
This is an interesting sketch of the phantasy life of a Scandinavian child, six years of age, who lived with her mother and an eighteen-year-old step-sister, the child’s father having been divorced. The author observes that an enforced over-occupation with phantasy, together with a strong ego-ideal, caused delay in the onset of the latency period, phantasy becoming the only possible compromise between reality and wishes. The author, who was intimately associated with the child, observed various reactions of love and hate towards herself which clearly illustrated the working of the Oedipus situation. The mechanism of a compulsion to phantastic lying and kleptomania, with their relation to each other, agrees with the observations of others. An interesting drawing is reproduced, showing the child’s phantasy of faecal birth, and some observations are made concerning an attempt to establish relations with a love-object on the basis of her masochistic tendencies and anal-erotism.

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**NEUROSES AND PSYCHONEUROSES.**


Gordon classifies neurotic tremors according to their emotional accompaniment. When this anxiety is slight or lacking he finds a condition of simultaneous hypertonus of antagonistic muscles which often follows the result of a wound or other fear of movement in the limb. The removal of the tremor by relaxation cures the condition. The other group includes those cases accompanied by definite anxiety. This affective reaction is discussed from the physiological standpoint. The researches of Bianchi and Head show that the primitive response to painful stimuli is in the thalamus. Discrimination of reactions such as flight, aggression, etc., depends on cortical function, and is not part of the primary response. Involuntary activities, such as dilated pupils, result from the activity of a series of neurones arranged as a specific engram. The effect of the sympathetic neurone is reinforced by suprarenal secretion, which determines the involuntary activities characteristic of fear. Tremor is a useless subcortical reaction, not under proper control as in a cortical reaction. Having discussed the physiology of tremor in relation to organic nervous disease and toxic conditions, the author notes that in all these cases there is a diminution of cortical control over basal ganglion activity. Successful adaptation to environment and particular aspects of personality depend on the establishment of cortical function at its highest level, the development of neurotic symptoms corresponding to an interference with this function. The factors responsible for these symptoms are a constitutional lack of psychological synthesis and temperamental influences in relation to ductless gland secretion which are predisposing factors in the conflict between pleasure and reality, producing anxiety. Regression of sexual conflict to a narcissistic level means that the thwarting
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of sex feeling becomes a threat to the individual. The nature of the tremor varies according to the level of diminished control. Loss of cortical control produces a fine tremor, whereas coarse tremors are due to loss of striate control. The author suggests that irregularity in the suprarenal secretion is responsible for the inhibition of cortical control with the development of the thalamic-striate short-circuit. The Freudian conflict may be dependent on this excessive secretion. The administration of glandular extracts is bound to be a hit-or-miss process. Treatment aims at a restoration of full cortical control. Rest may be effective in the fatigue tremor of the pure neurasthenic. Re-education in relaxation exercises may suffice for the tremor due to inco-ordinated muscles, and fear of tremor. If endopsychic conflict exists, suggestion, analysis and resynthesis are necessary. Endocrine therapy may be a useful adjuvant in re-establishing cortical function.

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[178] Is dementia a definite clinical entity?—George M. Robertson.
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Kraepelin's definition of dementia praecox is vague, and indeed a diagnosis is seldom, if ever, made from the presence of the phenomena therein set out, viz., a weakening of the functions of feeling, acting and thinking, with, in the end, a disruption of the personality and an unfitness for social life. Great importance is placed on the terminal dementia; Kraepelin only grudgingly admitted that some cases did recover. The large number of subdivisions cast doubt on the unity of the disease on the one hand, but on the other they pass one into the other by insensible gradations, so that their utility is doubtful. The limitations of dementia praecox are also indefinite. It is often difficult to differentiate paraphrenia, some forms of manic-depressive insanity and chronic confusional insanity.

Views on etiology and pathology show the greatest divergence of opinion. Kraepelin himself thought that the disease had some connection with the secretions from the reproductive glands. Toxaemia of organismal origin has also been blamed, and there are those who favour a purely psychogenic origin. Sir Frederick Mott has described definite pathological changes in the reproductive glands, and Alzheimer has described extensive changes in the cerebral cortex.

These observations encourage the idea that dementia praecox is not one disorder, but many. On the other hand, there are good reasons for believing that the different forms of insanity tend to merge one into the other, depending, as their symptoms do, on the total action of many agents in varying combinations.

Whether dementia praecox is a definite entity or not, Kraepelin has rendered service to psychiatry by giving an accurate and minutely detailed description of the symptoms that are associated with unfavourable types of mental disorder. He has assisted materially in arriving at a prognosis. The practice which the author has followed for many years is to give a favourable prognosis in cases of typical manic-depressive insanity, and an unfavourable,