Abnormal mental states encountered in a detention prison.—
M. Keschner. Arch. of Neurol. and Psychiat., 1921, v, 382.

For the purposes of study, the prison population is dealt with under the headings: (1) The accidental criminal; (2) The occasional criminal; (3) The insane criminal; and (4) The habitual criminal.

1. The accidental criminal shows no intellectual defect, but is emotionally unstable, and under stress he may easily commit assaults. After commitment he finds difficulty in adjusting himself to his environment, and frequently develops a prison psychosis or Ganser’s syndrome. His clouding of consciousness after much anxiety seems an attempt to exclude the painful impressions and reminiscences from consciousness.

2. The occasional criminal is stated to be deceitful in will power, very suggestible, and generally unstable in character. These constitute three-fourths of the ‘detention’ prison population, and often develop into habitual criminals. Many of them have dementia-præcox personalities, and differ from a later psychopathic type in that they have no intellectual defect.

3. The insane criminal constitutes only a small fraction. Among the committable cases are specially noted the deteriorated paranoics and the manic-depressives. Acute toxic or infectious conditions (apart from alcoholics and drug addicts) are uncommon, while the most difficult forensic problems are presented by the periodic insane and the epileptic. Among the non-committable, attention is specially drawn to the paranoid states which prisoners tend to develop when deprived of liberty and having no one to open their hearts to; depression, with delusions and visual and auditory hallucinations may ensue. The acute prison neurosis of the anxiety type is frequently seen just prior to parole or discharge and among those awaiting trial as the result of an appeal. This occurs mostly in persons of constitutional inferiority, and in those who have been charged with sexual crimes.

4. The habitual criminal is subdivided into the instinctive criminal, the professional or incorrigible, and the feeble-minded criminal. It is with this last class that the writer mainly deals, and he more or less briefly describes the wide group of constitutional inferiors as classified by Scholtz. They comprise the indolent type, the depressed, the maniacal, the impulsives, the imperatives, the pathological liar, the epileptic, the perverts, the prostitute, kleptomaniacs, the alcoholics, drug addicts, and hysterical type. Under those headings psychopathological observations of interest are made.

C. Stanford Read.

NEUROSES AND PSYCHONEUROSES.

The influence of the endocrines in the psychoneuroses.—

Langdon Brown points out that the apparently peaceful integration of higher organisms is in reality only accomplished as the outcome of a concealed struggle between its several component tissues, the final result of which is the supremacy of the central nervous system. He compares the origin of the nervous system with a group of settlers on a coast, who
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gradually invade the interior and assume control over the natives. The sympa-
thetic system, originally evolved for rapid and massive defensive purposes, holds many of its primitive features, and is closely associated with the older chemiotropic (endocrine) system. Indeed, their influence is reciprocal, yet there is a progressive evolutionary predominance of the nervous over the chemical element. In the same way the central nervous system gradually assumes control over the sympathetic.

The interaction of these three levels remains, however, so close that any disturbance of the one makes its presence felt in the others, and no matter where the disturbance originates, its ultimate effects are distributed to every system of the body. Many examples of this are given to justify the conclusion that the "endocrine glands, being influenced by toxic, functional, and psychic factors, may, alike, cause or be affected by a psychoneurosis".

ALFRED CARVER.


Cases with 'war' neuroses syndrome only occasionally present themselves, and these may be attributed to an attenuation and fixation of former symptoms. The symptom picture to-day is principally a neurosis occurring in ex-service men, and in which actual war experiences are less influential in the production of the symptoms than the environment and demands of later life, which are further nurtured by response to the influence of the spirit of the times. The symptoms have little to do with the severity of war experience, but are in direct proportion to the interpretation of that experience by the individual. It is the patient's conception of the situation and his attitude of mind towards it that determines reaction. We have, then, neuroses thoroughly akin to those of civil life, precipitated perhaps a little more quickly by virtue of certain sentimental conditions previous to going overseas, occasionally by actual warfare abroad, and the excessive sentimental conditions persisting since the return home. These perhaps influence the patient further by furnishing him with a seemingly legitimate excuse for the state he finds himself in. The presence of a recently acquired pension neurosis is continuously becoming more important and noticeable, and now frequently expresses itself as the predominant factor in a symptom-picture complex. So much has been said about compensation for the ex-service man, his care and rehabilitation, that the individual with feelings of inadequacy or real inadequacies naturally gravitates in the direction in which relief from responsibilities and the stress of life has been promised or may be assured. While some such are benefited, others remain entirely indifferent; and to each soldier accrues such results as his individual capacity is capable of. Perhaps such neurosis exists largely in the constitutional psychopathic inferior and in those whose industrial efficiency and natural desire for work and the concurrent responsibilities of life have never been very high. The writer gives a classification of the cases treated at the U.S. Public Health Service Hospital, and briefly outlines the procedure undertaken.

