

Suicide among Soldiers at the Psychiatric Hospital at Mombello. (Archiv Neur. and Psychiat., September, 1920.) Sacchini, G.

Suicidal attempts are more frequent among mentally diseased soldiers than civilians. The idea of death is rendered less repugnant and even familiar by the violent reactions of war. In one type of personality suicide is the preferred alternative to suffering.

Fifty cases are analysed: there was only one fatal result. Fourteen had made previous attempts in civil life. Hereditary taint was pronounced—of alcoholism 32 *per cent.*, suicide 30 *per cent.*, psychopathy 16, neuropathy 16. Ten cases were syphilitic, 3 tuberculous and 3 fearful of disease. Six were convalescent from trauma or acute disease; 20 had been neurasthenic following grave illness. Immediate causation was stated thus—"tired of living" 8, hypochondriasis 9, love disappointment 4, and not assignable 6. Definite pathologic causes were—attacks of unconsciousness, complete or partial, 12, gross mental disease 3, and military reasons were fear of censure and fear of return to the front.

The means chosen were—poison 22, precipitation to ground 9, under heavy vehicles 2, hanging 7, "cutting" 5, drowning 5, firearms 4. Two made multiple attempts.

Mental disorders classed mainly as neurasthenia, epilepsy, dementia præcox, and feeble-mindedness. Most had degenerative stigmas, 8 had criminal records, and 7 had previously been rejected for service. The analysis emphasises the frequency of an abnormal basis and the consequences of war on abnormals, whether or not congenitals, and particularly on defectives.

JOHN GIFFORD.

Voluntary Sequestrations and Liberty Psychoses [Les Séquestrations volontaires et les psychoses de la liberté]. (Ann. Méd.-Psych., December, 1921.) Courbon, Paul.

According to Dr. Courbon forcible and illegal incarceration in asylums is a thing of the past in France. The sceptical visitor, expecting to encounter persons unjustly detained, is not only surprised at finding none, but is still further surprised by the discovery of patients pleading, in the most reasonable manner imaginable, to be allowed to remain and not to be given their freedom against their will.

The present article is concerned with those individuals who voluntarily seek admission to, or beg to be allowed to remain in, an asylum, though not presenting any mental trouble actually. The cases are divided into two main groups:

(1) The first or *utilitarian* group comprises those individuals who seek shelter in an asylum as the most convenient way of escaping justice, or of avoiding work. In order to obtain admission they simulate insanity or claim to have had previous psychopathic attacks. Their willingness to remain is but short-lived, for their object is not to escape from their evil impulses, but on the contrary, to be able to indulge them to better advantage. They soon begin to demand their discharge on the pretext that their mental state is normal. The cases belonging to this group are malingerers, and as such are abnormal; but they are not insane, nor does it follow that they become insane when given their liberty.

(2) The individuals belonging to the second group have a sincere

wish to be detained on a permanent basis. Internment is for them final : it is in fact their only means of defence against themselves. The asylum is, as it were, a shelter from insanity, which attacks them as soon as they are given their discharge. Let loose on society they become on the one hand the *inoffensive dupes*, or, on the other, the *irresponsible scourges* of humanity. In these cases insanity is the direct result of freedom, hence the author describes them as *liberty psychoses*. According to whether the faculties of initiative or of inhibition are at fault there are two types of liberty psychoses :

(a) To the first type belong those timid, retiring persons who dread any responsibility in life ; who are deficient in initiative, but above all in judgment. As long as they are supported by someone possessing that energy which they themselves lack they can conduct themselves normally ; but when this support disappears it becomes necessary for them to seek protection in an institution, otherwise they rapidly lose their reason. Dr. Courbon says these cases are psychopaths of the polymorphous type, whose mental disturbance is perfectly obvious to all. Socially they are a danger to themselves and become easy victims of the machinations of others.

(b) The second type of liberty psychosis includes those persons who are subject to impulsive obsessions of a special kind—the morbid impulses only being awakened by contact with external influences. Their gratification brings no satisfaction to the subject, but on the contrary, these obsessions are a constant source of anxiety to him. In consequence, from the moment that there is no temptation from without the impulses become latent and the anxiety ceases. Whence the desire on the part of the subject to avoid all provocation in future. Judgment is not affected in this type. It is essentially the power of inhibition which is insufficient. The result is that all the intellectual faculties become subservient to the impulses ; and the evil conduct is so well co-ordinated that the incompetent observer has some difficulty in recognising its morbid origin.

A description of two extreme cases illustrating the two types of liberty psychoses is given by the author, who states that, though it is rare to meet with types so complete as those he mentions, one very frequently sees cases which resemble them in many particulars.

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5. Treatment of Insanity.

Treatment of Melancholic Depression by Large Doses of Strychnine
[*Traitement de la dépression mélancolique par la strychnine à très hautes doses*]. (*Le Prog. Méd.*, March 19th, 1921.) Hartenberg, P.

Hartenberg treated a series of six cases of melancholia with large doses of strychnine with the result that he obtained five complete successes and one partial success. The principle of the method he employs consists in causing the patient to absorb the largest quantity possible of the drug until the nervous system and the organism generally become saturated. According to the author's observation it is not until the patient has begun to take about 5 cgrm. in the 24 hours that the alkaloid begins to act. Anything short of this quantity remains