tozoa. The findings were not conclusive, but certain apparently significant variations in specific gravity were discovered, and a preponderance of spermatozoa in cases of anxiety neurosis was noted. There were definitely more abnormalities in this group of cases than would be expected in a similar group of healthy individuals. The author considers this may point to an organic basis whose study may be useful from the therapeutic standpoint. On the other hand, these changes may be secondary to endocrine imbalance following emotional disturbance, or to organ inferiority such as is described by Adler.

R. G. Gordon.


In the front rank of the army of psychoneurotics stand the sufferers from hay fever. Hay fever in itself is a true vasomotor neurosis, and its victims are either primarily psychoneurotic or manifest a secondary psychosis following the hay fever attack. There is no condition that the ear, nose and throat specialist encounters in which the nerve element plays such a conspicuous part. In fact, nearly all states of functional insanity are at one time or another experienced by the sufferer, from the irritable and excitable states to the depression of melancholia. Fixed ideas or phobias are but a part of the syndrome. The hypersensitive condition of the nasal mucosa leads to an over-stimulation of the sneezing centre, resulting in this act becoming automatic. Without his will the patient sneezes, due to lack of inhibitory control. Then comes the excess of imagination. He has ideas that in certain localities his condition is provoked. The mere thought or suggestion of his condition stimulates his sneezing centre. In many the act of sneezing has become implanted in the subconscious to such an extent that an attack may be brought on by the slightest thought stimuli. The writer thinks that there should always be a combination of local treatment to give symptomatic relief together with the intelligent use of psychotherapy. Only by recognizing the psyche, which is the directing force, can adequate results be hoped for.

C. S. R.

PSYCHOPATHOLOGY.


The writer in his judicial work has applied psycho-analytical principles in the study of divorce cases, and as a result he states that he has brought to light a form of neurosis not hitherto classified. In support of this he cites a case and gives a brief analysis of it. The mechanism of this ‘conjugal neurosis’ is in many respects the same as the mechanism of paranoia. Each of them springs from a repression in the erotic realm—the one from a repression of homosexuality, and the other from a repression of normal love. In each of them love is transmuted into hate by the argument of the psychic censor, resulting in hallucinations and transferences that are practically the same in both cases. Even hallucinations of persecution and conspiracy are often fully as pronounced in the conjugal neurotic as in the paranoiac. The physical symptoms accompanying the former are in many instances more marked and complex than in the latter. The conjugal neurosis is based upon a repression of
heterosexual love and the difference between it and paranoia is one of degree and not of kind. The repression of any sexual love emotion may lead the censor to defend against a reassertion of the emotion by conjuring up hallucinations of evil doing and malignant design by its object. While the neurosis is nearly always a feminine affliction, men are not totally immune. Laymen have recognised it from time immemorial under the name of 'insane jealousy.'

C. S. R.

[155] The relation of beating-phantasies to a day dream.—Anna Freud.
Internat. Jour. of Psychoanalysis, 1928, iv, 89.

Analysis of a case bearing out many of Freud's findings in his paper on 'A child is being beaten' is discussed. When the girl was in her fifth or sixth year she entertained a beating phantasy. Its context changed from 'A boy is being beaten by a grown-up person' to 'Many boys are being beaten by grown-up persons.' The boys, however, as well as the grown-ups, remained indeterminate, and so did the misdeeds for which the castigation was administered. When the phantasy was called up it was accompanied by strong sexual excitement and terminated in an onanistic act. The little girl for a number of years made ever-failing efforts to retain the phantasy as a source of pleasure and at the same time to break herself of the auto-erotic habit. Later the context of the phantasy fell under the same taboo as the sexual gratification. At about the same time—from her eighth to tenth year—the girl began to entertain new kinds of phantasies, which she herself distinguished by the name of nice stories. The day-dreamer herself was firmly convinced of the mutual independence of the two kinds of phantasies. The only decisive disparity between them lies in the difference of their respective solutions; in one case this consisted of a beating-scene, in the other of a reconciliation-scene. Investigation into the relationship between the two kinds of phantasies revealed: (1) a striking analogy in the construction of the single scenes; (2) a certain parallelism in the context; (3) the possibility of a sudden change over from one side to the other.

