This paper is an attempt to correlate certain psychical phenomena with groups of clinical symptoms and to assess the biological value of functional nervous diseases. An emotional tone indicates the reaction of an organism to its surroundings, emotionalism being characteristic of either harmony or discord. This dual aspect has an important bearing on the genesis of certain clinical states. It is pointed out that an acute difference exists between reproduction and flight when considered from various standpoints. The emotion of tenderness never has a sudden conscious onset and its maximum period is maintained for some time. Fear, on the contrary, has a sudden onset and its maximum intensity is attained immediately and rapidly declines. The mental state of the animal when afraid is one of confusion, but in the case of the tender emotion, one of concentration on a specific object. The emotions are further compared in relation to the re-inducibility of the emotion and the state of the animal in the intervals. The value of emotional control is contrasted. In the case of reproduction this may be harmful, whereas in fear the value is reinforced by control. In considering psychical dissociation the author thinks that a terrifying experience subjected to amnesia is always re-experienced de novo, as far as the empirical ego is concerned. The associated emotionalism eventually disappears unless the initial experience recurs. The degree of amnesia developed varies according to the amount of conscious attention at the time, the confusion of the animal varying with this. If the experience recurs in similar form a similar somatic response will occur. This response will tend to become habitual with progressive lessening of the emotional intensity, becoming of great use to the animal. Should there be no amnesia, the ultimate exhaustion of the emotional tone leads to a de-emotionalised attitude of the animal to the incident. In the case quoted, that of a cat, which when her kittens were removed transferred her affection to the survivor of a previous litter, the emotional tone is connected more with the somatic state of the mother than with the development of the offspring. Psychical dissociation always accompanies an emotional incident unless such an incident is necessarily associated with gross anatomical alterations. Comparing the human with the non-human animal, the author emphasises the ability of man to recall terrifying experiences in pictorial memory and to 'control' his behaviour. In the human species, the fundamental difference is that psychical dissociation is not required for affective experience. It is suggested that defective development of emotional control in man enables psychical dissociation to occur, as in the case of hysteria; this constitutes psychical regression to a non-human type and this dissociation is normal in childhood. Because emotional control is a recent acquisition its development may be irregular. During its development strongly-felt emotion becomes separated...
from conative activity. The author bases his explanation of the 'terror neurosis' on this assumption. The terror neuroses become the converse of the retrograde neuroses; instead of amnesia for terrifying experiences, there is a concentration of control which ultimately breaks down. These 'instinct-distortion' neuroses are considered to be progressive, as distinct from the regressive hysterical neuroses. The 'neurosis of unsatisfied desire' is also included in this progressive group, and these two disabilities serve to illustrate the clinical duality of emotionalism. The term 'dysthymia' is coined for these instinct-distortion neuroses. The two groups are also referred to as 'centrifugal' and 'centripetal.' It is stated that functional pain is always associated with rising blood-pressure, and that the combination of the two postulates the existence of dread. He distinguishes this group from the toxic neuroses, exhibiting symptoms dependent upon the sympathetic nervous system. Emotionalism is divided into two clinical groups, centripetal (emotions concerned with reproduction) and centrifugal (self-preservation). Abnormalities in the sphere of dread are included in the author's memory- or mnemo-neurosis. Having discussed psychopathology under his own clinical headings and terminology he gives an example of a case of agoraphobia genuinely hysterical in its inception. He states that no psychoanalysis could unearth the 'memory' of the initial incident because it was not at the time registered in pictorial memory. He thinks, however, that an approximately accurate conception of the incident might be gained through auto-suggestion. He appears to believe that amnesia depends on non-registration of responsible experiences rather than upon repression. The phobias, according to this view, would depend upon habitual action and not upon an experience registered in pictorial memory which has become dissociated and capable of a recall. He admits that certain cases have been relieved and even cured by psychoanalysis, but thinks that in these cases the disagreeable experience has been registered in pictorial memory and has been so forcibly repressed that its revival is impossible unless the patient is assisted.

R. M. Riggall.


Clinical psychiatry deals with morbid entities which are open to doubt. Even if it can be justified, correlation of the various recognised psychological disorders must be tentative. The majority of descriptive pictures apply only to certain limited phases of the patient's illness. The symptom-complex of most patients changes considerably in the course of their illness. Sometimes the change in the clinical picture represents a further development of the same morbid process. In dementing psychoses generally, the final dementia is a development of the primary psychosis. In some cases, however, we have to suppose the blending of two distinct entities in order to account for the variation in the clinical picture. The question is often not to determine whether a
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They all schizoid state run disorder is often manic-depressive or and may end. We find involutional patient not state, emotional outset. The found to time and in many of these the reaction is due to some organic if the word persists and a instances, and yet exclude the other. The anxiety syndrome is, under certain circumstances, a normal reaction, and it is obvious that the anxiety state is a psychosis if the word is to have any meaning at all. Anxiety is pathological if it appears and persists when the circumstances do not justify it. In some cases this state constitutes the whole of the psychological disturbance and we know that in many of these the reaction is due to some organic disturbance. In other patients we assume that it is the result of biological stress. Only the milder cases, in which the patient is still able to control the outward expression of his emotional state, fall within the limits of the conception of "psychoneurosis." Some anxiety patients lose self-control and develop more severe reactions with secondary delusions and hallucinations. This state should be more truly termed "agitated melancholia." A mild anxiety state may persist for some time and then be followed by a secondary depression. It is also sometimes found to be secondary to other psychotic disturbances. The paraphrenic or involutorial patient not uncommonly undergoes a serious anxiety state at the outset. The compulsion neurosis contains many anxiety-producing factors and may end in a resistive depression or a chronic hallucinatory psychosis. We find hysterical symptoms in the clinical picture of practically any disorder. It seems absurd to attempt to diagnose between hysteria and dementia praecox or manic-depressive psychoses in most adolescent patients. Their behaviour is often manifestly hysterical at the outset, but as the deterioration of the schizoid state gradually progresses, and the alternating phases of the syntonic disorder run their course, the real disorder gradually becomes apparent.

