importance; (b) those in which the hysterical reactions spring from a primitive form of mind; (c) those in which there is an interaction of hysterical psychisms with extrovert adaptation; (d) those in which there is an interaction of hysterical psychisms with introverted feeling; and (e) those in which "one finds the expansion of the hysterical psychism by the influence of extroverted feeling." Examples of typical cases are given.

Hysterical symptoms may arise in persons of any type when external circumstances become extremely difficult, and are elicited most readily in primitive or adolescent persons. In extroverts and in those whose pre-dominating function is feeling, hysterical manifestations tend to develop more lasting and elaborate forms than in other people.

G. DE M. R.

[154] The pathogenesis of functional cramps (Sur la pathogénie des crampes fonctionnelles).—FEDELE NEGRO. Revue neurol., 1929, i, 948.

The writer argues that occupational cramps or spasms are the expression of lesions of the 'extrapyramidal sympathetic system,' and that the primary disorder is localised in the globus pallidus and locus niger; he believes it involves sensory sympathetic terminations, with reaction on spinal centres and thus on efferent sympathetic fibres destined for the innervation of sarcoplasm. He assumes a sarcoplasmic hypertonus and considers the psychical element may be entirely awanting; thus he places such occupational neuroses with organic nervous affections.

J. V.

PSYCHOSES.


The test is composed of 50 statements, to each of which the patient or subject tested answers 'yes' or 'no.' There is no implication of right or wrong in any of them, and they are to be considered merely from the viewpoint of personal like or dislike.

It has been standardized on 100 cases of schizophrenia and 100 of manic-depressive psychosis. The results coincide in no less than 93 per cent. of the cases with those obtained by prolonged clinical observation.

Similar results have been obtained by applying the test to 200 normal persons. It is given in extenso in the paper.

J. S. P.


A study of 30 cases of alcoholism of which five were in women. The conclusions reached are that, in most instances, there is a constitutional instability
with parental discord, alcoholism, want of discipline and lack of sensible direction in the environment of childhood. Pampering of an only child may produce an exaggerated sense of importance, and, to escape the unpleasant situations created, alcohol is taken. In some cases alcohol seems a definite substitute for sexual satisfaction owing to the diminished libido which results. The alcoholic retains his solace because he can find no substitute that will give him release from his feeling of inferiority. The only method of curing him is to build up his self-respect and a feeling of adequacy, rendering it possible and attractive to attain a level of mature responsibility.

Full details of the cases studied are given. G. De M. R.


A review of the literature shows that the psychoanalysis of many cases exhibiting delusions of persecution indicates that the bases of the delusions are the repressed homosexual trends of the patients. A survey of 120 unanalysed cases exhibiting such delusions shows that in 45 per cent. there were evidences of such trends in the conscious behaviour of the patients. Unanalysed cases of paranoid dementia praecox exhibit such trends in a greater percentage of cases than do cases diagnosed as a 'paranoid condition.' C. S. R.


In two cases of schizophrenia, acute and severe in character and course, epileptic-like attacks supervened altogether unexpectedly and led within a very brief period to marked clinical improvement and eventually to the disappearance of all symptoms—to a 'complete cure' according to the writer of the paper. One of the cases, however, presented symptoms resembling those of manic-depressive psychosis in their variations, so that the precise diagnosis was in reality uncertain. Attacks of an epileptic or epileptoid nature are not very rare in schizophrenic conditions, but they have not been known to alter the course of the affections in the slightest. The suggestion is made that for some reason they appear to have acted like a febrile attack occurring incidentally in the course of mental disease.

