

*Psychotherapy in the Schizophrenias.* (*Amer. Journ. Psychiat.*, November, 1931.) Malamud, W., and Miller, W. R.

Too much must not be expected from psychotherapy; even in general medicine miracles are not accomplished. The organic origin of the disease is, at least, doubtful; and even if such organic origin is admitted, we must postulate a certain type of personality as a necessary background. One great difficulty is the lack of precision as to what is contained in the concept of schizophrenia. Psycho-analysis, as applied in the treatment of the psycho-neuroses, is not the best method of approach in schizophrenia. The correct mode of treatment is firstly to appreciate the mechanisms underlying the content of the psychosis; secondly, to establish a *rapport* with the patient; thirdly, a reconstruction of the logical evaluation of the outside world, and a bridling of those emotional tendencies which have taken the form of delusions and hallucinations. A certain degree of intelligence in the patient is necessary.

M. HAMBLIN SMITH.

*The Modified Psycho-analytic Treatment of Schizophrenia.* (*Amer. Journ. Psychiat.*, November, 1931.) Sullivan, H. S.

Rapid transition from an agrarian to an industrial civilization has resulted in our being in an almost complete state of ignorance of the facts of living. There is no great importance to be attached to the organic substratum of schizophrenia. The author distinguishes schizophrenia from hebephrenic deterioration and from paranoid maladjustments. Cases of comparatively short duration are the most suitable for psychotherapy. The patient must be removed to a situation in which he is encouraged to renew efforts at readjustment with others; but a large general ward is not suitable. The character of the nursing staff is of great moment. The personality of the physician, as rendering him likely to achieve success, is considered.

M. HAMBLIN SMITH.

*Precision in Presenting Occupational Therapy to the Mentally and Nervously Ill.* (*Occup. Therap. and Rehabil.*, August, 1931.) Haas, L. J.

The author is particularly concerned with the choice of patient for the different types of occupation, and illustrates the harm that may be done when such is ill-advised. He points out the importance of the lay-out of the workshop, the avoidance of unpleasant associations, and of the breaking-down of the patient's feeling of inferiority.

WM. MCWILLIAM.

*The Value of Occupational Therapy in Treatment of Mental Cases.* (*Occup. Therap. and Rehabil.*, October, 1931.) Fagley, R. C.

This paper usefully describes the "value" of this therapy to the psychotic, and also indicates what should be the attitude of the therapist to certain specific disorders of mind. In the latter

connection the author deals with dementia præcox and the manic-depressive psychosis, giving helpful guidance that is worthy of attention.

WM. McWILLIAM.

### 5. Neurology.

*Encephalitic Sequelæ and their Treatment.* (*Amer. Journ. Psychiat.* September, 1931.) Cottrell, S. S.

Encephalitis lethargica is a chronic infectious disease. The most constant seat of damage is situated in the midbrain; and the commonest structural damage is in the substantia nigra and adjacent areas. Most remedies have been unsuccessful. Stramonium was first tried in 1924; and reports of treatment by this drug have been almost uniformly favourable. The drug gives symptomatic relief. It must be given continuously, but the dosage varies.

M. HAMBLIN SMITH.

*The Hyperkinesias.* (*L'Encéphale*, December, 1931.) Russetzki, J.

This article deals with the problem, which is at present rapidly becoming more and more complicated, of involuntary and automatic associated movements.

These conditions can all be explained in terms of dys-function of the extra-pyramidal systems. Prof. Russetzki has grouped them under the following headings:

- (1) Simple tremor.
- (2) Myoclonic movements.
- (3) Systematic and rhythmic movements of the choreo-athetotic type.
- (4) More purely choreic types, and
- (5) The sensory component of inconstant involuntary movements.

The author discusses the most characteristic features of these motility disturbances, their type and their rhythm, the effects of cold, of emotion, of cutaneous excitation, of sleep and of the posture of the body. The general attitude of the body exercises a marked influence over the systematic, rhythmic type of movement; but has little or no effect on other varieties. Amongst the afferent excitations the most important are proprioceptive stimuli; cutaneous stimuli are of less importance. He points out that tonus is increased in simple tremor. Myoclonic conditions are accompanied by a normal or slightly increased tonus, and choreiform movements are associated with a hypotonus.

W. McC. HARROWES.

*The Neuro-anatomy in Respiratory Failure.* (*Arch. of Neur. and Psychiat.*, October, 1931.) Finley, K. H.

The author discusses the literature, and gives two cases of his own in which respiratory failure followed lesions in the upper cervical cord and in the formatio reticularis. He is quite convinced