

*Mental Hygiene Research.* (*Amer. Journ. Psychiat.*, September, 1931.) *Hincks, C. M.*

The objective of mental hygiene is to assist man to adjust more effectively to a complex and dynamic environment. We cannot confine ourselves to any one mode of approach. The viewpoint of psychiatry is too specialized; it has concentrated its attention on abnormal mental conditions. Psychology must be brought into the field. Psycho-analysis has suggested profitable lines for prevention, and has clarified our conceptions of mental disorder. The active co-operation of universities must be sought in the mental hygiene movement.

M. HAMBLIN SMITH.

*Sociological Factors which Influence the Suicidal Rate.* (*Psyche*, No. 46, October, 1931.) *Wright, Maurice.*

This paper, based on Durkheim's *Le Suicide*, supports the theory that suicide is not always evidence of mental disease, but is to a very large extent due to factors outside the individual, *i.e.*, social factors. Durkheim's statistics show that while in most European countries the numbers of male and female insane are approximately equal, the suicide ratio is 1 woman to 4 men; that the average age of onset of insanity is 30, while the suicide-rate increases from 20 to 80; again, that the Jews have the highest insanity and the lowest suicide-rate among European nations. The remainder of the paper is devoted to a description of Durkheim's suicidal types, based on sociological factors.

S. M. COLEMAN.

*A Practical Mental Health Programme.* (*Psyche*, No. 46, October, 1931.) *Becker, Howard.*

The author visualizes a vigorous mental hygiene organization to include the state mental hospitals, psychopathic hospitals, psychiatric wards in general hospitals, out-patient, marital, and child guidance clinics. He considers mental hygiene education indispensable for all adults, and would also have special courses of pre-parental, parental and professional education. There would be courses on personal mental hygiene in all high schools and colleges, and he lays great stress upon the inculcation of a proper mental hygiene attitude in the child at the kindergarten.

S. M. COLEMAN.

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## 5. Treatment.

*Treatment of General Paralysis.* (*Amer. Journ. Psychiat.*, November, 1931.) *Hinsie, L. E., and Blalock, J. R.*

A report on the condition in 1930 of 197 general paralytics treated in 1923-26. Three methods of treatment were employed—malaria, tryparsamide, and a combination of the two. The highest remission rate (28.4%) was in the group treated by tryparsamide alone.

The remission-rate in those treated by malaria alone was 21%. The combined methods gave a remission-rate of 15.6%. The death-rate showed little difference as between the methods. Those treated by the combined methods or by tryparsamide have lived longer than the malaria-treated. Female patients live longer than males. Those patients classified as "expansive" had the highest, and those of a schizophrenic type the lowest remission-rates. There seems to be no close parallelism between the clinical and the laboratory findings. Laboratory luetic findings tend to become negative.

M. HAMBLIN SMITH.

*On the Prevention of Malaria with Plasmoquine. (Lancet, August 15, 1931.) James, S. P., Nicol, W. D., and Shute, P. G.*

In this important series of sixteen experiments the authors find that plasmoquine effectively prevents mosquito-borne malarial infection among a group of healthy individuals who take the prophylactic doses, while quinine lack this remarkable property. The result was obtained by taking 0.02 gr. on the day before infection, and the same dose thrice daily on the day of infection, and on the five following days.

WM. MCWILLIAM.

*The Ketogenic Treatment of Epilepsy. (Irish Journ. Med. Sci., September, 1931.) Bastible, C.*

This research was carried out at Grangegorman, and is given in detail. In his conclusions Dr. Bastible states that the number of cases treated, and the period during which they were under treatment, preclude a definite opinion as to the curative value of the ketogenic treatment, but he thinks the results seem to indicate that it is, at least, worth while. Numerous references are given, and the cases are well-tabulated.

WM. MCWILLIAM.

*Treatment of Stupor. (Amer. Journ. Psychiat., November, 1931.) Langenstrass, K. H.*

Twelve cases of catatonic stupor were treated by the Loevenhart method of inhalation of a mixture of carbon dioxide and oxygen. The inhalation was preceded by a series of ten intravenous injections of a diluted streptococcal vaccine, thus producing a malaria-like fever. Five patients showed only a short period of responsiveness. One remained stupor-free for a period of four hours after the inhalation. Two patients showed a period of responsiveness lasting over a week. In four the inhalation was followed by a stupor-free period, which has lasted for many months; and so far they have not relapsed into stupor. There has also been a striking improvement in their mental and physical condition. The gas used did not contain more than 25% carbon dioxide, and no undesirable effects were produced by the inhalation. The method is deserving of an extensive trial.

M. HAMBLIN SMITH.