NEUROSES AND PSYCHONEUROSES.


In this article the author commences by an eloquent plea for greater accuracy in the clinical description and diagnosis of states of depression. He rightly complains of the frequency with which neurologists, and even psychiatrists, confuse destructive depressed states, grouping such clinical conditions as the depression of the manic-depressive psychosis, hypochondriasis, and anxiety neurosis under the heading of neurasthenia. Fleury proceeds to the description of the mental state of four patients, two manic-depressives, a hypochondriac, and an anxiety neurotic, and points out that their resemblance to a true neurasthenic is very superficial.

Neurasthenia he believes is a rare disease. He finds the literature of the subject is full of erroneous etiology. Emotional shock, overwork, anxiety, loss of sleep, and various forms of trauma are almost invariably given by authors as the principal causes of neurasthenia. Fleury, in four years of work among soldiers suffering from war neuroses, found true neurasthenia to be present in only 100 out of 6,000 to 8,000 patients. Yet, as he points out, considering the exposure of millions of men to war conditions, one would expect to find large numbers of neurasthenics, in view of the emotional stress, fatigue, and loss of sleep associated with life in the trenches. Fleury believes that neurasthenia is essentially a physical condition, and that the mental signs are secondary. He points out that the condition is frequently seen in arthritic subjects. Arterial hypotension is common; the gastro-intestinal system generally shows habitual constipation associated with gastroptosis and enteroptosis, and hyposecretion of the gastric and intestinal glands. There is loss of sexual appetite, and coitus is followed by extreme fatigue and depression. Sleep is delayed and unrefreshing. Vertical and occipital headache is common and frequently associated with pain in the back of the neck and in the lumbar region.

Fleury lays stress on the appearance of the above signs and symptoms long before mental disabilities appear. Physical fatigue and loss of energy accompany them. The characteristics of the mental state are: depression, slight retardation, instanced by increasing difficulty in doing intellectual work, a tendency to indecision, and general mental inertia.

The author says little of treatment, but maintains that it should be mainly directed to the physical state, when general improvement follows. Psychotherapy may be a useful aid in the later stages of the cure.

G. W. B. James.


Having discussed and discarded old theories, the author adopts the conception that the problem of the psychoneuroses is the problem of the maladaptation of intrinsically normal individuals to what in the vast majority of cases proves to be an environment also well within normal range. A short survey
of the problem of adaptation leads the writer to his main subject. The immediate exciting cause of a so-called ‘breakdown’ can be found in the environment. The inability to adapt to the common changes (social) of environmental conditions manifests itself in different ways, according to the individuality of the patient, and is due largely to misinterpretation. There is evidence that the psychoneurotic tendency is most often acquired, for generally satisfactory adjustment is brought about by insight. It is not probable that an organic abnormality could be so easily overcome. Psychoneurotic adaptation shows a tendency to short circuit on the instinctive level. The specifically characteristic tendencies of the psychoneurotic individuality are roughly (1) oversensitiveness to emotions and sensations; (2) relative unbalance of instincts; (3) suggestibility; (4) character faults. These are found in the normal, and it is only when they become exaggerated or relatively unbalanced that they constitute psychoneurotic tendencies. A tendency to overmobilization of energy, irrespective of need, is the commonest form of inefficiency exhibited by all types. Treatment is that of re-education, being based on the nature of the disorder and on the personal equation. Readjustment to full usefulness must be held as the primary goal—not mere immediate comfort. The insight gained should obviate recurrence. Temporary removal from home environment is often necessary. The author demonstrates his good therapeutic results by some statistics involving 800 cases.

C. S. R.


In this paper East discusses certain criminal actions associated with mental deficiency. In dealing with criminals, individual consideration is essential. The number of mental inefficient among the prison population is estimated at about 5 per cent. In prison work the diagnosis of mental defect may be extremely difficult. Although the nature of the offence forming the actual charge may have no diagnostic value, the method and circumstances with which it is associated are frequently important. It is probable that in defective delinquents acts of dishonesty are liable to appear at an earlier age than other criminal actions. Two classes of mental alienation are recognised in criminal law: dementia accidentally and dementia naturalis or absence of understanding from birth. Difficulties in diagnosis due to malingering may be due to the ordinary criminal assuming mental defect or to the mental defective assuming normality. In prison work the most difficult cases to diagnose are those of a mixed mental deficiency and insanity. In these combined cases the defect does not influence the responsibility of the accused, whereas the insanity may. When working out the mental age of a patient by intelligent tests the author finds that if there is an abrupt ending to correct answers at, say, nine years, one is probably dealing with defect; if further, for a year or two after, an occasional test is answered satisfactorily, it is a case of defect; but if the occasional correct answer extends to the late years of the test series, acquired mental disorder or malingering is suggested. In the author’s experience moral imbecility is rarely met with
in prison, the diagnosis being more difficult than in any other form of mental deficiency. As regards the differential diagnosis between the habitual criminal and the moral imbecile, it is of fundamental importance to recognize that the moral imbecile does not take elaborate precautions to hide his crime or avoid punishment. The paper is illustrated by some very interesting reports of cases.

