

administration of more morphine; the intoxication theory of Jastrowitz would lead to the deduction that ultimately fresh doses would fail to counteract the toxic effect of the altered morphine, so that abstinence symptoms would appear while morphine is still being given, whereas this is not the case. He concludes that the most satisfactory explanation, and one based on experimental evidence, is that the effects of morphia are due to an alteration in the function of the nerve-cells of such a kind that their lipoids combine with it to an ever-increasing extent (or possibly adsorb it), and it thus becomes a necessary component to their functioning, so that its destruction produces abstinence symptoms; habit-formation occurs specially in people whose nerve-cell lipoids have an intense affinity for forming this combination, and this may be correlated with the mental peculiarities accompanying such affinity; here the problem of psychopathology is brought into direct contact with organic processes. The brain-cells, as it were, *learn* to combine with and to destroy increasing quantities of the drug, though we cannot reproduce in a test-tube the special physico-chemical conditions which determine this process.

A very full bibliography is appended to this article.

M. R. BARKAS.

A Group of Psychoneurotic Ex-Service Men. (Mental Hygiene, January, 1925.) Ziegler, L. H.

In a group of 162 ex-service men 56 were cases of hysteria, 54 of neurasthenia, 42 of anxiety neurosis and 12 of compulsion-obsession neurosis. The diagnosis was not arrived at until just prior to discharge from hospital.

Observations on family history.—In about 50 *per cent.* of the whole group nothing was found to suggest the presence of nervous or mental disease. In the psychasthenic group only one patient's family history was free from mental disorder. Among the brothers and sisters of the patients, the incidence of psychoses and functional nervous disorders was 46.9 per 1,000 instead of 1.06 per 1,000 amongst the first million recruits. Among the parents of the patients studied, 7.3 *per cent.* had been separated or divorced—a very high rate; 9 *per cent.* of the fathers were alcoholic. In the entire group there were only 6 instances in which the patient was the only child in the family, but there was a tendency for the patients to be the oldest children of large families. They came from a very prolific stock, which showed some evidence of maladaptation and which tended to produce nervous types.

Neurotic traits of childhood.—In about half the cases none of the so-called neurotic traits were elicited. The psychasthenic group showed the greatest number of such traits, and bed-wetting was the commonest.

School attainment.—There was a much higher degree of retardation than acceleration. Anxiety neuroses are usually found in people of ability superior to that of sufferers from the other psychoneuroses.

Sex adaptation.—22.7 *per cent.* denied masturbation. There were

very few of each type who denied heterosexual relations. The anxiety group stood out as having experienced them less than others. About 25 *per cent.* had had venereal infection at some time or another. Marriage was much less frequent than amongst the corresponding age-groups of the normal population.

Occupation.—Pre-war, these patients lost much more time from work than is explained by normal illness rates. They changed jobs more frequently than normal men do. The anxiety group made the most attempt to better themselves, and the neurasthenic group least. Post-war, they were worse than before. The anxiety group again made the most serious attempt to better themselves. There is a strong tendency for the psychoneurotic to enter manufacturing and especially mechanical industries.

Military life.—66·8 *per cent.* enlisted voluntarily; 68 *per cent.* saw foreign service; 44 *per cent.* had some experience of active warfare, the anxiety group contributing most and the psychasthenic group least. The anxiety group contained the highest percentage of commissioned and non-commissioned men.

Development of present illness.—The general strain of war service was the most common cause given by the patients for their disability. Since discharge from military service, the hysteric group had been in hospitals a greater number of times and for longer periods per patient than any of the other groups. Of the entire group 18·3 *per cent.* had major operations for the relief of psychoneurotic symptoms, but in most cases without relief. About half of the complaints of the patients referred to bodily structures; only a small portion of these complaints were based on discoverable organic disease.

G. W. T. H. FLEMING.

Mongolism. (*Brit. Journ. Child. Dis., October–December, 1924.*)
Brushfield, T.

Causation.—(a) Syphilis: This view is still held by Riddel and Stewart, and Lind. Against this is the fact that the Mongol exhibits not a single sign of congenital syphilis. The Wassermann reaction in Mongols—Gordon 1 case in 8, Stephen none in 11, Riddel and Stewart 1 in 55. (b) Contraception has been urged by some. (c) Neuropathic family history: 19 cases had a neurotic heredity, 8 alcoholic and 20 a history of tuberculosis. (d) Amniotic sac: Van Sheer attributes Mongolism to increased pressure during the sixth and seventh weeks of intra-uterine life by an abnormally small and tight amniotic sac. Jansen considers that there are important relationships anatomically between Mongolism and achondroplasia. He says that (i) if the undue pressure acts in the second to third weeks the result is anencephaly; (ii) if the pressure acts in the third to the sixth weeks the result is achondroplasia; (iii) if in the sixth and seventh weeks the result is Mongolism. (e) Mongol's position in the family: Out of 157 cases 29 were firstborn, 69 lastborn, and 33 one of the last three. (f) Mother's age: In 64 out of 96 the mother's age was 39 and over, and in 75 out of 96 the father's age was 40 or over. (g) Mother's health in pregnancy: Ill-health,