

the third the non-realisation of childhood's dreams. One was sub-normal mentally, two superior normals; but in all three immaturity was present as regards effort towards the minor adjustments of everyday life and the conception of adult problems and responsibility.

The first had originally obtained outlet and compensation through religion; when this failed release through sex satisfaction was denied because of her emotional reactions. Stealing represented to her an act of moral suicide and was adopted in her endeavour to gain religious restoration. The act of delinquency was incompatible with her former career, and immediately after its commission was not remembered. Her sex consciousness was first aroused at the age of 7 by a male music teacher and caused the concealed sense of guilt repressed for sixteen years; a subsequent sexual experience when 19 had little influence on her. The early conflict alone decided her delinquency—when circumstances of strain arose. Of great interest is the fact that this case, although of institutional type, immediately responded to analysis, with the probability of complete emancipation.

The next case had been allowed complete mastery of her father till the age of 18, when the strong exercise of parental authority created an intolerable position, expressed as a compulsion neurosis. A hasty and unfortunate marriage was contracted as a way of escape, in spite of the fact that filial relationship had hitherto so satisfied her as to have been adopted as the permanent life attitude. The marital adjustment could not be made, and the adoption of a child was sought in vain. When a child she had stolen stamps from her father, and now anti-social conduct developed in extensive shop-lifting, the articles being simply concealed and accumulated. In the analysis confidence was only obtained after many months. A satisfactory reconstruction was made on the lines of interests aroused in childhood by the literary accomplishments of her father. It is noted, in passing, that the creative element in writing often amply replaces the maternal instinct.

The last case illustrates sex consciousness developed at an early age by excessive love for her father. Associated with it grew a feeling of intense shame, resulting in the absolute repression of anything connected with the sexual realm. The conflict emerged in lying, unmanageability, truancy from home, and especially stealing. The compulsions arose from no actual present crisis, but from the obsessive thoughts based on past situations, *viz.*, the experiences with her father.

In two of these cases then the repressed conflicts and the delinquencies, although closely connected, were widely displaced in point of time. Healy has reported similar results from mental conflict, but intimate in time relationship. In all the above cases wise guidance during early life would have prevented antisocial conduct. Delinquents may possibly be re-educable—but the opportunity for constructive work lies in the recognition and treatment of mind conflict or maladjustment at its inception.

J. GIFFORD.

*War Psychoses: Dementia Præcox in War-time.* (Rev. of *Neurol. and Psychiat.*, November–December, 1918.) Henderson, D. K.

The writer maintains that war psychoses are essentially the same as those occurring under peace conditions, the symptoms being similar,

except that the content of the psychoses has taken on an environmental colouring. The stress of military service has simply acted as a precipitating factor, and has brought forth those latent trends in the individual predisposing him to a particular type of mental disturbance.

*Diagnosis:* The vast majority of the author's cases showed a dementia præcox reaction or were mental defectives. The varieties of dementia præcox were not clear-cut—67 per cent. showed an hallucinatory paranoid state, 14 per cent. were hebephrenias, 11 per cent. were catatonias, 7 per cent. showed an emotional blunting without any special trend, and one was ungrouped. There has been much discussion about the hallucinatory paranoid states; some, because of the transitory nature of many of the cases, thinking that they are the direct result of the war situation. Whether these cases recover or not, it is plain that they have made an inadequate reaction to the situation of a dementia præcox type. What has been attempted is to diagnose the case in relation to its reaction type. The broad view is that of Meyer, who holds that the whole point is "to get the facts concerning the total reaction, or reaction type, or reaction complex, whether it is organic or toxic-delirious, or affective or paranoid, or a benign, or a malignant substitutive process, or a constitutional defect or perversion, or a mixture." *Etiology:* Meyer and Hoch have pointed out that the inherent defect in the dementia præcox case is his inability to satisfactorily meet his difficulties. Hoch has shown that dementia præcox tends to develop in one who is out of touch with reality and with a "shut-in" personality. Farrar has differentiated certain well-developed anlage types:—(1) Backward type: In this group are included those lacking in ambition, the absent-minded and forgetful, the truants, and those lacking in application. Later in life the work impulse is absent or inadequate. (2) Precocious type: These are the bookish, serious, prudish, model children. (3) Neurotic type: These are the delicate children, subject to headaches or minor ailments. They have tantrums, are selfish, deceitful and 'difficult.' (4) Asocial type: These are seclusive, day-dreaming, castle-building individuals, who tend never to thoroughly emancipate themselves. (5) Juvenile type: This is the type that never 'grows up.' In civil life many of these people lived a secluded life, and were able to meet the demands put upon them fairly satisfactorily, but in the army the strain was too great, and there was a want of harmony between the individual and his surroundings. In addition, certain other complex factors arose, such as: (1) Conflicts over auto-erotic habits; (2) the doubts, real or imaginary, in regard to the faithfulness of wife or fiancée.

