Common to all these is a certain lack of harmonious proportion in the hand, a defective circulation, looseness of subcutaneous tissue, and, on the palm, lines running across the usual M-shaped ones from wrist to the base of the fingers, all the lines being poorly marked.

In the manic-depressive group, on the other hand, the pycnic type of hand is of well-balanced form, palm and fingers of equal length, phalanges rather short, and the whole outline smoothly rounded, while the subcutaneous fat is evenly distributed and firmly attached to the skin, the M lines well-marked, without cross-lines, and the circulation good, while the muscle tone varies with manic or depressed emotional states. He also describes differentiating qualities in the usual movements and postures of the hands, the schizoid group having a stiff jerky quality contrasted with smoother movements of the cycloid. The nails of the former are long, curved from side to side, with the nail-bed forming a Roman or Gothic arch, while in the latter they are flatter and form a Norman arch. The infantile-dysplastic type (into which the 'monkey-hand' would evidently fall), he finds in cases whose first breakdown comes at puberty.

Moreover, among the pycnic type male and female hands differ markedly, whereas in the schizophrenic types the male hands often are feminine-looking and seldom hairy.

He then discusses at some length his own method of investigating character in the many cases without psychosis in whom he also examined the hands, finding them to fall into the same groups. He tries to regard the personality in three aspects—subjective, objective, and environmental—and investigates the outstanding character traits from this standpoint, under sub-headings of intellect, emotion, and will or energy. The instances he describes are largely criminals or petty-wrong-doers, whose mental state he has to examine. He suggests that research on these lines might give more satisfactory results than most in use for arriving at typical character groupings, and hints that the shape and movements of the hands may have some relation to the introvert and extrovert, in that they may express an attitude assumed to the self and the environment.

The illustrations, photographs, and X-ray prints are not very good, and one feels that drawings would illustrate the outstanding points of the differentiated types more satisfactorily.

M. R. B.

NEUROSES AND PSYCHONEUROSES.


From the illustrated cases the writer gives, it is concluded that normal health, joy and happiness come from satisfying experiences with environment. Grief is associated with thwarting and unpleasant events. It is a prevalent concep-
tion that emotions result from a response to some stimulus or external provoking circumstance, and that catastrophe and misfortune are necessary to induce distressing emotions. There are persons in whom sadness, anxiety, depression, elation and feelings of extreme well-being seem to be almost entirely of endogenous origin. Such a person once beset by a distressing emotional state, and finding no exogenous cause for it, reacts to it in various ways, among which is a vigorous and ceaseless subjective search for its cause. He may search his past for transgressions. If he has somatic distresses, which are frequently associated with anxiety and depression, he may solicit the services of a general practitioner of medicine to hunt for a diseased organ. If an organic lesion is found, it may prove disappointing to the patient and physician to expect relief too soon from the mere treatment of the lesion. If an organic lesion is not found, it is equally disappointing to the patient to be told that his trouble is imaginary, or that he has nothing wrong with him. Depending on the locus of the most vigorous complaints, diagnoses such as nervous dyspepsia, gastric neurosis, and sexual neurosis may be made. If, because of such diagnoses, all therapeutic efforts are directed toward supposedly diseased organs, the miserable personality as a whole may continue to struggle and search for relief far and wide, in and out of the medical profession. The distress of the personality as a whole, while showering many complaints on some part of the body, varies greatly from one person to another, and may be expressed in unusual terms, out of the inherent tendencies and life experience of the patient. Abnormal physiology (probably part of the emotional distress) further tends to disrupt the well-being and functioning capacity of the patient as a whole. Insidious chemical and immunological changes associated with anxiety and depression doubtless favour metabolic disease, as well as infectious invasions. The dichotomy of life into mind and body has retarded knowledge of the biological reactions of man. Thoughts and feelings are as much a product of the patient as the gastric secretions or the pulse rate, and should not be studied in a detached fashion.

C. S. R.

PSYCHOSES.


A case of hallucination unassociated with delusions is described. The author concludes that in addition to the well-known occurrence of hallucinations as an expression of obsessions, the association of hallucinations with delusive ideas in the course of psychoses, hallucinations which occur in connection with organic diseases of the brain, such as tumours, etc., finally besides their development in the course of infectious processes or toxic states of exogenous and endogenous origin—besides all these possibilities, there is a class of hallucinations which stands apart, possessing intrinsically the same autonomic characteristics