Roussy, G. PREDISPOSITION AND DETERMINING CAUSES OF SECONDARY DISORDERS IN PSYCHONEUROTIC ACROPARALYSIS. [Am. Arch. Neur. and Psych., September, 1920. J. A. M. A.]

After an investigation of more than 2,000 psychoneurotic disorders these conclusions appear to Roussy to be justifiable: (1) To enable the appearance of vasomotor and trophic disorders, during the course of acrocontractural and acroparalytic manifestations, three conditions are necessary: (a) elements of predisposition and among them circulatory troubles, (b) immobility or defective function, and (c) a special mental state. (2) The circulatory caloric and trophic troubles are only manifestations of a secondary class arising from a primary condition of neuropathis nature, paralysis or contracture. Roussy proposes to designate the whole series of disorders constituting this syndrome "the dyskinetic syndrome, or syndrome of defective function."

Isham, Mary K. A CASE OF MIXED NEUROSIS WITH SOME PARAPHRENIC FEATURES. [New York Medical Record, June 12, 1920.]

This is a contribution to the data upon which the psychiatry of the future will be built; a science which will be concerned with symptoms, but also with their rationale, whose therapy will be the substitution of more nearly adequate reactions. Until we have a sufficiently large number of instances from which to generalize, our efforts in this direction must largely consist of the compilation of cases. Every patient, especially perhaps those of neurotic, psychoneurotic, mildly psychotic and other types, where the pathological emotional distortions have not persisted to the point of such great psychic loss that the reactions are no longer ductile, should be studied and the mechanisms uncovered should be described for the benefit of other investigators. Each such case intelligently studied and lucidly described adds much of value to interpretative psychiatry. In the present paper Dr. Isham has taken the case of a thirty year old musician, married three years, whose complaint was "that he could not live at home with his wife, because he was afraid he would harm his small son and only child, aged fifteen months." Its crying annoyed him and yet he would become alarmed over periods of quiet, thinking they meant illness and "pinch and poke it to see if it would cry." He also brooded over the fact that his wife was occasionally late at their daily meetings, although this was always due to unavoidable domestic duties. Furthermore, he was oppressed by the extremely masculine, domineering personality of a colleague, one R., who tried to "boss" him.

It was discovered that the patient suffered from *ejaculatio precox*, while his wife was frigid. His constant complaint, viz., "If my wife would come earlier an hour or so, I would feel better. Doctor, why *doesn't* my wife come earlier?" was found to be a displacement of the anxiety arising from only partially satisfied libido upon an incident of quite innocent appearance having a similar disturbance of time relation-