

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.

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.