The apparent advance from the beating phantasies to the nice stories might be explained as a return to a former phase. The nice stories seem to relinquish the original theme of the phantasy of beating; but they simultaneously bring out their original meaning, i.e., the phantasy of love that was hidden in them. The onanistic act as well as the sense of guilt are both derived from the repressed love-phantasy; the latter, though it is disguised in the phantasies of beating, is represented in the nice stories. At the climax of the nice stories there is no compulsive onanistic act and no sense of guilt. A solution of this problem is furnished by the fact that the nice stories do not take up the whole of the incestuous wish-phantasy belonging to early childhood. Afterwards repression of the Oedipus-complex forced the child to renounce most of these infantile sexual ties; their emergence in the phantasies of beating signifies a partial failure of the attempt at repression. While the phantasies of beating thus represent a return of the repressed, i.e., of the incestuous wish phantasy, the nice stories represent a sublimation of it.

C. W. Forsyth.
156] Certain neurotic mechanisms in jealousy, paranoia and homosexuality.

Intense jealousy as met with in analytic work is of three types: (1) competitive or normal, (2) projected, and (3) delusional. Normal jealousy is made up of the pain caused by the thought of losing the loved object, and the narcissistic wound, with feelings of enmity against the successful rival, and of a greater or less degree of self-criticism. Even this normal jealousy is rooted deep in the unconscious; it originates in the ÒEdipus-complex of the first sexual period.

Projected jealousy is derived in both men and women either from their own unfaithfulness in real life, or from impulses towards it which have succumbed to repression. Absolution of his conscience is achieved when he projects his own impulses to infidelity on to his partner. Use is made of the material at hand (perception-material) by which the unconscious impulses of the partner are betrayed. This type of jealousy is amenable to the analytic work of exposing the unconscious phantasies of personal infidelity.

Delusional jealousy also has its origin in repressed impulses towards unfaithfulness; the object, however, in these cases is of the same sex as the subject. It represents a homosexuality, and rightly takes its place among the classical forms of paranoia. The meaning of such delusions of reference is that the paranoiae expects from every stranger something like love. The paranoiae is not far wrong in regarding their indifference as hate in comparison with his claim for love. The enmity which the persecuted paranoiae sees in others is the reflection of his own hostile impulses against them. With the paranoiae the most loved person becomes his persecutor. The ever-present ambivalence of the feelings is the source of this reversal of affect and the unfulfilment of his claim for love strengthens it.

Two cases are cited where analytical investigations were made. Freud notes that classical persecution-ideas may be present without finding belief or acceptance. It is possible that the delusions which we regard as new formations when the disease breaks out have already been long in existence. In some cases a new mechanism leaning to homosexuality was manifest. During early childhood intense feelings of jealousy derived from the mother-complex arose against rivals, usually older brothers. This jealousy led to an aggressive attitude against the brothers (or sisters) which might culminate in actual death wishes. These feelings later yielded to repression and to a transformation, so that the rivals of the earlier period became the first homosexual love-objects. Although it is often combined with typical conditions the new mechanism is a separate one, in that the change takes place at a much earlier period, and the identification with the mother recedes into the background. It represents, too, the exaggeration of the process which leads to the birth of social instincts in the individual. In both processes there is first the presence of jealous hostile feelings which cannot achieve gratification; and in both the personal affection and the social identification-feelings arise as reaction-formations against the repressed aggressive impulses.

C. W. FORSYTH.
The castration complex in the formation of character.—F. Alexander.


Ferenczi explains the so-called transitory symptoms which appear under our eye in the course of analytical work as manifestations of resistance against the process of making conscious certain unconscious tendencies which are displeasing to the ego and which have been brought near the level of consciousness by analysis. These tendencies are seeking an outlet in new symptoms and struggling to reach equilibrium by this means. These transitory artificial products make their appearance during the analysis in what are called 'neurotic characters.' The lives of such people display some remarkable irrational features. The neurotic character interweaves his life with the neurosis—his life constitutes the neurosis. The symptoms of illness serve the purpose of localizing those wishes which are in conflict with the conscious ego and thereby preventing them from injuring the rest of life. It is difficult to say whether the damming up of the libido is not great enough to open up new paths and form symptoms as an outlet, or whether the defence-reaction of the organism—the repression—is not powerful enough altogether to exclude satisfaction in reality. The 'neurotic character' contains in it the germ of a particular form of neurosis which must break out if any deprivation, either by external or internal circumstances, ensues of the satisfaction in reality of the neurotic tendency. Analysis removes the previous possibilities of satisfaction by bringing the tendencies incompatible with the ego and more and more under the control of the conscious faculties; these tendencies thus escape into those neurotic symptoms which have been hitherto replaced by the actual neurotic satisfaction in life, and in which the tendencies find a fresh subterranean outlet.

