by similar stimulation of the healthy hands after their prolonged exposure to cold. It should be remembered that the hand of a primary dement is cold, not because of low external temperature, but because of excessive local heat-loss secondary to enlargement of the capillary bed. Were this heat-loss due to a need for heat excretion on the body's part (as in hyperthyroidism), then there would be an accompanying dilatation of arterioles of the skin. The hand is then red, moist and warm instead of cyanotic, moist and cold. There is a capillary dilatation only in the latter, whereas in the former there is accompanying arteriolar dilatation. It is clear that the superficial vessels in dementia præcox respond poorly to external stimuli, and that the capillaries at least do not seem to retain their tone or their capacity for regaining tone after dilatation. It might be suggested that katatonia, by lack of muscular movement, fails to assist the return of blood from the peripheral areas, and would, in time, by mechanical back-pressure, result in a measure of paralysis. Nevertheless severe vascular paralysis occurs with frequency in those who lead a comparatively active life, and even in those who are excited. Dementia præcox is not usually associated with definite subthyroidism, and the circulatory condition cannot be entirely ascribed to a deficiency in that gland, though there may be some dysthyroidism. There is no gross evidence of dyspituitarism in primary dementia, though it is conceivable that there may be some minor derangement of functional activity. In view of the cumulative evidence of involvement of the sympathetic nervous system in dementia præcox, it is suggestive that in this particular vascular manifestation we have further evidence of derangement. The suggestion is that an inefficient development of sympathetic fibres exists in this condition, and that, even though the necessary hormone exists in the blood-stream, yet insufficient tone persists, or, at all events, a tone insufficient to resist mild external stimuli such as are provided by exposure to the average atmospheric conditions in this country. It would be of interest to know whether circulatory changes of this kind exist in warmer climates, and also whether the condition noted is seen in the hands prior to the onset of mental symptoms.

R. S. C.

NEUROSES AND PSYCHONEUROSES.


The writer gives his conclusions as follows:—

1. Anxiety neuroses, phobias, obsessions, compulsions and transference hysterias all have a closely related etiology and most of them have their origin in sexual indiscretions and dissatisfactions.

2. These conditions must be distinguished from hysteria at the one end and neurasthenia at the other end as having been intermediary processes between the two conditions.

3. The symptom-complexes of these conditions are practically the same, with but slight changes in mental reaction, and run the gamut from the physical, through the sensory, to the mental.

4. They must be definitely classified as distinct entities, differing radically
from both hysteria and neurasthenia, although exhibiting symptom-complexes some of which are common to both conditions.

5. The rational method of handling these conditions is in a sense prophylactic rather than curative, and to the author's mind this is the largest and most promising field of mental medicine.

6. The treatment of all these conditions is the same and produces permanent results provided the nucleus-complex is reached (e.g., by psychoanalysis) and the patient continues treatment until dream processes show no longer a sexual content.

E. B. G. R.


Harmful physical and unpleasant psychological situations result in the formation of fear and tendency to withdraw from the distressing environment. A young person repeatedly humiliated will avoid social contacts and grow up timid, but may be re-educated to learn the harmlessness of situations fraught with terror in childhood.

An example is given in the case of a girl student, who suffered from such excessive self-consciousness that she had to leave college and was largely incapacitated from work. The trend of thinking which was responsible arose from a single circumstance in early life. In eight interviews the origin of her fear was traced to a belief that she was fated by heredity to be a pitiable coward, and she was re-educated so that she became able to control her morbid reactions.

E. B. G. R.


Nervous or mental symptoms follow in the wake of the majority of cases of head injury, and vary in intensity. In 80 per cent. there are subjective complaints, mainly headache and vertigo, and in 8 per cent. definite psychoses develop. Manic-depressive psychosis and dementia praecox are most common, but a general paralysis syndrome is also recorded. Alcoholic and syphilitic patients tend to develop the nervous or mental symptoms associated with their respective diseases after head injury has occurred.

These traumatic neuroses are difficult to treat and the etiology of their condition is the subject of controversy. The author reviews the literature on the subject. Lewy considers malingering accentuates rather than accounts for the symptoms. Pearce Bailey came to the conclusion that the war neuroses were motivated. In some cases organic lesions due to fracture of the skull, hemmorhage, etc., following pachymeningitis can be definitely diagnosed, but where no such indications are present writers such as Oppenheim and Wilson think there is molecular dissociation in the brain substance. Mayer considers there is acute stoppage of cerebral activity, not necessarily of organic origin.

The question of compensation is, in the author's opinion, an important etiological factor and imposes grave responsibility on the physician.

E. B. G. R.
Some observations relative to the feeling of reality (Quelques observations relatives au sentiment du réel).—DIVRY. *Jour. de neurol. et de psychiat.*, 1925, ix, 589.

In certain pathological states the feeling of reality is not interpreted by consciousness as the adequate translation of the exterior world; what the subject perceives is distorted for him, or else it is without reality. In other words the patient has lost the sense or, more exactly, the feeling of reality. This trouble is not rarely seen, particularly in psychasthenia, in certain states of neurasthenic depression, and in either simple or premonitory dementia praecox. Often it is episodic, or not brought to the attention in that it is submerged by other multiple troubles.

Six cases are reported in which this feeling of reality was disturbed—one neurasthenic, three psychasthenics, and two constitutional psychopaths, with and without depression.

For the author, the loss of the feeling of reality, as in general the feeling of incompleteness of psychasthenia, should find its explanation in the lowering of psychological tension. By this hypothesis he attempts to explain all psychasthenic phenomena, of which the alteration of the feeling of reality is a part. This conception as formulated by Janet, however, does not meet with the entire agreement of the author and he cites an example in a case: "When I dream, I see the people as they are; I am then in a normal situation."

In a previous publication the author advanced the idea that the question can be solved by the conception of the dissociation of the psychic functions which condition the sensation in particular, and the conception of the ego which conditions consciousness in general. According to this hypothesis, the ego in consciousness is invested perhaps with two functional aspects, which can be qualified as the 'intuitive or practical ego' and the 'intellectual or speculative ego.' The 'intuitive ego' is the dynamic factor of the ego which acts in everyday experiences; it has the character of spontaneity and instinctiveness. By it, above all, we think, feel and act. The author applies this notion of the dual function of the ego to the question of the feeling of reality, which, when lost, results in the functional decline of that part of the ego which has conserved something of instinctiveness in its activity; i.e., the 'intuitive or practical ego.' These patients no longer assimilate reality as one does in a normal state; their psychic dynamism is no longer capable of inserting itself into the outside world.

On the other hand, the intellectual side, the speculative psychic activity of the ego acquires in these states an exaggerated rôle.

A. W. Young.


In cases of general paralysis cholesterol was found in the cerebrospinal fluids in measurable quantities in thirty cases. A trace was present in six cases,