Dr. Abraham finds a connection between a labile sexuality and the disposition to breakdown; his explanation of the importance of narcissistic fixation, though acceptable to psycho-analytical orthodoxy, is not presented in such a way as to appeal to the sceptic.

Dr. Simmel describes methods of revival of recent memories such as were commonly used in this country, and shows convincingly that the symptomatology is determined by unconscious war affects. He introduces the hypothesis of 'auto-suggestion', which is surely unnecessary if he accepts the Freudian view. Experience of our own pensioners confirms his view that the 'seeking for a pension' (die Rentengier) is often a pathological manifestation, and not to be superficially explained by the desire for gain.

One is already familiar with the paper by Dr. Ernest Jones, which was read before the Royal Society of Medicine. He gives a brief but closely reasoned account of psycho-analytical theory as applied to the war cases, though, like his continental co-workers, he admits no fundamental difference between these and the neuroses of peace time. He concludes that psycho-analysis need not be undertaken in the majority of cases, but that a training in it is of the utmost value in treatment.

In the light of later experience one might go farther than these writers, and question their free use of the term 'traumatic neurosis'. The war patients, even those described as suffering from 'shell-shock', are gradually drifting into other categories; we see them taking on, for example, the symptoms of definite obsessional neuroses. Freud's observation that the war neuroses disappeared on the cessation of war conditions is not confirmed over here; discussion of the reason for the discrepancy might prove interesting.

This little collection of essays should interest anyone who has come into touch with the subject; it is important because, although many workers made use of psycho-analytical methods and conceptions in varying degrees, yet the strictly Freudian school had added very little to the discussion of the war material: probably because the psycho-analyst found little novel in what seemed strange and new to other observers.

Millais Culfin.


This volume consists of a number of papers which have been published already in certain of the German neurological and psychological journals, and are part of the output of the "Institute for the Investigation of the Sequel of Cerebral Injuries" in Frankfort. They form a notable contribution to the study of the difficult borderland between neurology and psychology, and as such merit attentive consideration. A series of cases of head injury in warfare is here presented, and with a minimum of theorizing and speculation there is combined a wealth of clinical, objective description of symptoms, such as is far too rare in these days of easy familiarity with psychological mechanisms and of over-accentuation of unconscious,
subjective processes. The first paper, on the psychology of visual perception and recognition, is concerned with the case of a man of 24, wounded in 1915 over the left occipital region by a fragment of shell. The area corresponded to the lateral posterior aspect of the occipital lobe and the left side of the cerebellum. With the visual symptomatology the writers of the paper are mainly occupied. In addition to a concentric diminution of both visual fields (a point itself of much neurological interest), and a micropsia confined to the horizontal dimensions of objects, the patient exhibited in an almost pure form the apperceptive variety of 'mind-blindness' (better, of visual agnosia); that is, in spite of good vision, colour sense, and appreciation of distance, he was absolutely incapable, as the authors convincingly prove, of combining into a visual whole the individual optical elements of anything he looked at. He could tell whether a given 'something' was higher or lower, more to right or left, than another; he could say whether it was large or small, thin or thick, short or long, near or distant, coloured or not; but beyond this he was unable to awaken thereby in his mind any idea of the form of the object. With this defect, naturally, went the alexia which he also showed. Because of this impairment in the synthetic 'structuralization' of his visual impressions, he could not draw or paint objects he looked at, though he drew well enough 'out of his head'. It is made clear that the defect was not one of associative mind-blindness, i.e., where the patient sees an object and forms a normal visual idea of it, though he fails to recognize it by sight; in the present case the subject sometimes obtained a very fair idea of the nature and significance of an object, although it was for him, visually, a mere 'spot'. For a period of not less than four years this main visual symptom has remained unchanged. The absence of any hemianopia or achromatopsia shows that the calcarine area is intact, and the authors appear justified in their conclusion that there is in their case a limited lesion of a specific optic mechanism, viz., that concerned with the appreciation of the forms of seen objects, and this they localize somewhere in the outer posterior part of the occipital cortex. Of particular interest is the fact that a left-sided lesion gave rise to one of the varieties of 'mind-blindness'.

Other papers must be more briefly alluded to. One is devoted to the question of spiral fields of vision, so called, which are attributed entirely to perimetric examination; another embodies the results of a minute investigation into the question of localization of seen objects in recovering hemianopic fields; errors of localization as revealed by the tachistoscope are fully analyzed and their significance discussed. Another deals with the defective localization and apparent displacement of objects placed partly in the normal and partly in the affected fields, in cases of hemianopia.

Reference, however, must be made to a communication which bears on the possibility of transcortical forms of sensory disturbance, and will repay careful study. The patient (the same case as that of the first paper) was unable to form any visual idea in the mind of the movements of his limbs, and though sensibility in the ordinary sense was intact he could not recognize any passive movement impressed on a limb or segment of a limb unless he made certain movements of his own at the same time. To
localize the movement this was essential, that he should awaken kinæsthetic impressions of his own, as it were, experimentally, and then ascertain which coincided, more or less, with that which had been passively aroused. There was also present a degree of tactile agnosia, as distinct from astereognosis—a transcortical disorder of sensory function.