The analysis of a case illustrating these points is given. In this patient the symptoms represent a persistent attempt to realize a castration wish. The equivalence of 'money' and 'penis,' with a slighter emphasis on the connecting link 'faeces,' formed the unconscious basis of his impulse-ridden behaviour.

C. W. Forsyth.

The analysis of 'dementia' (Zur Zerlegung der 'Demenz').—A. Pick.


Pick reports a case of gradually increasing 'dementia' in a man, aged forty-seven, who had contracted lues twenty-four years prior to the onset of symptoms. Clinical examination revealed a generalized arteriosclerosis in addition to many signs of loss of nervous co-ordination, but the outstanding feature of the case was a disturbance of the higher optic functions. On being tested with the Binet-Robertag pictures the patient could name correctly their several component parts, but failed to find any meaning in them. The day following a test he could recall the component features of any picture but again declared that he did not understand the scene depicted. He thus showed a lack of ability to relate visual perceptions, and in this respect his case resembles those described by Mitchell, Head and Hoppe.

In November, 1916, after gradually becoming more stupid, the patient...
died of pulmonary tuberculosis. Autopsy showed, in addition to pulmonary tuberculosis and arteriosclerosis, a tuberculous mass in the right cerebellum and a chronic hydrocephalus of both cerebral hemispheres. From a consideration of this and other reported cases Pick argues that 'dementia' consists precisely in a disturbance of the ability to relate perceptions to one another. In the case cited he favours the idea that the disturbance of the higher visual functions was brought about by syphilitic atheroma rather than by the other lesions discovered post-mortem.

Alfred Carver.


This is an interesting paper on the relation of psychopathology to general pathology. Maeder argues that the natural principle of differentiation in science which has compelled us to view the same object-man from the morphological, physiological, psychological or sociological point of view, is liable to become a danger unless we complement this analytical and intellectual approach by an intuitive and synthetic attitude. He expands his plea with many examples drawn from numerous disciples and advocates his case for synthetic orientation with considerable eloquence. Naturally, he is aware that it is essentially a question of psychological type and that the analytical approach of natural science springs from the immense prestige of our deductive reason, whereas the intuitive method of association and synthesis can only mature when the irrational function of intuition is given value equivalent to that of reason. He wants us to regard man again as a unity and not as a collection of different categories; and he thinks that the chief obstacle to this attainment springs from our insufficient recognition of the fact that the distinction between subjective and objective, physical and psychical, structural and functional, etc., is not absolute but relative. Many of the parallels that are drawn between pathological and psychopathological states are extremely suggestive, while others do not sustain a too searching scrutiny. The interest of this paper, however, lies not so much in the actual material employed as in the indication it gives of the gradual advance of the synthetic attitude. Everywhere we see the steady permeation of the principle of relativity throughout all our conceptions, of which the recognition and scientific formulation of psychological types is perhaps the most notable example.

H. G. Baynes.


Analysis showed that the difficulty a student of experimental psychology found over the solution of a simple problem was due to the circumstance that some of the deepest factors of the subject's personality (his castration-complex, inferiority-complex and sadism) had been aroused by the problem presented in the test. The facts in this case bring out four further points of general interest: (1) that performance in mental tests—even when these tests are apparently of a purely intellectual character—may be disturbed by emotional
factors; (2) that the presence or absence of such emotional disturbance may depend upon very small differences in the test; (3) that the emotional factors involved in such disturbance are not necessarily of a general or superficial nature, such as fear of doing badly, but (4) may be related to very deep-lying tendencies, which can only be brought to light by analysis (or some other special procedure).

C. W. Forsyth.


Stress is laid on the fact that the fit is only a symptom of a much wider disease process, which eventually leads to dementia. This is not due to gross organic changes, since many cases have been described with marked dementia but no observable changes post-mortem. The author thinks that the morbid change is more intangible and consists of a general failure of character, preventing a proper adaptation to the environment. The rigidity and egocentricity of the epileptic are well known. This character defect is present before fits occur and is not induced by them. Rather the failure of adaptation which is due to unconscious reasons finally induces the patient to break under the strain. The proper treatment of the epileptic is to consider his whole personality; the fit is but a regressive protective mechanism resorted to by an overstressed organism.

