be understood psychologically. Kraepelin, Koertke and Kretschmer recognize
the importance of both endogenous and exogenous factors. Neisser denies
that any continuity exists between natural character and disposition and the
psychosis. Bumke holds that a sharp differentiation must be made between
the functional and the organic psychoses. Even psychoanalysis has fought
shy of the organic psychoses. Yet Bleuler, Stuchlik, Ferenczi and Feldman
all bear witness to the presence of Freudian mechanisms in the organic
psychoses.

In the second part of this paper evidence is brought forward to show
that general paresis can be made intelligible with the aid of psychoanalysis.
Excerpts are given from the ideas expressed by paretic patients. A few of
these chosen at random will be clearly significant to those conversant with
psychoanalytic observations:—

"All men must have intercourse with their parents; that does no harm."
"I have fixed it up that man never dies." "Once my mother hid me in
herself in the form of a cigarette." One patient, whose mother died of
tuberculosis, and who himself had catarrh of an apex, is founding lung
sanatoria for the whole world. Another patient can have coitus twenty times
an hour, and he will beget so many children that the population of Hungary
will rise to 500 millions. One patient said that he alone would have children,
and women will no longer become pregnant. "The Blessed Virgin sends
babies ready-made into the world." A communistic patient founds in his
sickness a communistic world, and a nationally-minded patient restores his
country to its former status.

Paretics, like other psychotic patients, constantly understate their age.
A forty-eight-years-old prison warder insists that he is thirty. He acquired
lues when he was thirty. The shock has left its mark. From the fragments
of remarks of another patient we can infer the strong fears and doubts of a
man still mentally healthy as to whether he, a syphilitic, should have
married. It is often observed that paretics, when they have reached an
advanced age, neither speak of their lues spontaneously, nor wish to know
anything about it. (The article is to be continued in the next issue of the
Psychoanalytic Review.)

D. M.

NEUROSES AND PSYCHONEUROSES.

Jour. Psychiat., 1925, iv, 419.

The writer considers that the term 'psychoneuroses' conveniently groups
together minor behaviour disorders, "which are not on the higher level of
distortions considered under the psychoses." Both physical disabilities and
emotional experiences may affect our behaviour adversely, and readjustment
may, therefore, be secured by medical treatment in the one case, and by
resolution of the conflicting emotions in the other. In the latter types (of
which the author gives examples) it is rather the finding of a reasonable basis
for the patient's morbid fears and impulses than the bringing into conscious-
ness their causation that leads to cure. Simple psychotherapeutic measures
are often sufficient, though a patient investigation of past history may be necessary. The writer tries to show that many psychoanalytic interpretations are not established, and may safely be ignored. 

E. B. G. R.


Operations may play a provocative rôle in an individual predisposed to mental illness by the castration-complex or by narcissistic fixation. In such persons, surgical interference, except to save life, is to be avoided. To illustrate, the author records six cases. The first is that of a man of twenty-eight who had a wart excised from the right hand; analysis revealed that the operation represented the realization of the castration-phantasy. The second case is that of a man of thirty, who, as the result of submitting to a herniectomy, “simply because he did not care to wear a truss,” developed schizophrenic symptoms. A man of twenty-six developed symptoms of mental illness after an operation for deviated septum; the analysis pointed to “a castration-phantasy involving the unconscious image of the father.” The fourth case illustrates the serious consequences that may arise from correction of a deformity of the right hand due to an old fracture; analysis revealed “the typical unconscious striving as found in such cases.” The last two cases represent the distressing outcome of plastic operations on the nose; such patients suffer from narcissistic fixation and “are in danger of a psychosis when their narcissism is injured.”

LEWIS YEALAND.

PSYCHOPATHOLOGY.

[38] Some observations on the types of blood-sugar curve found in different forms of insanity.—K. K. DRURY. Jour. of Ment. Sci., 1925, lxxi, 8.

The object of these investigations has been to find out if carbohydrate metabolism is disordered in the different forms of insanity. In the normal sugar tolerance curve the fasting level lies between 0·09 and 0·11 per cent.; after the ingestion of 50 grm. of glucose the blood sugar rises to about 0·18 per cent., reaching its maximum in from a half to one hour, and returns to, or below, the starting level within two hours.

An endeavour was made to select typical cases from the several forms of insanity, those of doubtful diagnosis being omitted.

The conclusions arrived at are that in a large number of cases of insanity the blood-sugar curve varies greatly from the accepted normal. Whenever we find a rapid fall of the curve to, or near to, the starting level within two hours, we feel confident we are not dealing with a case of confusional insanity (infection-exhaustion-psychosis). The converse, of course, does not hold true. In the confusional cases the injection of insulin has most remarkable effects on the sugar curve and on the behaviour of the patient. There is a marked general improvement, and a noisy, confused, and sleepless patient will become quiet, less confused, and eventually fall asleep. Unfortunately, the insulin injections gradually lose their effect, and the initial promise of a valuable therapeutic agent in this type of case has not been fulfilled.