ABSTRACTS

for this group of cases, and he holds that there is an intimate connection between the ‘masculinity complex,’ infantile masturbation of the clitoris, and urethral erotism.

C. W. FORSYTH.


The object of this investigation was to determine the age at which the psychogalvanic reflex is first present, and the effects produced on it by sleep and by hypnotic suggestion.

The author was able to obtain the reflex in all children of over twelve months. At earlier ages it was usually absent; in a few infants towards the end of the first year a response was obtained to visual but not to auditory stimuli. The experiments with sleeping children, which he describes, show that the presence of the reflex has little relation to consciousness. The reflex was always diminished or less easily elicited than it had been in the same child in the waking state, and in deep sleep was sometimes absent. Suppression of the reflex corresponded fairly closely with the depth of sleep and with contraction of the pupil, but showed no close correspondence with the suppression of sensorimotor reflexes. The author interprets these observations as effects of the predominating tonus of the parasympathetic during sleep.

Experiments on children under hypnosis showed that the reflex persisted in spite of all suggestions that the stimulus would not be appreciated.

N. HOBHOUSE.

NEUROSES AND PSYCHONEUROSES.


The essential conception of Mckerrow’s theory of life is that of a relation of equilibrium between the living process and its conditions, analogous to that existing in chemistry. A painful stimulus causes a disturbance of the viable equilibrium, which tendency is described in the following three ‘laws’:

1. Action tends to be repeated in similar circumstances.
2. Unviable activity tends not to be repeated.
3. Activity tends to appear at its proper period.

Mckerrow’s theory of the neuroses is that they are the effects of deviation from the normal standards of viable equilibrium. Hysteria deviates from the normal standard in over-emotionality and neurasthenia in over-fatigability. This is explained, in the case of hysteria, by the organism’s relation to external (emotional) situations, and in that of neurasthenia by the individual’s relation to its inner environment or body. Obsessions depend on the first of Mckerrow’s ‘laws’; they are psychological idiosyncrasies. Repression depends on the second ‘law,’ “The natural man is interested in sexual matters; the conventional man is interested to ignore what interests him as a natural man.” The first ‘law’ stands for the Freudian libido and
the second for the censorship. In referring the physiological neuroses to physiological abnormality in the germ cell, the author is labouring under no materialistic misconception. Life cannot be described in terms of physics and chemistry only. Viable equilibrium varies with the individual according to the environment.

ROBERT M. RIGGALL.


In commenting on the chaotic terminology of medical psychology the author explains his use of terms such as ‘regression,’ ‘narcissism,’ ‘reality’ and ‘pleasure principle.’ He discards the term ‘libido,’ however, in favour of ‘instinct interest.’

It is noteworthy that the idea of death is frequently present in the neurotic mind but absent in the physical illness. The impulse of death in the mind of the melancholic becomes less pronounced when physical disease occurs. Connell maintains that this impulse is due to affective tension denied conative expression and unable to attach itself through regression to imaginative phantasy. The idea of death varies with the intensity of the excitement suspended between the ‘reality’ and ‘pleasure principle’ functions. In discussing the death impulse in melancholia, the author rejects Freud’s theory of projection of hate on to the ego on the grounds that recovery occurs and that such projection does not relieve or comfort the melancholic. He continues to dispute the question of projection in melancholia by comparing this psychosis with paranoia. In melancholia the affect remains unpleasantable and exists as a tension which produces the death impulse. In paranoia the affect invests the self by projection, regression within the delusion occurring to make it one of grandeur. The absence of the suicidal impulse in paranoia is explained by this mechanism of projection.

Psychoneurotics toy with the idea of death, the most serious attempts occurring in the case of anxiety hysteria. The neurotic’s idea of death is equivalent to quiescence and is not dealt with objectively. It is part of the pleasure principle and possesses no reality. Discussing physiological changes due to the activity of the endocrine glands, the author observes that the death ‘tendency’ is absent in Graves’ disease, whereas it is present in anxiety hysteria. The hypothesis that hyperactivity of sex gland secretion acts on the vagus and produces vagotonus, which in turn becomes related to repression and the death tendency, is discussed at some length. In summing up, it is observed that the idea of death is psychologically due to tension from withheld affect, physiologically to alteration in endocrine secretion, and biologically to failure in the functioning of the self-preservative tendency.

ROBERT M. RIGGALL.


The writer begins by making the proviso that the term ‘functional condition’
is still more or less a negative statement, in so far as its broad implication is to the effect that no anatomical lesion has been discovered.

He ventures a twofold division of functional conditions—those that are intimately bound up with the activities of the vegetative nervous system and yet have definite relationship with the mental life as discovered by individual psychology, and those that are purely hysterical in their manifestation.

True bronchial asthma has its clinical and pathological findings—asthma crystals, Kurzchmann spirals, eosinophilia, and pulmonary signs, which permit us to mark it off as a definite entity, and because of this defining line we can discover the hysterical forms by exclusion.

The writer then passes on to discuss how far psychical traumatism can be regarded as causal in the presence or absence of a psychopathic or "nervous constitution."

A case of nervous asthma is given in detail to illustrate the point of view of individual psychology. It describes a young woman of thirty-one who for four years had been the victim of a typical bronchial asthma, which gradually increased in intensity and frequency of attacks. Analysis had revealed her as an excitable woman, ambitious for power and luxury, which her marriage had not satisfied. She rebelled against her enforced household duties, and the asthma appeared fully developed as an angry attack against her fate, her husband, and his family. A mother-in-law, more successful in business than her own husband, comes in for all the hatred. Her father's position enables her to receive the attention of all the celebrated physicians, and behind the barrier of sickness she takes refuge against a world in which she has failed to succeed.

E. Miller.

PSYCHOSES.


Numerous writers have referred to the mental characteristics of patients with this disease. On better acquaintance with them one learns that they are usually depressed and apprehensive, affable like a tuberculous patient, but without hope. Although they do not have pain, they suffer from annoying paresthesiae, rapid fatigue, disturbance of taste, sore mouths, flatulence, diarrhoea, and vague visceral sensations, all of which lead them to think there must be something serious the matter. A psychosis may appear at any time. Various authorities differ as to its prevalence. Of 1,498 patients with pernicious anemia who were seen at the Mayo clinic, about 4 per cent. presented an outspoken psychosis. Barrett says these patients are irritable and suspicious, a state which forms the groundwork for persecutory delusions, and he places the condition among paranoid toxic psychoses. Bonhoeffer regards them as indistinguishable from infection psychoses. Others state that the psychosis may for a time closely resemble dementia praecox, dementia paralytica, or Korsakow's psychosis. Why it is that some develop a psychosis