

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.

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*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.

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*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

manifests itself most frequently by far over a period of years, or even a lifetime. It represents a trait rather than an episode." The case described is that of a Canadian soldier, æt. 21. His mother's sister died in an asylum. In early life he was afraid of the dark and of being by himself. He always feared and disliked his father, but was attached to his mother. From an early age he had a vivid imagination, and wanted to be an author. Twice when about age fourteen he ran away from home to become a bell-boy at hotels, where he used to lie a good deal to make himself appear a man of the world. About this time he published two stories in a magazine, and of this he was very proud. His father took him home both times after a few weeks' absence and placed him under a tutor, whom he told he was then in the British Secret Service. In August, 1915, he ran away from home and joined the army. He came to England in July, 1916, and went to France in July, 1917. When in England he told his sweetheart that he was in the Secret Service, and had therefore special privileges. In France he was under heavy fire, and in July, 1918, he was blown up by a shell and rendered unconscious for two hours. He then for some weeks complained of insomnia, headache, slight depression, and irritability. Towards morning he had hypnagogic hallucinations, hearing his comrades saying that he was a spy. He determined to give himself up as a spy, though he knew that this self-accusation was not true. At the same time he had uncontrollable impulses to steal. He enjoyed telling that he had been working for the enemy Intelligence Department since the age of ten, and gave details as to how he gave the Germans his information. He was taken to the A.P.M., and later to the Army Intelligence Headquarters, and repeated his story, gradually enlarging and improving upon it. After a short time in detention he confessed that he had lied, but not being believed in this he determined to keep his lying up. He said that he would have stuck to his story had they taken him out for execution, and he pictured himself bandaged, about to be shot, giving some dramatic speech at the last moment. The authorities now concluded that he was lying, and sent him to hospital. Later he was evacuated to England as an insane person. On admission to "D" Block, Netley, he told his story simply and readily, and showed much intelligence. At this stage he felt no desire to lie.

The usual mechanisms of *pseudologia phantastica* are here typified. The tendency to pathological lying started in his early formative years. Like all such liars, he had a purpose, *i. e.*, to enhance his own personality, to tell something interesting, and the ego motive was greatly to the fore. A pathological liar is unable to adapt himself to reality; fiction, imagination, and real life are not separated, and there is a desire to play a *rdle* according to the ego complex involved. If his peculiar mentality had been understood in earlier life and his natural interest drafted into the right direction, much, if not all, of his later pathological behaviour might have been obviated. The tendency to pathological lying arises from unconscious impulses which will again become coercive when circumstances give little or no chance of his desires being fulfilled. His kleptomaniac acts are interesting. Healy constantly found in his observations on juvenile delinquents that stealing had taken place as the result of mental conflicts.

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