

too early to record conclusions. Those giving a one-plus Wassermann have been almost entirely children or women, in whom he had reason to believe that if syphilis were present at all it was hereditary.

While unprepared at this time to give data, the author states that in his experience of the past several years the proportion of epileptics giving a Wassermann reaction in some degree is much greater than that given in available statistics, and he feels confident that the laboratory has not detected all cases in which syphilis was, either directly or indirectly, an ætiological factor. AUTHOR'S ABSTRACT.

3. Clinical Psychiatry.

A Contribution to the Study of Toxicomania . . . on a Psychasthenic Foundation (Psycho-toxicomania) [Contributo allo Studio delle Tossicomanie . . . su Fondo Psicastenico (Psico-tossicomanie)]. (Reprinted from Il Manicomio, 1918.) Bianchini, L.

R. F. E—, a sub-lieutenant of infantry, was charged with cowardice for having on November 1st, 1916, at the commencement of an attack on the enemy's position, deserted his company. The regimental surgeon reported that the man was a confirmed morphia maniac, and that scars of injections were visible on his body. The commander of his battalion reported that he was intelligent, capable of service, but of a rather weak physical constitution. The captain of his company reported that he was ignorant of moral duties, had no sentiment of dignity or *amour propre*, that he was a morphia maniac, and gave one the impression that he was mad.

R. F. E— was the eldest and the least robust of a family of six, the family history being good. At school and afterwards he showed himself fairly intelligent, but his intelligence was ill-balanced and his will was weak. He was also very vain.

He commenced smoking tobacco at the age of fourteen, and he gave himself so completely up to the habit that at eighteen he was accustomed to smoke 100 cigarettes a day.

He did not choose to follow the public course of lectures, but preferred studying at home for his licentiate. He worked hard, but his labour was so vacillating and so badly directed that he failed to pass the examination. He was a great reader, but his reading was desultory. He appears to have found more pleasure in the study of chemistry than in any other branch of knowledge. The description of the effects of certain alkaloids on man and animals fascinated him. He read many books on pharmacology and toxicology. He obtained specimens of various drugs, such as chloroform, chloral, Indian hemp, opium, morphia, atropia, cocaine, etc., with which he experimented on himself. He made the first injection of cocaine in August, 1914, when he was eighteen years and six months old. It appears, therefore, that he became a toxicomaniac from curiosity. But it is to be noted that in his own confession he speaks of having been induced to smoke opium by a friend who had frequented the opium dens of Marseilles and Paris.

When the war broke out he enrolled himself in a regimental course for officer students at Turin. Here he continued the use of cocaine and morphia. Having completed the course from which he came out as sub-lieutenant in July, 1915, he was appointed instructor to a squad of officer students. Although he was saturated with poison, the sudden change in his life, pride in his appointment and consciousness of responsibility made him spontaneously and with little suffering give up the injections. He appears to have almost succeeded in breaking off the habit.

He passed in due time to the Front, fought bravely, and was wounded on September 28th, 1915. He was sent to the hospital at Pavia. Here he took up his old habits, and continued them when he was sent home on leave. He now used morphia and cocaine together. He injected the morphia first, left the needle in the skin, filled the syringe with the solution of cocaine, and completed the operation. He used large doses of both drugs. The injections were made in the afternoon, evening and night, never in the morning. No one except a doctor at Pavia, who spoke strongly to him on the subject, appears to have suspected the habit.

After his convalescent leave was ended he passed to the dépôt as instructor until the end of May. During the last month, becoming acting captain, pride again induced him to give up his vicious habit. Being sent to the Trentino, he fought bravely. For a whole month he left off the use of the alkaloids, only masticating a quantity of leaves of Bolivian coca. His regiment being sent to rest at Vicenza, he resumed his evil habits, using large quantities of morphia and cocaine.

In August his regiment was sent to the Carso. He was now beginning to show signs of mental and bodily enfeeblement. Finally he ran short of morphia, which he had been using in large doses, and when the regiment went into action on November 1st he had been forty-eight hours without an injection. He advanced bravely to the attack, but the morphia hunger overcame his physical and moral strength. He deserted his post, and after wandering aimlessly for three days he found his way, ill and broken down, to the hospital of his army corps.

Prof. Bianchini draws attention to the following points:

(1) The age of the patient is exceptional. He was *æt.* 18. It is rare to meet with a toxicomaniac under twenty-five.

(2) With classical toxicomaniacs the need of the poison, even from the beginning, is constant, continued, and progressively increasing. In this case the need was sporadic, discontinued and non-progressive. In the case of a classical toxicomaniac voluntary suspension of the use of the drug is almost impossible; in this case it was effected spontaneously under certain circumstances and with comparatively little suffering.

(3) In this case the injections were made in the afternoon, evening or night, never in the morning. The morphia maniac, on the other hand, deprived of the poison for some hours and exhausted from want of sleep, must make the injections in the morning to refresh himself as an alcoholic drinks to stop his morning tremors. And it is necessary for him, like the alcoholic, to continue the use of the drug all through

the day without measure or method, until in the evening he desists because his organism is saturated.

