eugenics. The rate of mental disease is higher among inferior, stocks than among superior stocks. The general birth-rate in late years has markedly declined, and this decline is believed to have been greatest among the superior stocks. If this trend continues future peoples will become more and more susceptible to mental disease. The factors tending to counteract these influences are increased temperance in alcohol (prohibition in America), the movement to check the spread of syphilis, and a general higher standard of living.

C. S. R.

TREATMENT.


This article is based upon Ferenczi's explanation of suggestibility, which depends on the repressed libido. Coué minimizes the important part played by heterosuggestion in his method. It differs from other suggestive methods inasmuch as the transferred object libido is subordinated in the expression of narcissistic libido. Coué's idea of replacing right thought for wrong imagination is not justifiable unless the 'right' is also the psychophysically healthy. If autosuggestive imagination is acting as a repressive force in the service of the conscious ego-ideal it would tend to increase the ego-dominance. If it is used in the service of the unsatisfied libido, autosuggestion would increase the libido-dominance. Repressive or expressive autosuggestion cannot be recommended when it is used either to promote regression, weaken the reality principle, or to encourage the delusion of omnipotence. Induced autosuggestion can be most safely used for the removal of slight neurotic symptoms occurring in approximately normal persons under exceptionally severe conditions of strain, in cases preserving relics of a bygone conflict, and in unanalysable persons.

Robert M. Riggall.


Apart from the treatment of delinquency the rôle of the physician should be to act in an advisory capacity to the judge or schoolmaster. In considering the individuality of the delinquent, Gordon notes that delinquents cannot be pigeonholed into classes. An offence may be a direct expression of an impulse or the symbolic representation of it, the difference depending on whether the impulse is repressed or not. In dealing with these cases a plea is made for a broader outlook, and the advisory physician, to avoid an unintelligent routine, should have other interests and experiences bearing on the problem. An institute with trained women workers for the treatment of delinquency is advisable. The physician should avoid being dominated by any particular creed and his functions should be guided by the underlying factors in delinquency. It should be recognized that we are all potential delinquents and delinquency is caused by a failure in the control of instinctive tendencies.
This failure may be due to faulty development or to destruction of brain tissue. Abnormal bodily development may influence brain function directly or indirectly, by producing psychic compensations for organ inferiorities. Integration may be impossible because the dispositions are disproportionately present. Other factors are considered, among which may be mentioned phantasy as a cause of truaney, conflict between active and passive or introvert and extrovert tendencies. Lloyd Morgan’s views that certain dispositions combine to form new emergents is commented on, and it is suggested that these aberrant emergents may underlie criminal behaviour. Investigation has shown that it is possible to utilise the impulses connected with delinquency in order to produce desirable behaviour. Creative work should be encouraged, as it is a most important factor in obtaining good results. The unsatisfied craving of the delinquent for intellectual creation leads to phantasy and in its turn to truaney. A painful form of punishment is necessary for those hedonic delinquents whose chief wish is to avoid pain and attain pleasure in a literal sense. The article closes in an optimistic vein and expresses the belief that this group of cases will eventually disappear and that ultimately crime may become a disease to be treated, and disease a crime to be punished.

ROBERT M. RIGGALL.

Contra-indications and indications for psychoanalysis (Les contre-indications et les indications de la psychoanalyse).—CHARLES ODIER. Rev. méd. de la Suisse Romande, 1921, xlv, 83.

A. General contra-indications. Because of the impossibility to bring about any transference of the narcissistic libido it is useless to treat psychoanalytically dementia praecox, paranoia, and schizophrenic states in general. Organic psychoses, involutional melancholia and manic-depressive states come into the same category.

B. Special contra-indications. (1) Simple neurasthenia and the anxiety neurosis, since they have more a physical than a psychical foundation. (2) Traumatic psychoses, though the question is still sub judice. (3) Hypochondria. (4) A certain number of cases which respond badly to psychoanalysis. Though difficult to define, these are cases which at some time have evinced paranoid or schizophrenic trends, and include others which really show formes frustes of cyclothymia. (5) After the age of fifty the chances of cure diminish considerably. (6) A distinct lack of intelligence. (7) Non-cooperation of patient.

C. General indications. As the narcissistic neuroses are contra-indicated, so the transference neuroses—compulsion neurosis, conversion hysteria and anxiety hysteria—are specially indicated.

D. Special indications. (1) There is a large group of socially maladapted individuals who will benefit. Those who suffer from various inhibitions, pathological timidity, stammerers, feelings of inferiority, incapacity, etc. (2) Doubters. (3) In perversions. (4) Sexual troubles, such as impotence, ejaculatio praecox, vaginismus. (5) Childish disharmonies, enuresis, night terrors, etc. (6) Neuroses involving the alimentary tract. (7) Alcoholism and dipsomania.

