NEUROSES AND PSYCHONEUROSES.


This is the first part of an article founded on the author's experience of juvenile delinquents referred to him for psychological examination. In looking for causes, multiple determining factors are encountered. In gauging the criminal's intelligence, standardized tests are applied. The author fails to agree with the general opinion that the most important psychological cause is mental deficiency, and thinks that facts and figures have been over-stated. He finds that 7 per cent of juvenile delinquents tested with the Binet-Simon tests are mentally defective. Among girls and adults the proportion is higher still.

When young, the delinquent defective, owing to his suggestibility, is the dupe of others who are more intelligent. When older he plays a more active rôle and intimidates children younger than himself. His offences are more frequently the result of blind and childish impulse than of intelligent deliberation. There is no sharp line between mental backwardness and deficiency. Thirty per cent of delinquents are classifiable as technically backwards in general intelligence. Deficiency may be regarded as an extreme degree of backwardness. The backward delinquent during schooldays readily takes to a life of habitual truancy. In some degree he makes up for his incompetence by shirking, lying, and finally by stealing.

In considering treatment, the author finds complete psycho-analysis useless owing to the lack of intelligent co-operation; he has obtained better results from deep hypnosis. Suggestion should be positive and concrete rather than negative and abstract. If the child is intelligent enough, the full technique of psycho-analysis is advocated.

In considering the merely ignorant delinquent, the author finds that 98 per cent are below the average, and 42 per cent are classifiable as technically backwards. Secondary educational backwardness may be due to causes of a physical or temporary psychological kind. These cases of educational backwardness are more hopeful from the point of view of psycho-analytical treatment. It is considered important to create fresh interests in the home life, and in this it is advisable to obtain the co-operation of the parents.

Robert M. Riggall.


The author describes a case of a hysterical tremor of the hands superimposed on an old Friedreich's ataxia. He carried out a full analysis, with the result that he found that the tremor represented an activity of the patient's hands which prevented her carrying out less desirable actions (masturbation, and doing injury to her small sister, of whom she was jealous). He also found that she was very badly adapted to her family life, with marked ambivalent feeling for her father, and repression of sexual impulses, of
which she was afraid. The result of treatment was satisfactory, and not only did the tremor cease, but she became possible at home. There can be no question of the importance of recognizing and treating hysterical symptoms superimposed on organic nervous disease, and although complete analysis is not necessary to remove the symptom in every case, the mental maladjustments towards life should not be overlooked.

R. G. Gordon.


The material is derived from girls in a reformatory amongst whom emotional crises were common. The sources of emotion were: (1) The thwarting of desires in those who had not learnt to control their egotistic impulses; (2) Breaking down of secondary anti-social compensations which had been built up to console the patient for thwarted infantile desires: such compensations often took the form of screaming fits, lying, and stealing; (3) The activation of the deep-seated unconscious sense of inferiority. The behaviour of six cases is described in detail, and light is thrown on the regressions and maladjustments and their compensations. There can be no doubt that the study of the mentality which is responsible for delinquency is of the utmost importance; for, although the lessons that are learnt may not make it possible to cure those who have already reached adult age, if they are sufficiently taken to heart by educationalists and social workers we may hope for prevention in the future by more careful study of infantile and childish adjustments.

R. G. Gordon.


Attention is drawn to the rôle of neurotic and psychic disturbances as initiators of symptoms in those with organic cardiovascular disease, and its insufficient recognition. Quite commonly patients with heart disease get along fairly comfortably until some untoward psychical factor initiates symptoms from which it may take months to recover, or cardiac stability may never be regained. So much stress is laid upon physical signs that apparent minor factors in the history are not attended to. Mental disturbances have, especially in mitral stenosis, a markedly deleterious influence. Thus tachycardia and over-forceful action may be brought on while previous examination of the heart revealed no clinical characteristic which seemed to render it susceptible to nervous influence. Auricular fibrillation is also markedly affected by a neurotic insult.

Some illustrative cases are given which show why such symptoms as tachycardia and auricular fibrillation are not controlled by the usual remedies, and why the prognostic viewpoint regarding them cannot conform to the usual ones in which the neurotic factor is absent. In addition to drugs, psychotherapeutic measures should play an important part in the treatment.

C. Stanford Read.