to include investigation of the

conditions of the patient's home before discharge. If necessary the members of the family ought to be educated in the understanding of the disorder and of the factors which might cause future attacks. Occasionally it may seem unwise to return the patient to his former home. The social life, recreation, and avocations should be considered with the aim of directing as far as is possible the activities of the patient. The experiences and preference of the patient must be weighed in the choice of employment. There is the question of control of the patient. Parole should be granted with the understanding that he should visit the out-patient department and abide by the advice given there. Our aim should be to aid the patient in arriving at an understanding of his limitations so that he will attempt only those activities to which he may continuously react safely.

C. W. FORSYTH.

A Case of Myxædematous Psychosis.—Clinical and Pathological Report.
(*Arch. of Neurol. and Psychiat.*, March, 1920.) Uyematsu, S.

The principal clinical features in this case were: vertigo, Rombergism, disturbance of co-ordination, diminution of reflexes, general œdema, arterio-sclerosis, sparseness of hair, bradycardia and slow respiration. Mentally, there was depression, dulness, apathy, lack of emotional reaction, somnolence, thickness of speech, and disorientation in time. *Post-mortem*, the thyroid gland was atrophied, with lymph-cell infiltration, and the isthmus was absent. The parathyroids could not be identified. The pituitary body was small. Right oöphorectomy had been performed and there was chronic left ovaritis. The brain and cerebellum were irregularly atrophied and œdematous. Arteriosclerosis and general senile changes were present and a variety of cell changes were observed, the most noticeable being vacuolation, which was considered pathognomonic.

The author attributes the senile changes present to the effect of hypothyroidism, and considers that there may be some ætiological relationship between the congenital factor of absence of the thyroid isthmus and this disease. Disease of the ovaries is suggested as another ætiological factor, this condition having been found in a previous case. There is a possible correlation between atrophy of the cerebellum and the clinical symptoms of disturbance of co-ordination and vertigo.

F. E. STOKES.

3. Treatment of Insanity.

The Care of Sane Epileptic Children. (Brochure pub. by John Bale, Sons & Danielsson, Ltd., 1920.) Fox, J. Tylor.

The writer discusses some aspects of the treatment and general care of sane epileptic children in a residential colony, and records some of his impressions and observations as Medical Superintendent of the Colony at Lingfield. Out of over 330 epileptics there, 167 have not yet reached their sixteenth birthday. These are housed in six separate homes; there is a hospital for serious illness, a school building with extensive gardens, and a central hall or chapel. The cases are selected from a large number of applicants, but the only ground of rejection is