C. S. R.
[90] Focal infection and mental disease.—Nicholas Kopeloff and George H. Kirby. Amer. Jour. Psychiat., 1923, iii, 149.

In a series of 120 cases showing manic-depressive, dementia praecox, psychoneurotic, and psychopathic personality reactions, the removal of focal infection in fifty-eight cases did not result in a higher percentage of improvement or recoveries than in a comparable group of sixty-two cases in which foci of infection were not removed.

Reviewing the entire group of operated cases showing recovery or improvement, and comparing the original prognoses with the subsequent course, the authors show that in every case that recovered, such a recovery had been forecast before treatment was started; and that no case recovered in which a poor prognosis had been given. A critical study of the methods used by Cotton for establishing focal infection has proved them to be unsatisfactory for teeth, stomach, lower intestine and cervix. It is desirable to eliminate focal infection when adequately demonstrated in psychotic patients in the same way as one would attempt to alleviate any physical disorder in mentally diseased patients. Nevertheless, it has not been shown that focal infection is the etiological factor in the functional psychoses.

C. S. R.


Industrial developments have been accompanied by an increase in the amount of repetition work. The operative now is usually concerned with the repeated production of some part of an article. Some persons enjoy such work because it is free from responsibility and concentrated attention and thought. It is conducive to mental repose, and provides opportunities for mind-wandering or for directing thought upon pleasant subjects. It is supposed by some psychologists that too much of such day-dreaming may give rise to an undesirable form of mental dissociation, but at present there is no evidence to show that industrial conditions are responsible for this. Other workers are prepared to tolerate monotonous conditions because they are sometimes accompanied by higher wages and shorter hours of work, and thereby provide the means and opportunity for activities and pleasures outside the factory. In many cases there appears to be a gradual adaptation to monotonous conditions, which, like noise, come to be regarded as necessary features of industrial life. The onset and effects of monotony are safeguarded and limited to a certain extent by various devices adopted by the operatives. The ill effects of monotony are often reduced or neutralized by occasional conversations with other operatives, and it is often noticeable that the frequency of such conversations increases as work proceeds. Rest pauses are particularly valuable in this respect. Operatives sometimes find that their labour is lightened by song. The presence of a number of operatives in the same room doing the same kind of work is also satisfying because it appeals to the gregarious tendencies in individuals. The monotonous nature of many industrial tasks is accentuated by the dismal character of the surroundings. The absence of interest quickly gives rise to feelings of boredom, and a gradually increasing
amount of effort is necessary for the completion of the task. Working
capacity is greatly reduced, and output continues to fall as work proceeds.
A more general effect of continued monotonous work is the habitual state of
mind it tends to create. It has a dulling effect upon mentality, and tends
to reduce former intelligent persons to the level of automata. It has some-
times been suggested, but seldom demonstrated, that suitable changes in the
form of activity will reduce the degree of monotony associated with continued
repetition work. Up to the present very few attempts have been made to
introduce such changes into repetitive work in industry, but some experiments
on the effects of changes in activity have been carried out. The average
increase in efficiency on varied days was 7·5 per cent. from 10.15 a.m.
to 12.45 p.m., and 11·8 per cent. from 3.45 to 5.30 p.m.

A second means of alleviating the effects of monotony is by the introduc-
tion of rest pauses. The introduction of a rest pause of fifteen minutes in the
middle of the morning and afternoon spells of two and a half hours each was
much appreciated, and caused an increase in output not only after the rest
but also before the pause occurred. Two rest pauses of seven and a half
minutes were not so beneficial as the single pause of fifteen minutes. Other
possibilities of decreasing the effects of monotony consist in the provision
of interests and incentives to activity which are operative while work is being
performed. Interests outside the factory also cast a glow over inside activi-
ties. In this respect social activities and sports provided by the employers
are particularly valuable. Instruction in the mechanical and technical
details connected with the process of manufacture would also tend to arouse
interest in work. An interesting problem for future investigation is the
relation between intelligence and monotony. Many believe that the mono-
tony associated with repetition work is most intense in the case of highly
intelligent individuals. A similar problem is the relation between tempera-
ment and the ability to endure monotonous conditions. The problems
connected with monotony are thus very varied and complex, but the subject
is of immense importance and further investigations are urgently needed.

C. S. R.
TREATMENT

J Neurol Psychopathol 1924 s1-5: 180-183
doi: 10.1136/jnnp.s1-5.18.180

Updated information and services can be found at:
http://jnnp.bmj.com/content/s1-5/18/180.citation

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/