

*War Neuroses, Environment and Events as the Causes.* (*The Amer. Journ. of Ins.*, January, 1920.) Briggs, L. V.

The experiences of the American Neuro-Psychiatric Service for the New England States are reviewed. In 10 months 1,172 nervous and mental cases were rejected, classed thus:

Mental Deficiency	. . . . .	576	cases or about	50	per cent.
Nervous Disease or Injury	. . . . .	270	" "	23	"
Psychoneuroses	. . . . .	120	" "	10	"
Psychoses	. . . . .	108	" "	9	"
Inebriety (Alcohol or Drug)	. . . . .	57	" "	5	"
Constitutional Psychopathies	. . . . .	41	" "	3	"

Environment was the important factor in eliciting mental instability (1) in the Home country; (2) overseas at the Bases; and (3) subsequent to the cessation of hostilities in the army of occupation, where the monotony of life and absence of diversion engendered psychasthenia or actual manic-depressive insanity. Among intelligent volunteers of the better class this factor scarcely operated. Mobilization experiences and camp training proved many men unfitted even for duties to which they were accustomed in civil life: mental age tests showed a large proportion of these feeble-minded. Thorough psychiatric examination during recruitment was most advantageous in eliminating the environmentally irresponsible, so that among 27,000 men thus tested and accepted only one mental case (of epilepsy) developed prior to active service; and, in addition, when events began to come into play, *i.e.*, with the ordering of drafts forward to the trench line, six cases of psychosis alone manifested themselves. Further records are not available. In later drafts less drastically combed out numerous men were by environment rendered unsuitable for soldiers, and while overseas had to be rejected as unfit or put into labour battalions.

Events determining neurosis or psychosis occurred mainly at the front, principally before, during or after shell-fire. The chief causes were found in fatigue, in the advance to exposed positions, or in overpowering anticipatory ideas of action, of possible death, and of anxiety for dear ones at home. In the maelstrom of war regular army officers of long service exhibited mental breakdown where many men from civil life held up. It is pointed out that the officers had previously been accustomed to non-arduous garrison duty with small responsibility and much social amenity, whereas the civilians were inured to a struggle for existence with little relaxation. The continual proximity of death resulted seriously to the unstable or nervous individual. In the trenches were many nervous to the point of neurosis to whom the cure came in action; and indeed these were often the first "over the top." The horrible sights of maiming and mutilation caused men and officers alike to attempt to shut out from vision and memory these intolerable events. So great was their success that they often obliterated from their minds all the incidents of their lives for periods from a few days to months or even years. Yet in their dreams at nights these scenes were re-enacted, giving to the psychiatrist clues enabling cure. Many hysterias with loss of hearing, speech, sight, or use of limb were promptly cured at the Base Hospital; and neuroses at the front by some

following event or by suggestion from psychiatrists at First Aid Stations. The conflict in these cases is often very superficial.

JOHN GIFFORD.

*A Case of Systematised Delusions of Persecution, recovering after three years. [Sur un Cas de Délire de Persécution, disparu au bout de trois ans.] (L'Encephale, February 10th, 1920.) Antheaume, A., and Trepsat, L.*

This man, æt. 32, single, a keen mountaineer and "a good sport," of an unassuming disposition and with none of the paranoiac's pride and disdain, was, after serving at the Marne, exempted on his friends' appeal, to resume his old employment at a smelting works. There he at once became excited: voices accused him of skulking; he was to be shot; he could hear the gendarmes coming up the stairs. Soon he was of exalted birth, a substituted child, the victim of a plot. His persecutor ("the man who had taken his place") was continually watching him, following him, threatening him, calling him a traitor and a coward, and accusing him of unspeakable crimes. After fourteen months in the asylum, being now calmer though still very deluded, he was discharged to the care of his mother. He made determined efforts to rejoin the army, but was repeatedly rejected on account of his medical history, till, with the help of a recommendation from Dr. Roubinovitch, he got into the ranks of the artillery. He obtained some promotion, and was sent to the front. When on leave, he went to consult his old asylum physicians. All this time the delusions and hallucinations continued very active, though he "knew how to elude" his persecutor. At last, sudden great responsibilities, amid the carnage of the retreat from the Aisne, cured him, and he has been well ever since. From this case the authors conclude that the prognosis in systematised delusional insanity with voices is not so hopeless as is generally supposed. They tell us to note the therapeutic value of responsibility, and to beware of keeping such patients too long in asylums.

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#### 4. Treatment of Insanity.

*The German Institute of Psychiatric Research. (Journ. Nerv. and Ment. Dis., June, 1920.) Kraepelin, Emil.*

In this paper, which appears to have been written while the war was still in progress, Kraepelin alludes to some of the many psychiatric problems urgently calling for investigation, points out that each new discovery infallibly raises a number of new questions which no one can foresee, and remarks on the inadequacy of the existing facilities for research—now supplemented by a new research institute. Even under the limitations imposed by the war, the funds necessary for establishing this were raised in less than two years. A temporary home was found for it in the Psychiatric Institute at Munich, which has numerous laboratories. Later it will come into close relations with a new admission hospital for the insane, which Munich proposes to erect. For a building of its own, the institute has a site already granted by that city. It