C. S. R.

It is stated by some that comparatively few persons entirely escape neurasthenia if they live in the tropics for any length of time, and it seems to be one of the most important diseases in those regions. A fertile hereditary soil is suggested, and among foreigners victims are created in the process of acclimatization or adjustment to the immutable demands of an environment for which the white race is unsuited. Most striking examples are seen in young school children. In natives it is more prominent among those who are trying to adopt western methods of energy and are unprepared to do so. Women are greater sufferers than men because of the abnormal life, increased sexual activity, and the prevalent menorrhagias and dysmenorrhceas. Secondary neurasthenia is high too, because of the large number of underlying and more obscure diseases met with. The clinical picture varies a little from that found in temperate climates in that the over-sensitiveness of sight and hearing is more defined, changes in taste and smell are as pronounced as those of other senses, and the later stage of exhaustion is more profound and recuperation slower. Hysteria has a high incidence among foreigners in the tropics, largely because of their added responsibilities, the often rapid business promotion, and various other worries not found at home. The clinical type and manifestations do not differ, however, from those seen elsewhere. Among the natives the hysterical temperament, suggestibility, and emotional instability are very widespread, and the disease is amazingly prevalent.

In discussing hysteria-like neuropsychoses, Musgrave says they are aberrant expressions of disordered neuro-mechanism among persons of a low form of mentality, and brought out by influences similar to those which produce hysteria among more developed persons. They may be classified into the mimic group, fury group, exaltation group, stoical and depression group, and the illusion and delusion group. These conditions are described and are of great interest to the psychopathologist.

The most interesting psychosis peculiar to warm climates is that of latah or mali-mali. It is a true mimetic psychosis, characterized by coprolalia, echokinesis, and the prompt execution of given orders. Any sharp stimuli may cause an attack in a patient, and the echokinesis, consisting of more or less motion mimicry, is carried out to the point of complete exhaustion if the stimulation is continued. The disease is apparently incurable, though limiting an attack by careful control is possible. Some very good examples of latah echokinesis may be observed in domesticated monkeys.

In the fury group is the well-known amok, which in Malay means a frenzied desire to murder, and juramentado, a term used by the Spaniards designating a Mohammedan Moro who, after certain religious rites, undertakes to kill whom he can until he himself is killed. These conditions are not only looked upon as hysterical psychoses, but Wallace regarded it as a form of suicide. Due to defective training and education, the Malays,
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who as a race are abnormally excitable and attach no importance to the lives of their fellow beings, show a great want of control of their passions and desires. The exciting cause is emotional, and after a preliminary stage of melancholic torpor, or following some religious stimulation, the frenzy attack supervenes, lasting hours to days. In case of failure to secure the coveted death, the patient sinks into a stuporose sleep.

Very similar to these fury psychoses, except that they do not go so far, are the dalahara of Malays and trapenkohla of Africans. The attacks reach their apex in a spirited word quarrel, but no blows are given. In the exaltation group are included flagellate worship and certain religious and dancing ceremonies. The object of all is to secure a frenzy of emotional excitement, and an interesting phase is that element which produces self-injury to attain it. Persons of this group are quite harmless. The depressive group may be considered the antithesis of the fury group. It includes the stoics, depressives, and certain others who end by one of the forms of self-destruction. Delusion and illusion are basic factors in the characteristic oriental atmosphere. Witchery, mesmerism, devils, charms, etc., are widely prevalent, and are the elements used to rule an ignorant and emotional people for good or bad. The success attained is an indication of the psychologic condition of the masses.

C. Stanford Read.

PSYCHOPATHOLOGY.


"It is the object of this paper to show that the eye rarely produces other than ocular symptoms unless the patient is emotionally unstable, and that he frequently is relieved, not by glasses but by suggestion, or else by some adjustment of the inner life unknown to the oculist." Inman shows that the frequency and intensity of headache and other symptoms complained of by patients sent to an oculist have no relation to the degree of strain which the error of refraction produces, and that this error, itself often insignificant, is only brought to light when the patient complains for reasons which really are unconnected with it. The symptoms complained of make their appearance during some period of emotional stress—though the patient is oblivious of this fact—and usually disappear with their emotional cause.

Inman gives many good examples of this from his own practice. The result of a questionnaire in a hundred consecutive cases which came to him for glasses further supports his view that the mental state of the patient, not the error of refraction, determined the onset of symptoms. Inman then deals with the emotional factor in glaucoma, unequal pupils, watering of the eyes, and squint. Squint, originating as it does in such early years, was a particularly difficult subject to investigate; but after closely inquiring into 150 consecutive family cases of squint, Inman arrives at the following conclusion. Squinting is definitely related to left-handedness and stammering, and all are traceable to faults in the child’s upbringing.
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J Neurol Psychopathol 1922 s1-2: 383-386
doi: 10.1136/jnnp.s1-2.8.383

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