

*Continuous Manical Excitement in an Epileptic treated by Luminal* [État d'excitation maniaque continu corrélatif du traitement par le gardénal chez un épileptique]. (Bull. Soc. Clin. de Mén. Ment., 1925.) Trénel and Lacroix.

In this chronic epileptic (who has been exhibited before) the administration of luminal, even in a dose of gr. i daily, is followed by a state of strong manic excitement lasting till the luminal is stopped. The authors state that luminal is a valuable drug, and cases of this kind are an exception. W. D. CHAMBERS.

*Demonstration of Nasal Feeding without a Tube* [Démonstration de l'alimentation par voie nasale sans sonde]. (Bull. Soc. Clin. de Méd. Ment., 1925.) Trénel.

The patient refused all food by the mouth. She was fed for some weeks by nasal tube without any resistance, till it occurred to the nurse to introduce the feed directly into the patient's nostril. It was accepted, and the method has continued to be successful for three weeks. W. D. CHAMBERS.

*Dementia Præcox, Schizophrenia and Schizoidism* [Démence précoce, schizophrénie, schizoïdie]. (Ann. Méd. Psych., March, 1926.) Minkowski, E.

This paper is an excellent review of the states named in the title, and of their relations to one another. It begins with an outline of Kraepelin's original conception of dementia præcox in four principal forms and the criteria on which it was founded—the interchangeable character of the symptoms, the specific terminal state and the similar heredity. Neither precocity of onset nor final dementia is claimed to be essential to the conception.

Bleuler reached his conception of the four forms of schizophrenia by another route. While Kraepelin described "samples" and later synthesized them, Bleuler sought a common factor for this group and found it in disorders of ideation, affectivity and volition. These constitute the fundamental disorders of schizophrenia and other symptoms are secondary or accidental. By another step the concept of "latent" schizophrenia, comprising maladjustments of the same three psychic functions but not amounting to psychosis, was reached.

Following his study of Freud, Bleuler elaborated the psychopathology of schizophrenia with the idea of the complex, the content of the psychosis, and autism. He is, however, not a psychoanalyst, and he does not restrict the morbid activity of the complex to schizophrenia, or even regard it as mainly causal in this disease. While the presence of a complex may have to do with the genesis of symptoms, schizophrenia and schizoidism, according to Bleuler, rest on a physical basis.

Bleuler's interest in schizophrenia is not merely diagnostic and analytical, it is also therapeutic. By early discharge to private care, occupation therapy, psycho-therapy to establish contact with the

patient and to rouse him from his autism, and medical therapeutics, every case is attacked from the beginning.

The schizoidism of Kretschmer includes all the attributes which might be considered as predisposing to schizophrenia. There are many varieties of schizoids—dreamers and men of action, hypersensitive and apathetic, irritable and impassive, but following on numerous anthropometric observations a definite physical schizoid type has been described, as distinguished from the syntonico or cyclothymic type.

In conclusion the author follows Bleuler whole-heartedly. He considers that the term "dementia" should be restricted to true intellectual loss, mainly of memory and judgment, and he states he has not himself seen any case of real primary intellectual dementia in a young person. The conception of schizophrenia will easily include almost all the cases hitherto labelled dementia præcox.

W. D. CHAMBERS.

*Confusion of more than Two Years' Duration cured instantly by an injection of Turpentine* [*Confusion mentale datant plus de deux ans guérie à la suite d'une injection de térébenthine*]. (*Ann. Méd. Psych.*, March, 1926.) Guiraud, P., and Chanes, Ch.

The patient, a woman, æt. 28, was admitted two years previously, suffering from severe delirious mania with tachycardia and slight fever. At the end of two months a fixation abscess was brought about and drained, and though the physical condition was better, there was no improvement in the mental state. After two years (in August, 1925) an injection of 1 c.c. spirits of turpentine was given in the thigh. Suppuration did not result. Twelve days later a sudden marked improvement began and the patient was discharged recovered in a month. She had incomplete amnesia of her illness.

The authors state that they have used injections of spirits of turpentine (1 c.c., or 0.5 c.c. repeated) in 30 cases without any bad effects. In 4 cases incision of the abscess was needed. They do not say how many cures resulted. They recommend this treatment in extreme confusion if the bodily condition is not too grave, in prolonged but milder confusion, and to reinforce arsenical or bismuth treatment in general paralysis. In dementia præcox and manic-depressive psychoses the results are disappointing.

W. D. CHAMBERS.

*The Marriage of Asylum Patients: A Case in Point* [*À propos du mariage des malades internés: Un cas d'espèce*]. (*Ann. Méd. Psych.*, March, 1926.) Beaudouin, H.

This is the account of the marriage of a patient while resident in an asylum, with references to similar cases, and many quotations and extracts from French civil law.

The patient, who suffered from undoubted general paralysis, was placed in the asylum on a voluntary basis by his family with a request that he be not allowed to communicate with a certain lady who had been his mistress for twenty years. The family did not expect nor apparently hope for any improvement in his condition. The lady got in touch with the patient and was allowed to see him, after two months, and about then his mental condition improved and a remission took place, leaving only some neurological signs. After much consideration of the laws relating