potentially dangerous in a hostile environment. These are eating, sleeping, sexual intercourse and excretion. Shame develops in connection with publicity in the indulgence of these four. In modern civilization security has been achieved for the first two and only traces of shame persist in connection with them. Modesty, of biological origin, has over-determined the shame concerning sex and this has been extended to excretion. Finally, symbolism has made possible the appearance of shame in connection with practices that are neither sexual nor potentially dangerous.

C. S. R.


Jealousy is a much less normal phenomenon than is commonly supposed. It is the writer’s experience that for the greater part it rests on an abnormal and neurotic basis. It betokens a failure in the development of the capacity to love, a lack of self-confidence due ultimately to unconscious guiltiness that has not been overcome from childhood days, and an undue dependence on the love object that indicates a tendency in the direction of sex inversion. This last feature becomes plain enough in insane jealousy but it is present in a milder degree in the other forms also. In short, jealousy is a sign of weakness in love, not of strength; it takes its source in fear, guilt and hate rather than in love.

C. S. R.


Nine hundred normal individuals were examined by the Neymann-Kohlstedt test. Most individuals fell into one of the two groups, the introverts and the extroverts. It was concluded that intelligence and introversion do not coincide and that the average tuberculosis patient has a strong leaning towards introvertive qualities. The introvertive qualities were found to decrease as pulmonary tuberculosis became progressive and the patient bedridden.

C. S. R.

NEUROSES AND PSYCHONEUROSES.


A survey of the literature on the subject seems to show that an increasing number of cases formerly diagnosed as nervous dyspepsia are demonstrated on study by improved methods to be instances of actual organic disease of the digestive organs or of their nervous communications. The autopsy findings
ABSTRACTS

of post-inflammatory nerve lesions in cases of digestive disorders suggest the advisability of careful scrutiny of dyspeptic patients for evidence of past infections (such as tuberculosis) which might involve important nervous pathways in scars or adhesions. The theory of autonomic imbalance occupies a prominent place in discussions of the etiology of such digestive disorders as peptic ulcer, cardiospasm, intussusception, and congenital pyloric stenosis.

In some digestive conditions (intestinal tuberculosis, some cases of peritonitis) it is the secondary nerve changes and not the primary lesion which produce the characteristic symptomatology.

The concept of solar syndromes, with or without actual lesions in the nerve plexuses, is advanced by some writers to explain the painful phenomena in a rather diverse group of abdominal conditions.

Lesions of the spinal cord may produce visceral effects either directly by involving the preganglionic fibres at their point of origin or else indirectly by affecting the suprasegmental neurones connecting with these preganglionic fibres. The general result of destroying the superior connections is a release of the lower neurone reflexes.

Neural ileus is an important condition often leading to useless surgical exploration. This form of ileus may be due to lesions either in the segmental or suprasegmental arcs or to psychoses with marked depression. It is a common symptom of transverse myelitis.

Important centres regulating the functions of the entire involuntary nervous system are now known to be located in the diencephalon. Lesions in this region occur frequently in epidemic encephalitis, dementia paralytica and dementia precox. Psychical disorders of digestion are mediated through the emotions and through ideas causing conditioned reflexes. Conditioned reflexes, therefore, furnish a basis for the development of digestive habits, peculiarities, and perversions. The psychoneuroses are not uncommonly encountered by gastro-enterologists because the digestive symptoms are prominent and varied. In melancholia, constipation is a particularly constant and stubborn manifestation.

R. G. G.

PSYCHOSES.

[70] A brief résumé of the types of insanity commonly met with in India, with a full description of the "Indian Hemp insanity" peculiar to the country.—JAL EDULJI DHUNJIBHOY. Jour. of Ment. Sci., 1930, lxxvi, 254.

According to the last census, the proportion of insane to general public in India is 28 or 29 per 100,000, but there is no reliable information as to the number of uncertified cases. Manic-depressive psychosis contributes largely
PSYCHONEUROSIS

NEUROSES AND

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