R. G. Gordon.


Many authors are quoted to show that for many centuries it has been held that there is a definite correlation between genius and insanity. The writer maintains that genius is the product of a brain in unstable equilibrium. The possessor being more or less of a 'sport' (from a biological point of view) is not, therefore, one of the best adapted to environment. In many cases this results in his being eliminated by the more stable members of the herd. Genius and insanity are, according to this view, both results of nervous instability. Insanity does not cause genius, but is for the most part inimical to intellectual effort. It may be said with more truth that genius is much more likely to lead to insanity, insanity being the price which Nature exacts in this instance for valuable but delicately constructed gifts. The genius, because of his organization, is an intractable person who is apt to place an undue strain upon his resources and who has to pay the penalty for doing so.

C. W. Forsyth.


Success and happiness in an individual's life will tend to be in direct proportion to the correspondence between his vocations and his desires. Failure and success can perhaps be thought of in terms of the proportion of the personality that is satisfied with the occupation followed. As a result of the lack of satisfaction of the instinctive needs a state of tension is brought about which expresses itself psychologically as a degree of discomfort and which by finding an adequate means of expression is resolved and replaced by a state of equili-
Abstracts

As an assistant, I can provide a text representation of the document without a specific question or instruction. However, if you need any specific analysis or answer, please let me know, and I'll be happy to help!
PSYCHOPATHOLOGY


HITHERTO the pathologist has been able to make the diagnosis of general paralysis with certainty only by a histological study of the brain cortex, i.e., by a process which requires time, the resources of a laboratory, and much special knowledge. Recently a chemical method of diagnosis, simple and rapid, so that it can be carried out at the time of the post-mortem examination, has been introduced by Spatz, and is described and supported by Stiefler in this paper. It depends on the presence in and around the walls of the vessels in the cortical grey matter of particles of iron-containing pigment. This finding is stated to occur only in two diseases, viz., general paralysis and sleeping sickness (trypanosomiasis), and as in temperate climates the latter of these need hardly be considered in the differential diagnosis, the occurrence of such iron-containing particles in the cortex is to be regarded as pathognomonic of the former.

For the demonstration of the iron-reaction the following directions are given: From the fresh brain cut a thin slice of cortex (preferably frontal or occipital), wash it in normal saline solution, and then place it for not less than fifteen minutes in concentrated ammonium hydrosulphide; a greyish-green coloration forms in the cortex; but in general paralysis there are, in addition, fine black streaks and dots; these are, in fact, the minute cortical vessels, rendered visible by the staining of the iron in their walls. With the aid of a lens such vessels can be picked out with a needle and examined under the microscope.

The iron particles may also be demonstrated by the Turnbull-blue method. Stiefler has applied Spatz's method to eight cases of general paralysis, two cases of cerebral syphilis, three of encephalitis lethargica and two of cerebral arteriosclerosis, and he obtained a positive reaction only in the cases which gave the histological picture of the first of these. J. P. M.

[166] Senile general paralysis (La paralysis générale sénile).—RISER and GAY. L'Encéphale, 1923, xviii, 35.

From various statistics furnished by observers in Europe and America the authors have collected no less than 2,058 male cases of the disease, in which only seventeen concerned patients of between sixty and seventy, and two between seventy and eighty. Of 814 female cases similarly collated, five were between sixty and seventy, and one between seventy and eighty. Senile general paralysis is therefore a relative rarity, yet the authors are able to add three personal cases, in each of which the onset of symptoms occurred after the age of sixty.

Etiologically, the condition is due to neurosyphilis presumably of particularly retarded evolution. The sexes are affected indifferently. Pathologically, the lesions are those of adult general paralysis. Clinically, there is a greater tendency to local symptoms than in the adult form, largely because of the preponderance of vascular lesions; further, a more or less diffuse poly-
sclerosis leads to symptoms resembling those of ordinary senile dementia. Defects of memory, naturally enough, are prominent. On the somatic side, the signs are those of the adult variety, and may be either pronounced or minimal.

