

*Schizophrenic Psychoses: Critical Consideration of the Psycho-analytic Treatment.* (*Arch. of Neur. and Psychiat.*, October, 1931.) Alexander, F.

The author points out that many psycho-analysts think that analytic treatment may precipitate schizophrenic episodes in patients in whom a latent schizophrenia has not been diagnosed. The principle of adjusting institutional environment to the personality of the schizophrenic was applied by Sullivan to staff selection. He selected attendants of a schizoid type of personality, who consequently have an understanding of the peculiarities of their patients. Psychotherapy for schizophrenia must be based on the systematic and intentional intensification of the positive transference.

Paranoid cases are more easily influenced by psychological procedures than is any other form of schizophrenia.

G. W. T. H. FLEMING.

*A Contribution to the Problem of Heredity among Schizophrenics.* (*Journ. of Neur. and Ment. Dis.*, October, 1931.) Blenter, M.

The author found that amongst schizophrenics without hereditary strain there was a group of patients with severe dementia, yet capable of a certain affective *rapport*, such as idiots have. Physically these patients were obese dysplastics, and before the onset their psychosis were of rather good-natured temperament, unlike most schizoids.

The majority of the eccentrics among the relatives of the schizophrenics were typical schizoids; there was, however, a striking number of moral defectives. A number of persons were found who presented the schizoid state only during some period of their lives.

G. W. T. H. FLEMING.

*Anxiety in Dementia Præcox.* (*Ann. Méd. Psych.*, July and October, 1931.) Dupouy, R., and Pichard, M.

Anxiety is frequently found in the initial stages of dementia præcox. In cases with a gradual onset (degenerative types) the anxiety persists, proving the preservation of a certain degree of psychic integration. In cases of sudden onset (inflammatory type) the anxiety is associated with a state of affective incoherence and corresponding intellectual and motor disturbances. The authors see in this latter type analogies with other psycho-encephalitic conditions, notably dementia paralytica, where an inflammatory stage of over-activity is followed by a degenerative stage with inertia.

S. M. COLEMAN.

*Post-encephalitic Homosexuality.* (*Ann. Méd. Psych.*, October, 1931.) Schiff, P., and Trelles, J. O.

A man, whose sexual life had evolved along normal lines, at the age of twenty-three developed encephalitis of the oculo-lethargic type. Two years later he presented homosexual tendencies of an impulsive and periodic character. His behaviour became increasingly

flagrant, and finally, despite his wife, he would bring his male partners to his home. Neurologically there was a right-sided hemi-Parkinsonianism. Relevant literature on this perversion in post-encephalitis is mentioned; also two cases of homosexuality following head injuries.

S. M. COLEMAN.

*The Epileptic Constitution.* (*L'Encéphale*, December, 1931.) Robin, Gilbert.

This long article, dealing with the conception of epileptic personality, has a definitely psycho-analytic tendency. The work of Anna Freud is mentioned in connection with her analytic studies of children. The article is extremely detailed, and contains considerable speculation supported by a good deal of well-quoted clinical observation.

The author mentions a number of reactions already fairly well established—the explosive temper; the rebelliousness and objection to authority; the peculiar affective response in terms of religiosity and over-humility; the slowness of behaviour, which he terms “viscosity”; night terrors; enuresis; and the hereditary features.

These points do more than indicate that in the epileptic personality there are features which belong to the neuropathic and to the psychopathic constitution.

W. MCC. HARROWES.

*Recurrence of Attacks of Manic-depressive Psychosis.* (*Amer. Journ. Psychiat.*, November, 1931.) Pollock, H. M.

In more than half the cases there is no recurrence of sufficient severity to occasion readmission to a mental hospital. The frequency of recurrence is identical in the two sexes, and does not depend upon the particular variety of the psychosis. Patients between twenty and forty years of age on first admission have fewer recurrences than patients older or younger. The average duration of attacks in recovered cases is a little more than one year, and increases irregularly with advancing age.

M. HAMBLIN SMITH.

*A Statistical Study of Hallucinations in the Manic-depressive Psychosis.* (*Amer. Journ. Psychiat.*, September, 1931.) Bowman, K. M., and Raymond, A. F.

A continuation of the report on delusions in the manic-depressive psychosis published in the July issue of the above-named journal. There were studied 1,009 cases; and 1,408 cases of schizophrenia and 496 of general paresis were used as controls. The most common type of hallucinations in the manic-depressive psychosis is auditory, and visual hallucinations are the next most common; the incidence in each case is similar to that found in general paresis; a similar correspondence was found in the case of delusions. In all three psychoses, there are more female cases showing hallucinations. There is a striking association between