

*The Physiogenic and Psychogenic in Schizophrenia.* (Amer. Journ. Psychiat., September, 1930.) Bleuler, E. P.

Psychic mechanisms do not entirely explain this disease; there must be a certain predisposition of the brain. In schizophrenia we can distinguish primary and secondary signs; most of the symptoms described by Kraepelin belong to the latter category. The main primary signs are disorders in affectivity and in association. We have here a physical disease, with a lingering course, with irregular exacerbations. The manifest disease can become fixed in any phase; and improvement, even as far as recovery, does not negative a diagnosis of schizophrenia. Hitherto we have been unable to influence the physical process; the symptoms are, to some extent, within our reach, but it is essential to select the right moment for our interference. The attitude of the patient towards other members of his family is of much importance when the question of discharge from hospital is considered. M. HAMBLIN SMITH.

*Modern Ideas on Hysteria.* (Archivos Brasileños de Neurologia y Psiquiatria, Año XI, No. 1.) Roxo, Henrique.

The author reviews the situation with reference to the ætiology of hysteria since Babinski formulated his hypothesis that the condition was due to the effects of suggestion and persuasion.

He draws attention to the view that encephalitis lethargica is a disease capable of producing almost every type of nervous syndrome. In the past many of these cases were diagnosed as hysteria.

He analyses the concepts of Sanli, 1923, Strumpell, Emgelen, 1925, Papastratigakis, 1928, Ferreira de Cunha, 1928, and quotes Marinesco, who says, "There is a marked relationship between hysteria, dementia præcox and encephalitis lethargica, and the predisposition to suggestion, a fundamental principle in hysteria, is due to a meiopragia of the strio-thalamic bodies, provoked by a state of degeneration or to a toxic infective process."

The author considers further that the thyroid is the "gland of emotion," and that hyperthyroidism results in an exaggeration of the emotional reactions, while overactivity of the suprarenals or pituitary or ovarian insufficiency leads to excitement.

He believes that hysterical crises should accordingly be classed as a disendocrinia, with an auto-intoxication of the strio-thalamic bodies. He remarks on the disequilibrium of the vago-sympathetic system, which is constant in hysteria.

Roxo strongly counsels that in cases with hysterical symptoms an anatomical basis should be sought as in disease of the strio-thalamic bodies hysterical crises are frequently manifest.

J. R. BEITH ROBB.

*Hereditary Factors in Manic-depressive Psychosis: A Comparison of Institutional and Extra-mural Cases.* (Arch. of Neur. and Psychiat., October, 1930.) Paskind, H. A.

The author investigated 485 cases of extra-mural manic-depressive psychosis and found a hereditary taint in 83%, which corresponds

closely with the figure for institutional cases. In the direct line there was a neuropathic taint in 68%. In the direct line psychoses and nervous disorders were more frequent in extra-mural cases; alcoholism, psychopathic personality and suicide were less frequent. The author considers that the very mild and brief cases of manic-depressive depression, frequently not recognized as such, are in their nature identical with the classic institutional cases.

G. W. T. H. FLEMING.

*Mental and Emotional Phenomena of Some Psychoses in their Relation to Blood-pressure; Diagnostic and Prognostic Significance of the Latter. (Fourn. of Nerv. and Ment. Dis., October, 1930.) Gordon, A.*

The author investigated 37 cases of psychosis. All gave a lowering of blood-pressure half an hour after the injection of 200 grm. of milk. There was no alteration in a control group of 15 normal individuals and 7 obsessional cases. In the manic cases the difference between the terminal ascent and the original blood-pressure was smaller than in the depressives. There appeared to be a relationship between these differences and the duration of each phase of a manic-depressive psychosis; the smaller the difference the longer the manic phase lasted, and the greater the difference the longer the depressive phase lasted. In the confusional cases there was a striking similarity to the depressive phases of the manic-depressive psychosis. In the dementia præcox group, during the gradual descent of blood-pressure there was a considerable abatement in restlessness, especially in the automatic and stereotyped movements. In the cases of anxiety neurosis the lowering of the blood-pressure was accompanied by an amelioration of the main symptoms.

G. W. T. H. FLEMING.

*Post-Encephalitic Parkinsonism with Psychosis. (Fourn. of Nerv. and Ment. Dis., September, 1930.) Alpers, B. A.*

The author thinks that the number of cases of post-encephalitic Parkinsonism which develop a psychosis is small. He describes three cases in his own practice which had similar mental features. All presented hallucinations, chiefly auditory but sometimes visual. There were few other mental disturbances. Hallucinations have not often been reported in the psychosis complicating Parkinsonism.

G. W. T. H. FLEMING.

*Personality Factors in Alcoholism. (Arch. of Neur. and Psychiat., July, 1930.) Hart, H. H.*

The author examined 30 cases at the Blythwood Sanatorium. Most of the patients were typically American; there were no Jews. In all cases there was present a constitutional instability, with parental discord or alcoholism, and lack of discipline and sensible direction in the environment of childhood. Alcohol provides its own Nemesis. Alcoholism is an emotional and moral problem. The treatment, so far as it is possible, resolves itself into building