Differential diagnosis is easy when the serological and spinal fluid findings are characteristic; if these are doubtful, the clinical evolution of the case should separate it from cerebral arteriosclerosis and multiple vascular cerebral lesions, as also from alcoholic epileptic dementia, etc. Positive findings, however, do not serve to distinguish senile general paralysis from syphilitic meningitis with mental symptoms, or from tabes with mental symptoms, or from episodic mental confusion, e.g., of alcoholic origin, in a potential neurosyphilitic. In these cases the evolution of the disease supplies the best aid to diagnosis.

S. A. K. W.


The author studies the question whether affections of the corpus striatum, lenticular nucleus and basal ganglia can of themselves give rise to psychic symptoms.

This question he answers definitely in the negative, finding that in all cases showing mixed symptoms both lower centres and the cortex are involved, while no psychic symptoms are manifest if the lesion is confined to the lower centres.

Alfred Carver.


The personality must be studied phylogenetically and ontogenetically. It is narrowly defined as "the aggregate of those tendencies predisposing to reactions which the individual has come habitually to display in the adjustments his life has required of him." The concept is, therefore, closely linked with that of behaviour. In recent studies it is assumed that endocrine activities greatly simplify the problem, but though physiological determinants may have their place, it is in the feeling or emotional components that the life-history rises to its maximum. Long before the psychosis we are able to see in the personality premonitions of neuro-psychiatric trouble. The type of psychotic behaviour may often be predicted from an understanding of the personality, and the behaviour within the psychosis will in general conform to, or be modified by, the personality. Furthermore, from an analysis of the personality we may estimate the degree to which psychotic reactions may remain fixed, and the physician is enabled to map out a treatment or restraining programme with precision. The method of personality study here described is simple, the aim being to determine the practically important, the habitually preferred reactions. The information, which of course must be checked, is accumulated from all who know the patient, and the more the patient is able to lend himself to the inquiry, the more accurate the result will be. This information can be grouped under four headings: (1) the intellectual activities; (2) the somatic demands; (3) that embraced
by the individual's self-criticism and self-estimate; (4) the urgency or imperative to adaptation.

Under intelлектuality are noted the receptive and acquisitive aspects, how past experience is constructively used, the liveliness of the sense of reality, the possible side-tracking of competing interests, the general aptitudes. With regard to the somatic (or psychosomatic) demands, sex interests and the need for motor or psychomotor activity are of importance. More vague demands, such as those indicated by posture, gait, nail-biting, response to skin and mucous membrane stimuli, are noteworthy. We wish to estimate how frankly any demands have been met by the patient, whether they are hygienic or not, whether any sense of guilt is attached to them, and whether they are of a compensatory nature. The estimate of criticism of self as a motive of behaviour is of the utmost interest to the psychiatrist. In unfavourable criticism the door is opened to a wide variety of possibilities, and we may here meet with reactions of a clinging dependent type, evasions, and compensatory and substitutive reactions. In social relations there is found a delicate test for any feeling of security or insecurity. Concerning the urgency which leads us to adapt ourselves, our interest is to determine what tends to favour or impede the operation of this tendency. The inclination to the assertion of this imperative among healthy persons is so general that we may assume that a relative absence of it is pathological. A constructive assertion of it is seen directly in ambition, courageousness and vigorousness generally. These reactions are also displayed in the prosecution of cultural interests, in diversion, sports, games and hobbies. We should make a rule always to account for a marked diminution of these reaction tendencies. Experience has proved that a personality survey on the above lines has practical value.

C. S. R.


1. Mental diseases are primarily or secondarily dependent upon general body diseases unless they are purely the result of a specific stimulus or of hereditary deficiency.

2. In order more clearly to study body correlation, the classification of mental diseases must be simplified either clinically, morphologically or etiologically.

3. Heredity plays a prominent rôle and lowers the mental threshold so that somatic influences, which would otherwise pass unnoticed, become prominent.

4. Somatic influences start in early life and are toxic in nature, either bacterial, chemical, or both, and may be especially operative in précox cases.

5. Blood vascular changes are retroactive, and occur in later life, leading to hemorrhage, degenerations and scleroses.

6. The future of the psychoses rests rather with the preventive hygienists, especially where an individual is recognized as a mental hazard.

7. Foci of infection play certain definite rôles, and must be removed before permanent changes have been produced by their long-continued dosage.

C. S. R.