Functional Nervous Disorders: their Classification and Treatment.

By Donald E. Core, M.D., M.R.C.P., Honorary Assistant Physician, Manchester Royal Infirmary; Lecturer in Neurology, the Victoria University of Manchester. Large 8vo. Pp. xvii + 371. 1922. Bristol: John Wright & Sons Ltd. 25s. net.

The time has come when we should either discard the term ‘functional’ in relation to nervous disorders, or should come to a clearer understanding of what we mean by it. In the broadest sense of the term, all symptoms of disease imply a disorder of function; but in its most usual sense the word ‘functional’ is taken to denote those disorders in which we have at present been unable to discover any structural basis for the trouble. It is clear that with the progress of knowledge we may expect gradually to diminish the number of the diseases which are, according to this classification, lumped together under the temporary heading of ‘functional’. In the last edition of a well-known text-book of medicine, published in 1915, paralysis agitans is included under functional disorders of the nervous system; but in the light of modern researches we can have little doubt of its basis in structural disease.

We have therefore been using functional in this way as equivalent to “not (so far) proved to be structural”—a positive word in a negative sense. There is no justification for such a euphemism to cloak our ignorance, and we should do better to accept the title “Nervous Disorders of Uncertain Origin”. In the other sense in which it is commonly employed, ‘functional’ is taken to include such disorders as, not coming within the pale of insanity, are yet recognized as being due to disturbances of mind rather than body. It is in this latter sense that Dr. Core employs the term. The reviewer must in fairness to the author admit that he came to his task with a prejudice against this book. On more than one previous occasion has he waded heavily through volumes dealing with the same subject, feeling as one clogged to the knees in Flanders mud. Nor at the end has he ever discovered himself nearer to the objective truth. There is no subject in medicine which suffers so much from the inherent difficulties of written speech as that of psychology. In other branches we can, when words become incomprehensible, find comfort in the mathematical formula, the diagram, or the photograph, but in the perusal of the psychological monograph we are at the author’s mercy. Dr. Core has not spared us.

In his preface he deprecates “the current vagueness in the definition and classification” of the conditions of which he writes. He proceeds in a few pages to his own classification into a regressive and a progressive group. Under the former he includes only hysteria, but distinguishes three types—primary, secondary, and tertiary—which differ apparently according to the ‘atmosphere’ in which the symptoms arise. Thus,
"symptoms arising in an atmosphere associated with discomfort in the broadest sense in any part of the body" are defined as characterizing secondary hysteria. So also the sub-groups under the progressive heading are classified according to the 'atmosphere' in which the symptoms develop.

We have no very clear idea of what Dr. Core means by the word 'atmosphere' in this sense, nor does he subsequently succeed in elucidating the point for us. It becomes obvious that in order to understand his book we must first set ourselves to learn the language in which he writes, and this in itself is a formidable task. When we have at times penetrated his meaning we have found that his views upon psychological problems are in many ways original and interesting; he has made an earnest attempt to contribute from his own store of knowledge to the advancement of psychological science. We may, however, ask ourselves whether at this stage of our experience there is room for so much theory. Have we not rather need for much patient recording, analysis, and correlation of facts, in the form of careful life-histories of individual patients, before we can be in a position to enunciate general rules?

In the opinion of the author the disorders of his progressive group lead to involutinal changes in the heart, brain, and kidneys, and thus form the starting-points for organic disease. In this connection it is of interest to note that, in the chapter on diagnosis, disseminated sclerosis is mentioned as a possible complication of hysteria, where the statement is made: "This is, I think, recognized by modern clinicians, who are accustomed to bear the idea of disseminated sclerosis in mind as a possible, if relatively rare, development in any case diagnosed as hysterical". Such a view is, of course, entirely opposed to the growing body of evidence which suggests that disseminated sclerosis is a specific infection of the central nervous system. Nor can we accept the simple explanation of the pain occasionally experienced in a phantom limb, that this occurs only in men whose "egos are peripherally determined".

On the whole the chapter dealing with methods of treatment is of greatest interest, and is certainly of most practical value. It is clearly written from the author's own experience, and is free from the bias of any particular cult of psychotherapy.

C. P. S.


One of the most important and interesting of the many problems presented to us by psycho-analysis is the influence of early family life in shaping character. Though this question must in the nature of things rank second to that of the still earlier influences which determine character itself, a psycho-analytic study of the family necessarily deals with matters which go deep in explaining and accounting for temperament and behaviour in adults. The subject has received much attention since Freud first discovered and described the main facts, and a fairly complete under-
Psychologische Analysen hirnpathologischer Fälle (Psychological Analysis of Cases of Brain Disease)

C. P. S.

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