

*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.

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*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