ROBERT M. RIGGALL.


The phrase 'mental deficiency' is applicable, not only to defect in intelligence, but also to defect in temperament and character. The importance of intellectual deficiency in crime has been exaggerated. Burt finds 7 per cent. of his cases of juvenile delinquency mentally deficient. After puberty more girls than boys are defective and delinquent, but before puberty the condition is commoner in boys. Special classes for the backward child would result in immense diminution in crime. In considering deficiency in character, Burt agrees with East that in moral imbecility there may be no intelligence defect. He disagrees with the popular medical and legal opinion, which assumes the existence of an innate moral sense, and believes that morality is acquired after birth by slow and painful processes. Character is founded on innate tendencies, but in itself is not innate. If moral deficiency is simply a special variety of mental deficiency, it is superfluous to define the moral imbecile separately. Although morality is not inborn, it rests upon an inborn basis which is congenital and predisposes the child to immoral habits. All activities constituting crime spring from natural instincts. Burt uses the term 'temperamental deficiency' to denote an extreme degree of emotional instability due to inborn factors. He prefers to use this term instead of 'moral imbecility,' and proposes the following criterion: "A temperamental defective is one who, without being defective also in intelligence, exhibits, permanently, and from birth or from an early age, less emotional control than would be exhibited by an average child of half his chronological age; or, in the case of an adult, of the age of seven or less." With this criterion about 9 per cent. of Burt's delinquent cases would be classified as temperamentally defective, the law-abiding population showing under 1 per cent. Milder degrees of temperamental instability were seen in 34 per cent. of these cases; 19 per cent. were markedly repressed. Adolescent instability occurred in only 2 per cent. All four contributors to the symposium agree that delinquency is more than a mere matter of defective intelligence. The proportion of intellectually defective cases among the delinquent population is far lower than earlier investigations maintained, the true proportion being nearer 5 per cent. than 50. As there is no inborn moral sense, there can be no inborn moral defect. In most cases inadequate intelligence is combined with excessive emotional instability, but in a few cases the latter condition exists without intellectual retardation.

ROBERT M. RIGGALL.

In 1922, 1.8 per cent. of the school-age population of London was mentally defective. Delinquents show a slightly greater average intelligence than the mass of day special school children in the mental defective schools. In adults the average mental age of defectives is 7.9, and of defective delinquents, 8.5. In a percentage frequency of different offences, wandering provided the maximum number of cases, showing a low grade of mentality. Shrubsall agrees with East’s observation that women charged with soliciting show a relatively high mental age for defectives. As for men, stealing is more frequently found among the unemployable classes, while, in women, the largest figure is for those in regular work. The author thinks that Burt’s definition of ‘temperamental defectives’ rather than moral imbeciles would only include those with the unstable emotional temperament. In the true moral imbecile the defect is not so much lack of inhibition as lack of feeling, the emotions being too neutral.

Robert M. Riggall.


Delinquency refers to the tendency to commit crimes and not to the misdeeds themselves. Morality is simply the control of instincts, and is responsible for the Freudian conception of repression. Idiots and low-grade imbeciles have less control of their instincts and are more immoral in the widest sense than normal children. On the other hand, the moral tone of high-grade imbeciles and backward children is equal to or even in advance of normal children of their own intellectual mentality. This is a strong argument against the existence of ‘moral imbecility,’ which means innate delinquency with little or no intellectual defect. In progressive degeneration of the nervous system the control of the instincts is lost in the reverse order of its evolution, the last control to come being the first to go. Stoddart considers that the usual misdeeds of the child have an unconscious sexual meaning. The objects stolen or destroyed have a phallic or womb symbolism. In the author’s experience the thefts are invariably related to the castration complex. Destructiveness symbolizes sadistic attacks on the mother. Delinquency may be a psychoneurosis occurring in an intellectually normal child, curable by psychoanalysis. In Stoddart’s experience, psychoneuroses are chiefly found among the educated intellectual classes.

Robert M. Riggall.

Literature and the psychopathic.—N. A. CRAWFORD. *Psychoanalytic Review*, 1923, x, 440.

The author states that two reasons explain the continued interest and charm of legend; it follows taboo and it practically always includes magic. The human race, especially the female members, cling to magical explanations,