

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.

NORMAN R. PHILLIPS.

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

without effect, and this fact explains why the therapeutic value of strychnine in these cases has so far remained unknown. But this minimal dose of 5 cgrm. is not sufficient to ensure success. It is necessary to go far beyond it, to push the drug to the extreme limits of tolerance—up to between 7 and 8 cgrm., *i.e.*, until saturation of the nervous system occurs. At this point a state of subacute strychnism is established, with muscular hypertonia, as evidenced by contracture and exaggerated reflexes, the influence of which on the evolution of the malady is decisive. By the powerful super-excitation which it involves, this drug reaction creates a kind of organic crisis which acts as a shock to the patient, stimulates his nutrition, awakens his sensibility, revives his physical and intellectual activity, rids him of his inertia and torpor so that he again becomes fitted for a normal life.

This intensive treatment is realised by progressive and repeated doses. Tolerance for the drug is such that the author found it possible to increase daily each dose by $\frac{1}{2}$ mgrm. Moreover he found that elimination took place in about five hours.

The actual method of procedure is as follows: using a 100 *per cent.* solution of sulphate of strychnine, the treatment on the first day consists in administering either by mouth, or, if the patient refuses, by injection, 7 drops, or $3\frac{1}{2}$ mgrm., repeated three times at intervals of at least five hours, *i.e.*, about 1 cgrm., or 21 drops in twenty four hours. On each succeeding day each dose is increased by a drop or $\frac{1}{2}$ mgrm. If, after a few days, symptoms of strychnism—vertigo, giddiness, stiffness of the legs or of the jaws—should supervene, the patient is kept on the same dose until that reaction disappears. Then again it is increased by a drop daily, and so on. The time arrives, however, when tolerance is no longer exhibited—the same dose invariably producing a reaction. This indicates that the point of saturation is reached beyond which one cannot proceed.

The cure progresses in proportion as the drug is increased. Until 5 cgrm. is reached, *i.e.*, for about the first month, amelioration is *nil* or insignificant; on the contrary, once beyond that dose, progress becomes rapid. It is found that the patient wakes up, revives, speaks, begins to interest himself, occupies himself, smiles. At the stage of saturation the normal state is generally regained. It only remains to decrease the drug more or less rapidly by three times three drops each day until the initial dose is regained, when it may be discontinued without risk of a relapse.

A brief *résumé* is given of the six cases treated by this method.

NORMAN R. PHILLIPS.

Is the Treatment of Patients with General Paralysis Worth While?
(*Journ. Nerv. and Ment. Dis.*, October, 1921.) Solomon, H. C.

Pathologically general paralysis is a degeneration of the parenchyma of the central nervous system. As to the efficacy of treatment there is a great diversity of opinion. Diagnosis is very difficult as between dementia paralytica and cerebrospinal syphilis—cases put in either category may prove to be the other. Essential to the diagnosis is more or less insidious deterioration of the personality of the individual with the neurological symptoms, especially facial tremor and speech defect;