

examinations were made over a period of six days in each case. The results showed that in manic states the position of the viscera tends to be high (normal or above normal) and tone and motility are increased, whereas in depressed states the position is low and there is longer retention and hypotonus. Recent dementia præcox showed more marked changes than the chronic who may be supposed to have made some adjustment. Dementia præcox in general shows higher position, hypertonus but diminished motility. In all psychoses with paranoid trend there is some hypomotility and hypotonus of sigmoid and rectum, which is interesting in relation to possible anal eroticism. Psychoneurotics appear to be prone to hypertonus and hypomotility. One patient was observed in both manic and depressed states, and the findings agreed with those of the manic and depressed groups.

In a discussion of this paper *White* speaks of hypertonus as representing conflict. Hypotonus (*e.g.*, the long-standing dementia præcox cases and the depressed patients) indicates that the patient has "given up the fight" for the time being. The hypotonus and retention of contents of the lower bowel in involution melancholia is in agreement with psycho-analytic theories according to *White*, as these patients have a large component of hate which, in suicidal cases, leads to turning one aspect of the personality against another.

MARJORIE E. FRANKLIN.

*Psychic Manifestations in Migraine.* (*Amer. Journ. of Psychiat.*, April, 1924.) *Moersch, F. P.*

Among 1,000 cases of migraine in the Mayo Clinic, psychic symptoms were noted in 150, but the real incidence is probably greater, as the author has to rely on history or short observation. The disturbances are usually mild and transitory, but more serious conditions, sometimes even suicide, are occasionally recorded. The commonest form is mild mental and physical depression with retardation, sometimes combined with anxious foreboding. In the prodromal period this may occur alone or be preceded by a transient state of hypomania and exhilaration. Visual, olfactory, and sensory aura sometimes occur. During the attack there may be divers types of psychic disturbance, the commonest being somnolence, sometimes leading to clouding of consciousness, confusion, hallucinosis or delirium. Unconsciousness may be associated with migraine and does not necessarily indicate epilepsy. Psychic disturbances in this phase are usually relieved by vomiting and sleep. Other symptoms at the height of the attack include anxiety and terror, auditory, visual, occasionally olfactory hallucinations, obsessive ideas, etc. Transient manias and changes in personality may be associated with the attack or occur as psychic equivalents. Personality changes include moroseness, impulsiveness, compulsions and pathological stealing and other periodic asocial acts. Other equivalents include excitements, depression, confusion, automatism and dissociated states. The author alludes to an association with periodic drinking and the existence of a "migrainous constitution."

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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