A. B.


Most of the symptoms described by Kraepelin are secondary signs and for the explanation of these phenomena we have to utilize the mechanisms which are also true for normal psychology. The main primary signs are the disorder in affectivity whereby there is a tendency for the feelings to work independently
of each other, and the disorder of the associations which are no longer connected by a final aim. The psychical mechanism is seen most clearly in paranoid forms. Here because of the primary lesions, the affects exercise a greater influence on the process of thought than usual, the counter-concepts are suppressed and suspicion becomes more easily conviction. Delusions of grandeur ensue when the thinking process has become so disintegrated that the patient no longer notices the grossest contradictions to reality. In principle we may see a purely psychogenic syndrome, but the schizophrenic basis is clearly shown in several peculiarities (lack of connection and sequence in the stream of talk and in behaviour). The schizophrenic colouring of psychical reactions such as exalted or anxious excitations to unpleasant events is only possible if a morbid predisposition is present. It is not the patient's 'complexes' as such which cause schizophrenia, but they shape the morbid picture. Nearly all the psychogenic symptoms can be derived from the alteration in the thinking process. It is the highest control which fails, and this highest control is not a special function of the psyche, but the outcome, the integrated summarizing, of all the individual functions. Schizophrenic thinking seems to be of direct physical origin: it shows itself in no way dependent on psychical influences, but solely on the seriousness of a fundamental basis. When the disturbance is particularly severe, it is accompanied as a rule by other symptoms, which we are rightly accustomed to regard as somatic. In chronic cases, too, decreases in the amount of ganglion-cells and certain changes in the glia furnish a proof that we are in the presence of a brain lesion, not, however, in the sense that the histological finding is the direct foundation of the primary psychical symptoms; it is merely an indicator of the existence of brain lesions, which, on the one hand, express themselves as psychical, and on the other hand as anatomical. In contrast to encephalitis, affectivity in schizophrenia is not destroyed, but is in some way hampered in expression. Though some hallucinations are due to excitatory states of the proprioceptive apparatus, there are others which are to be attributed to a physiological excitation of the nervous system. Theoretically we may register the majority of symptoms with great certitude as physical or psychical; conditions in the clinical picture are often very complicated. Some catatonic spells may have the commingled signs of both origins. The cause of the spell is physical but the psychical symptomatology reveals the hidden complexes. On the whole, schizophrenia seems to be a physical disease with a lingering course, which, however, can exacerbate irregularly from some reason unknown to us. Theoretically, reactions have to be sharply separated from the episodes, although both forms of exacerbation are not always easily distinguishable from each other, and are prone to mix, but if they really are only psychogenic, they can heal to the earlier state; real deterioration is in connection with the physiogenic process. The prognosis of the psychogenic-physiogenic mixing is dependent on it, and then on the unfortunately incalculable capacity for involution of the physiogenic part.

C. S. R.
[160] A case of alternation between asthma and manic-depressive psychosis
(Un caso di alternanza tra asma da fiato e psicosi maniaco-depressiva).

This case is interesting in connection with the regular periodicity of the psychosis. The possibility of an allergic phenomenon must be kept in mind and also of the manic-depressive phases being liberated by external factors.

R. G. G.

PSYCHOPATHOLOGY.

[161] The psychobiological constitution of the weak-minded.—E. B. Strauss.

One hundred and ten cases of oligophrenia in males over the age of puberty, and presenting on casual inspection a normal physical exterior, were examined. Anthropometry and somatoscopy, carried out in accordance with the principles laid down in Kretschmer’s Körperbau und Charakter, and Medizinische Psychologie, showed that in 100 per cent. of these cases the basal physical habitus was complicated by a lesser or greater degree of dysplasia. The most prominent dysplastic stigmata were of a dysgenital nature. The degree of intellectual defect in each case was evaluated and tabulated against (a) physique and (b) temperament. The results suggest that there is no correlation between intelligence and either of these two factors.

An investigation into the family histories reveals the extreme frequency of morbid inheritance in oligophrenia. The existence of defects of various kinds in the parents is so striking that they are to be reckoned amongst the determinant or causal factors in its genesis.

Each patient was assigned to a temperamental group. The results showed that the ordinary physique-temperament ratio does not apply in these cases, temperaments which are apparently cyclothyme-cycloid appearing in excess in persons with anomalous physique. In order to explain this anomaly, a phylogenetic theory of the genesis of temperament is here tentatively offered in outline. According to this hypothesis, the patients presenting apparently cyclothyme or cycloid temperaments are in reality fixated at an undifferentiated psychic level, which is normal in infants, in very young children, and in adults of backward races. These would possibly be better designated as proto-cyclothyme and proto-cycloid.

C. S. R.

[162] Cerebral trauma and its relation to mental deficiency.—N. W. Winkelman.
Amer. Jour. Psychiat., 1931, x, 611.

From the author’s studies he concludes that (1) cerebral trauma plays a part