

**Boven, William.** INDIVIDUAL CHARACTER AND MENTAL ALIENATION. [Schweizer Archiv f. Neurol. u. Psychiat., 1920, Vol. VI, No. 2, p. 317.]

The author arrives at the following conclusions: The primitive individual character gives the formula of the somatopsychic equilibrium of the personality. It is possible to foresee long before the onset of a psychosis when and how the equilibrium will be destroyed. Every psychosis is at the same time psychological and organic. These are only two aspects of a single phenomenon, and it is erroneous to assume that the cause of the mental disease is exclusively in either one of these spheres. A toxic or glandular origin of dementia precox may be accepted without in the least discrediting the importance of the primitive character in the ulterior pathogenesis of the delirium. These two assumptions are not only not contradictory, but they complement each other in a most natural manner. The psychosis (notably dementia precox) is the reaction of a psychic personality to the influence of an organic agent which may be external to the nervous system. The characters of those destined to become dementia precox cases differ from infancy from the characters of future maniacs and melancholics. In candidates for dementia precox there are deviations of the social instinct, distrust, irritability, misanthropy, timidity, with tendencies to affective introversion. These traits are not usually found in the antecedents of those who come to suffer from mania or depression. Not only does the character influence the "choice" of the psychosis, but it apparently also determines the course of the delirium. Within the picture of dementia precox, for example, there are several varieties of psychosis, and the same is true of melancholia and mania. Thus vain, asocial individuals are inclined to dementia precox of grandiose type; asocial egoists, to the hypochondriac form, etc. Those individuals who reveal several deviating traits, each one alone sub-determinant, as it were (egoists who are at the same time vain, or jealous individuals who are overdevout), develop complex forms. It has long been known that intellectual qualities become manifest in most deliria, and that these latter are rich or poor according to the intelligence, the imagination and the culture of the individual. It seems to the author that besides the symptoms of distinctly psychological nature there are others more of organic nature which are also determined by the make-up of the individual. From the general asociability and persecutory ideas of schizophrenics, there is a transition to the sullen indifference which masks the misanthropic hostility, and thence to gross automatism, to profound introversion, to grimacing agitation, negativism, and perhaps mutism. Thus there appears to be a continuity of manifestations of psychic character up to a fusion with organic traits determined also by individual tendencies. Though melancholia and mania are considered as belonging to the same ethnological complex quite different traits determine the insanity of sadness and that of gaiety, as for example, the primitive character (sad or gay), the age of the patient

(older patients being inclined to melancholy), the nature of the circumstances disturbing the mind, the nature of the ideas which these circumstances arouse. [J.]

**Southard, E. E.** THE PRAGMATIC METHOD AND INSANITY. [J. Lab. and Clin. Med., December, 1919.]

This almost the last of Southard's addresses, given in part before the New York Neurological Society the week of his death, is here printed. He here advocates that psychiatry should more and more adopt the laboratory habit of mind, become more and more pragmatic and bring itself into line with internal medicine. Several applications of the pragmatic method to psychiatry are offered: (a) It makes a difference to the patient whether he is seen by a psychiatrist or by a clinical neurologist. There is thus a real difference between psychiatry and clinical neurology, though the future may destroy that difference and produce "neuropsychiatry." (b) It makes a difference whether insanity is taken as a unit or as a collection of entities. The pragmatic rule decides in favor of a pluralistic view of mental disorders. (c) The principle of orderly exclusion in the diagnosis of complicated cases is of pragmatic value. (d) Especially is this true in the diagnosis of neurosyphilis, where it is important to maintain the non-paretic hypothesis as long as possible, in the interest of the patient's treatment. (e) Opinions might differ as to the advisability of entertaining the hypothesis of focal brain disease before or after the hypothesis of somatic (non-neural) disease, in a given case. The pragmatic rule might decide one way for a general and the other way for a mental hospital. (f) Dementia praecox should be eliminated before manic-depressive psychosis, on the pragmatic basis. (g) The pragmatic method decides that, in the face of complete ignorance of its true nature, involution-melancholia is better placed in the manic-depressive group than in the senile-senescent group, if it is to be placed in either.

**v. Monakow, Paul.** CONCERNING UREMIA. [Schweizer Archiv f. Neurol. u. Psychiat., 1920, Vol. VI, No. 2, p. 183.]

Under the clinical concept "uremia" a series of phenomena differing greatly in character are included. These symptoms have nothing in common except the fact that they all occur in kidney disease and in obvious connection therewith. There are two principal views to account for the specific nature of the symptoms, namely that they are due to a chemicototoxic substance in the organism (products of metabolism retained in the body which in health are eliminated by the kidneys); or that they are due to a physicommechanical disturbance (brain edema or anemia of the brain). Ascoli was the first to show that cases of uremia did not present a uniform picture. Volhard later attempted a division of the uremic phenomena into those due to nephritic insufficiency and