

*Prognosis in Manic-Depressive Psychoses.* (*Psychiat. Quart.*, vol. vii, p. 419, July, 1933.) Steen, R. R.

The writer bases his conclusions on the case-records of 493 patients during a period of eight years. Of these, 81% were in the recovered group, and 19% were in the in-hospital group. He considers that an individual is most likely to recover from his manic-depressive attack if he had a normal personality previously, a clear heredity, no previous attacks, or a previous attack between his twentieth and thirtieth birthdays, and an abrupt onset of a typical manic or depressive reaction with no delusions or hallucinations.

G. W. T. H. FLEMING.

*Order of Birth in Manic-Depressive Reactions.* (*Psychiat. Quart.*, vol. vii, p. 430, July, 1933.) Berman, H. H.

Out of 100 cases of manic-depressive psychosis, 48 were found to be among the first born, 22 were among the last born. The reaction to the birth of a younger member in a family frequently appears to be a predisposing factor. Early childhood disorders should be treated as manic-depressive reactions in the hope of averting frank attacks of psychosis in later life.

G. W. T. H. FLEMING.

*Manic-Depressive "Exhaustion" Deaths.* (*Psychiat. Quart.*, vol. vii, p. 436, July, 1933.) Derby, I. M.

The author found that 40% of the deaths of manic-depressive patients appeared clinically to be due to exhaustion from acute mental disease. On analysis, however, it appeared that many were really due to somatic disease. 40% of the deaths from exhaustion showed marked evidence of infectious and toxic causes for the clinical picture. The author pleads for a more extensive clinical and biochemical investigation of cases of "exhaustion".

G. W. T. H. FLEMING.

*Clinical Varieties in Schizoid Personalities.* (*Arch. of Neur. and Psychiat.*, vol. xxx, p. 538, Sept., 1933.) Kasanin, J., and Rosen, Z. A.

The authors carried out an investigation using statistical methods to determine the relation of the type of pre-psychotic personality to the type of mental disorder. They defined the schizoid personality as possessing five characteristics—few friends, shyness, seclusiveness, close-mouthedness and extreme sensitivity. Out of 151 cases with schizophrenia, 24, *i.e.*, 16%, presented this combination of traits in their pre-psychotic life. Of 177 cases with other diagnoses, 9, *i.e.*, 5%, presented these schizoid characteristics. The analysis of factors favouring recovery did not reveal any single especially significant condition in all cases. Of the 33 patients with schizoid personalities, the males were admitted to the hospital on the average ten years earlier than the females. The authors found that the most frequent factors associated with the schizoid personality are over-attachment to the family, maternal over-protection, paternal neglect, physical defects and anomalies present in practically all the cases, and unsatisfactory heterosexual adjustments. They conclude that a description of the schizoid personality by traits does not give a true picture of the personality or of its dynamic relation to the psychosis.

G. W. T. H. FLEMING.

*The Acute Schizo-affective Psychoses.* (*Amer. Journ. Psychiat.*, vol. xiii, p. 97, July, 1933.) Kasanin, J.

A group of nine cases is presented in which there is a blending of schizophrenic and affective symptoms. The patients were young people, in the twenties or thirties, in excellent physical health; there was usually a history of a previous attack. The psychosis is marked by a very sudden onset in a setting of emotional turmoil, with a distortion of the outside world, and the presence of false sensory impressions. The psychosis lasts a few weeks to a few months, and is followed by a recovery.

M. HAMBLIN SMITH.