

The conception of reflex epilepsy requires the existence of a kind of epileptic condition, distinguished from other forms of epilepsy by the circumstance that, in consequence of a local disease somewhere outside the brain, convulsive attacks are released, on a reflex path, by stimulation of a centripetal nerve. In criticism Rosenhain sets forth the following considerations: (1) The fits do not follow at once upon the incidence of the local disease; there is an interval, sometimes of years. (2) An aura in the region of the affected nerve has been supposed to be further evidence of the reflex nature of the disturbance; but the occurrence of such an aura may be a mere coincidence; or it may be due, in cases of Jacksonian epilepsy, to a chance affection of a spot of cortex corresponding to the injured limb; or the aura may have been merely referred to a *locus minoris resistentie* of the periphery of the body; or, if the aura were dependent, in accordance with the notion of reflex epilepsy, on a morbid functioning of the injured nerve, it would be fair to assume that, wherever an aura is located, there there is to be found the seat of production of a fit—which is absurd. (3) It has been said that in some cases, after treatment of the local affection, or after extirpation of the epileptogenous zone, the epilepsy has been cured; but this is no proof of its reflex nature, for the cure may have been due to removal of a toxic source, or to amelioration of a neuritis ascending to the subarachnoid space. (4) If, by suitable stimulation of a centripetal nerve, an epileptic fit were regularly induced, the reflex nature of the condition would be clear; but in many of the cases the fits were induced psychically; in many the fits were not epileptic at all, but hysterical; there is no record of any exact observations on the delimitation of the epileptogenous zone, the strength of the stimuli employed, or the time interval between the application of the stimulus and the release of the fit; and, further, it is necessary to exclude many cases of local affection of the cortex in which, in consequence of a focal brain lesion, a local stimulation of the corresponding limb produces convulsions. (5) As the conception requires that the malady should be a veritable epilepsy, the possibility arises that not merely major fits but various epileptic equivalents might be evoked in the same way; in this connection equivalents have never been considered. (6) How is it that among the entire epileptic material of the Breslau clinic during the last ten years there has not been a single case, and that at the Würzburg clinic no case has ever been known? If a reflex epilepsy were possible, the war would have yielded many cases.

The conception of reflex epilepsy arose in an age when epilepsy was very imperfectly distinguished from other affections, but it still drags out a shadowy existence in the literature. Rosenhain's paper may help to lay its ghost.

SYDNEY J. COLE.

3. Clinical Psychiatry.

The Study of the Trend in a Group of Dementia Præcox Cases. (State Hosp. Quart., May, 1921.) Wright, W. W.

Seven cases showing two trends are discussed; four in which the incest phantasy is evident, and three where the union with the father has a more symbolic representation in a setting of religious exaltation,

the father being replaced by God, the Pope, priest, president, king or some wealthy or renowned person. In all these cases a conflict or wish is evident, and the solution is a wish realisation, the variation in their phantasies depending upon the individual need. In some the phantasy is openly crude, in others subterfuges and substitutions are employed to make the situation compatible with the individual's moral concepts.

The mental mechanisms in these two groups are similar. In the past we have been led to believe that we were dealing with two distinct groups, the one said to represent the infantile, the other the adult trend of thought. When the first was present the prognosis was said to be poor, when the latter it was said to be good, and the case one of manic-depressive type. The designations of "infantile" and "adult" as applied to trends are here shown to be misleading and of no prognostic value, and that instead of two groups of cases there is in reality but one.

C. W. FORSYTH.

The Significance of Certain Symptoms in the Prognosis of Dementia Præcox. (State Hosp. Quart., May, 1921.) Williams, R. R., and Potter, H. W.

From this study of 200 cases of dementia præcox the following conclusions may be drawn: (1) The shut-in type of personality may be regarded as one of the points for a favourable prognosis. (2) The presence of infantile sexual ideas is of grave significance. (3) The outlook is poor where hallucinations are present; if, however, they are of the visual type, the outcome may be regarded as more favourable. (4) The presence of a reactive mood change as shown by perplexity, anxiety, apprehension, depression or elation would portend a more favourable prognosis; conversely, an acceptance of the situation with an attitude of apathy and indifference is of serious prognostic inference. (5) A consistent and adequate emotional response may point to a favourable outcome; when a proper affective tone is lacking, the odds are greatly in favour of a protracted chronic course. (6) Regression and projection are the essential mechanisms of dementia præcox. Regression, if the sole mechanism, usually points to a deterioration with little hope of adjustment. If in combination with any of the accessory mechanisms the prognosis becomes less grave, when combined with projection it is not materially helped. Where projection is the sole mechanism the outlook is more favourable. (7) If the accessory mechanisms of wish fulfillment, repression, compensation or atonement, etc., are active, the prognosis is improved.

C. W. FORSYTH.

4. Treatment of Insanity.

Occupational Therapy at Kankakee, Illinois, State Hospital. (The State Hosp. Quart., August, 1921.) Sutton, Bess E.

This is an account by the chief educational therapist of eighteen months' work. The purpose of this department is to hasten recovery, lessen deterioration, improve the deteriorated, and to make the patient, generally, a happier and more useful member of society, whether outside or inside the hospital. Economic advantage is incidental. Efforts are