(4) The large doses employed by the patient.

(5) The use of morphia and cocaine together. The morphia maniac rarely uses the two drugs because he is aware of their antagonism. If he uses the second it is because he is in want of the first or is in search of new sensations. He is always a monotoxico-maniac. He may casually employ other poisons, but he finishes by giving preference to one, of which he becomes the absolute slave.

J. BARFIELD ADAMS.

The Influence of Alcohol in the Production of Hallucinations in General Paralysis of the Insane. (Journ. Nerv. and Ment. Dis., April, 1919.) Immermann, S. L.

The frequency of hallucinations in general paralysis has been much disputed, some authors stating they are common, others rare. Immermann's study was undertaken to determine, if possible, what relation alcoholism has to hallucinations in paresis. Several theories have been advanced to account for the occurrence of hallucinations in paretics: (1) The anatomical theory. (2) The theory of the previous personality of the patient. This supposes that a paretic who is not merely demented is suffering from a psychosis in addition to his paresis. (3) The toxic theory. (4) The psychogenic theory. This possible source has not been investigated in this study.

Inmermann in his 73 cases found 21 patients to be hallucinated—11 visual, 10 auditory—and 52 patients to be non-hallucinated. He divides these groups into sub-groups and gives a table showing the percentages to alcoholism in each sub-group. His conclusions are summed up as follows: "(1) In a study of seventy-three paretics the patients were found to fall into several clinical groups, which tended to remain fairly distinct. (2) Hallucinations were found to occur in certain of these groups and tended to remain confined to these groups. (3) Excessive alcoholism occurred in only some of the hallucinatory groups, and was at most an indirect factor in the production of the hallucinations. (4) Certain manic types showed hallucinations and a high incidence of excess of alcoholic use, abnormal make-up and absent knee-jerks, but other hallucinatory patients did not show this combination."

C. W. FORSYTH.

Simulation (Malingering) not an Adequate Diagnosis. (Journ. Nerv. and Ment. Dis., September, 1919.) White, W. A.

The writer would confine the conception of simulation (malingering) to cases where the symptom can be shown to have its origin in the field of clear conscious awareness of the individual, who at the same time has the conscious purpose in mind to deceive, to avoid responsibility or to escape punishment. The diagnosis of malingering is not an adequate one as we have no right to diagnose from a single symptom. Experienced psychiatrists look upon simulation *per se* as a relatively unusual phenomenon, and see in the simulator an individual with bad personality make-up and in the symptom an expression of such defect;

it is the individual's reaction—his way of meeting a problem presented to him by reality. His reaction is an indication of a defective personality.

The usual attitude of the herd towards the malingerer is one of condemnation: he deserves punishment. Punishment is useful for the purpose of reinforcing the repression and is to that extent valuable, but for the individual the punishment should have nothing of hate in it. It should be devised with the sole idea of changing the type of reaction from an antisocial form to a socially acceptable one—that is, an attempt ought to be made to sublimate the instinctive antisocial expression. This is only possible by the sympathetic understanding of the conflict and of the reaction of each individual.

C. W. FORSYTH.

An Acute Prison Neurosis of the Anxiety Type. (Journ. Nerv. and Ment. Dis., October, 1919.) Yawger, N. S.

Gleuck has well shown that the criminal occasionally develops a psychosis as the result of his confinement in prison on the top of a psychopathic personality. The writer has, however, found that occasionally an anxiety neurosis is manifested. About one-third of the convicts coming up for pardon or parole show nervousness to a greater or less extent—the criminals refer to it as "pardonitis" or "parolitis"; the ones who escape the disorder appear to be those who expect favourable conditions to await them on their discharge. An account of the symptoms is given; they do not differ from those found in anxiety neurosis in life outside the prisons.

Yawger considers that the condition is the result of important factors aside from the sexual sphere. Some prisoners fear that they may not be released; a few know that detainers will be lodged against them and that they will be rearrested on discharge; in others—the majority—the anxiety neurosis is determined by the thought that when released they may be homeless and that they will be unwelcome members of society.

C. W. FORSYTH.

4. Treatment of Insanity.

The Problems of Pulmonary Tuberculosis in a Psychiatric Hospital. (Journ. Nerv. and Ment. Dis., January, 1919.) Silk, S. A.

This paper emphasises the importance of the tubercular problem in mental hospitals. Patients will be admitted suffering from this disease and other patients will develop it later. The duty of every hospital will be to cure as many cases as possible and to prevent the spread of the disease amongst non-tubercular patients. As regards general conditions, the construction of the hospital should be carried out on up-to-date hygienic lines, allowance being made for the maximum available amount of sunshine, light and fresh air at all times. Large porches or enclosed parts should be used for ambulant patients, the ventilation of wards and dormitories should be thorough, and in winter extra blankets should be used instead of keeping out fresh air by closing windows. The food supplied should be wholesome and varied.