*Prognosis and treatment:* The writer found that the results were better than those obtained in civil life. McCurdy has pointed out that anxiety and conversion hysteroid states in war-time come about at a more superficial level, and react more readily to treatment than cases occurring in civil life. Similarly with the war psychoses; many of these patients would not have developed dementia præcox in civil life, and often a history of a dementia præcox make-up is not found in them. In the army, too, abnormal conduct is quickly noted, and the patient is soon sent for investigation. Army experience offers a concrete example for the early treatment of mental cases. A great many cases made a complete readjustment, a large number a partial one, and probably only a

minority remained chronic. In civil life a readjustment is occasionally made, but it is not so satisfactory or permanent. Frequently, on admission to the mental wards of the Lord Derby War Hospital, the patient was convalescent and had some insight. A discussion of the case, with an explanation of the origin of the patient's ideas, was then usually sufficient to straighten out the patient's tangle. The physician should be well trained to deal with mental disorders. In addition, the treatment consists of rest in bed, of occupation capable of stimulating interest, and of general measures for improving the health of the patient. Many excellent illustrative cases are given.

C. W. FORSYTH.

*Geographical Distribution of Dementia Præcox in New York State: A Study Based on 9,024 Dementia Præcox Patients admitted to the Civil State Hospitals from October, 1911, to June 30th, 1918. (The State Hosp. Quart., May, 1919.) Pollock, H. M.*

The average annual rate of admission of new dementia præcox cases in the New York State was 13.8, in urban districts of the State it was 15.8, in the rural districts 6.0. Of the 9,024 dementia præcox patients, 4,694 were males and 4,330 females. The author sums up his conclusions as follows: "(1) The rate of incidence of dementia præcox is much higher in cities than in rural districts. (2) The two sections of the State in which dementia præcox is most prevalent are the lower Hudson Valley and the lower Genesee Valley. These sections have several points of similarity. (3) The rate of incidence of dementia præcox is higher in large cities than in small ones, but the individual exceptions to the rule seem to indicate that the size of the city is not a dominant factor."

The possible explanations of the variation of the rate in the various counties and cities of the State are: (1) Differences in diagnosis in the several State hospitals. As, however, the matter of uniform diagnosis has been emphasised throughout the State hospital system, it is unlikely that this is an appreciable factor. (2) It is more probable that the rate of incidence is influenced by the race distribution of the general population. There is a high rate among Hebrews and Slavs and a comparatively low rate among the Celtic and mixed races. (3) The complicated life of the city may make it more difficult for mild cases to remain at large or at home. It is probable also that mild cases in the country are not so frequently admitted to State hospitals. (4) If dementia præcox be a hereditary malady, the presence of a considerable number of families in any locality bearing the taint of the disorder would have a decided influence upon the rate in the smaller cities and towns.

C. W. FORSYTH.

*A Case of Pseudologia Phantastica. (Rev. of Neurol. and Psychiat., July-August, 1918.) Read, C. Stanford.*

Healy defines pathological lying as a "falsification entirely disproportionate to any discernible end in view, engaged in by a person who at the time of observation cannot definitely be declared insane, feeble-minded, or epileptic. Such lying rarely if ever centres about a single event; although exhibited in very occasional cases for a short time, it