

He discusses the close relationship between migraine and epilepsy, which may be different manifestations of the same underlying disturbance, although migraine does not lead to progressive deterioration. Although migraine is frequently combined with hysteria and other psycho-neuroses and these react on each other, the author does not consider it a hysteric manifestation. Ætiology and therapy are not discussed, but the author alludes to the importance of heredity, and states that among 1,000 cases only one showed definite endocrine disturbance, although menstrual disturbance was common.

MARJORIE E. FRANKLIN.

*Affective Disorders following Acute Epidemic Encephalitis in Children.* (Amer. Journ. of Psychiat., April, 1924.) Rhein, J. H. W., and Ebaugh, F. A.

The authors draw attention to the not infrequent occurrence of apparently unmotivated suicidal attempts in post-encephalitic children during transient depressions which, unlike those of manic-depressive psychosis, are usually unaccompanied by inhibition of thought or ideas of self-reproach. Manic reaction with increased psycho-motor activity also occurs. The psychic changes may be related to the previous make-up of the child. Behaviour disorders sometimes lead to asocial acts and medico-legal difficulties. The authors emphasize the need for safeguarding children while suffering from affective disorders as sequelæ to epidemic encephalitis, and the value of "rest cure" in treatment. Case reports are given.

MARJORIE E. FRANKLIN.

*An Analysis of Recoverable "Dementia Præcox" Reactions.* (Amer. Journ. of Psychiat., April, 1924.) Strecker, E. A., and Willey, G. F.

The object of the study was to uncover factors which might have modified prognosis in cases thought to be of malignant type but ultimately recovered; and conversely, to elucidate those factors which give to a benign psychosis a malignant colouring. The 25 cases reviewed were diagnosed as dementia præcox by majority vote at staff conferences at the Pennsylvania Hospital, Department for Mental and Nervous Diseases. Many showed symptomatology of classical type, while some seemed more debatable, but opinions differ as to whether ultimate recovery invalidates a diagnosis of dementia præcox and prognosis rather than diagnosis is stressed in the paper. Of 1,000 consecutive admissions 187 were classified as dementia præcox, and of these 25 recovered. The criterion of recovery was "apparently permanent and complete restoration to normality"—cases with previous or subsequent attacks or of partial readjustment were excluded. The period since recovery was from 7 months to 8 years, with an average of 5 years, and the duration of the psychosis from one month to 5 years, with an average of 11.5 months. Consideration was confined to manifest symptoms, personality, family and personal history, situation, etc., and "interpretations which involved a probing of the unconscious

were avoided," but in the discussion Dr. White emphasized the assistance which interpretation of symbolism may give in prognosis.

*Race and heredity* were prognostically of indirect importance only, *e.g.*, an erroneous evaluation of affect is apt to be made in an alien subject, while imitation of a relative may modify symptoms.

In considering pre-psychotic *personality*, "intrinsic" seclusiveness is of more serious import than a retirement which is a fairly logical, perhaps helpful, defence reaction against a genuinely inimical environment. Again, certain grave symptoms may be regarded more hopefully when they are clearly and manifestly an exaggeration of previous characteristics or a recurrence of early forms of behaviour; *e.g.*, an interest in mysticism, or a pseudo-catatonia which was a regression to the reactions of a stubborn child against opposition. In the case of a deaf-mute, *somatic deprivation* may have caused the psychosis to assume an unduly unfavourable aspect. A "*precipitating situation*" of real significance, *e.g.*, an illegitimate pregnancy, the death of a relative, etc., when its component factors are reflected in the content of the psychosis, improves the prognosis.

The authors point out that there is a period just before the onset of actual psychosis when inhibitions are weakened, and *occurrences* of that time may be transferred into the subsequent psychotic content and give a misleading appearance of malignancy. For example, in one case the reading of detective stories and in another the words of a charlatan spiritualist supplied extraneous material for delusions, and were incorporated practically unchanged. The *onset* of the psychoses was apparently abrupt in 60 *per cent.* of the series.

In considering *psychotic symptoms* special emphasis is laid on a real diminution of affect or disharmony between the expression of affect and the idea content of thought, but it is acknowledged that these are difficult to estimate accurately. Errors may, in particular, be made in judging patients accustomed even in health to hide their emotions and in those of alien race. *Toxic* psychoses may simulate dementia *præcox* closely. Points of importance are clouding of consciousness, however slight, a history of somatic disturbances and clinical signs of toxicity. A gain in weight accompanied by mental improvement is favourable, whereas physical without psychical improvement is of unfavourable prognosis for the psychosis.

Catatonia was pronounced in 56 *per cent.* of the cases, but the authors consider it no criterion of malignancy, and it may occur in many organic and functional conditions. Stupor, not always of Hoch's benign type, was present in 28 *per cent.* of the series, but is not thought of prognostic significance.

Descriptions of each case, with discussions, are given. The authors conclude that careful study of symptoms and antecedent factors should reduce the margin of prognostic error.

MARJORIE E. FRANKLIN.