C. S. R.


A series of 21 postencephalitic patients were subjected to memory tests and they all failed to score up to the normal standard. The duration of the illness
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did not seem to influence the result, but the universal slowness of movement and response may have had a good deal of influence. There seemed to be no lack of comprehension in any of the subjects.

R. G. GORDON.


Definite changes in disposition and behaviour result when lethargic encephalitis attacks a child’s developing brain, whereas an attack in an adult tends more to a physical expression of the inflammatory process. The author reports upon trial-and-error efforts undertaken by social agencies to adapt these patients to the rigid and limited provisions of a modern community; discusses the intensive training of a typical case in a young girl whose symptoms were radically improved after a period of ten months’ psychoanalytic re-education in an observation home; gives a partially analysed case, with suggestions for future care that might be undertaken with a more profound analytic interpretation of the patients’ emotional needs; and finally, proposes a plan for organising an observation home for the intensive study and training of a group of cases.

LEWIS YEALLAND.


The special value of the eye in the thought of the people is evidenced by the numerous visual metaphors in use. The eye is thought to be the window of the soul and its ‘expression’ was formerly considered of great importance in the diagnosis of insanity. Mysterious powers are associated with the eye among primitive peoples; it may be the symbol of individual power, divine power or evil influence, and so on.

The existence of the eye-complex in mental disorders is well recognised. The author discusses the views of leading psychoanalysts on the genital symbolism of the eye, and the association of blinding with castration. She has studied the eye motif in 41 patients at the Henry Phipps Psychiatric Clinic; 28 of these were schizophrenic, 5 had depressions, 2 were hysterical, 4 psychasthenic, and 2 had paranoid psychoses. Delusions concerning the eye were mainly of two types: (1) that the eye had changed colour, form or general outward appearance and that this change was apparent to others; (2) belief in change in vision, photophobia or diminished vision. Secondary to these there was in some cases the development of the delusion that the eye transmitted or received evil influence. While the eye-complex was obviously linked with sexual conflict, the author considers it mainly associated with a feeling of guilt in the patient (especially in relation to masturbation and
sexual perversion), and, except in one case, the eye was not obviously a genital symbol. Blindness appeared to be the punishment conceived for guilt (especially guilty looking), and not primarily castration.

The author gives details of the histories of some of the cases and concludes by tracing the eye motif in folk lore, myth and superstition. Though the genital symbolism of the eye, blinding as punishment, and belief in the evil eye are abundantly evidenced, she does not consider the symptoms of psychotic patients form the exact counterpart of these ideas.

E. B. G. R.


The study of the affective states of the hallucinated is of the greatest importance as throwing further light on the relation between the emotional and the physiological. The content of hallucinations is derived from personal memories, but organic states condition affective states, the sympathetic nervous system and endocrine glands in particular being the organic substratum of the emotional life.

The author gives instances of Lilliputian hallucinations which occur usually in alcoholic psychoses. The associated affect of these hallucinations is generally pleasant but it may be terrifying or variable. In every case, however, it is a reflection of the emotional state of the patient.

E. B. G. R.


Lilliputian hallucinations occur in many types of mental disease and have also occasionally been recorded in normal people. They usually take the form of little people, sometimes ordinary individuals and sometimes fairies, elves and gnomes. They are clothed in bright colours and cause a pleasurable sensation to the patient, seldom producing fear. Their actions are frequently reminiscent of the patients' occupation. The writer gives instances of such hallucinations occurring in patients under her care.

In addition to the toxic cause assigned by Leroy, Flournoy suggests that the hallucinations are a regression to the delights of childhood. The author thinks they may also satisfy a tender instinct in the patient or compensate a strong inferiority complex.

E. B. G. R.


The author summarises what is known about mongolism and adds notes of his observations on twenty mongols at the Leavesden Mental Hospital. Having described the clinical features of the condition, he reviews its pathology; nothing has so far been found pathognomonic of it in the ductless glands or central nervous system.
With regard to etiology there is little evidence of nervous and mental breakdown in the family history; tubercle and alcohol are negligible factors, and it is open to doubt whether sexual exhaustion in either parent is of primary significance. The anthropological, endocrine and amniotic theories are not proven. There is no inherent difficulty in accepting the view that syphilis is the primary etiological factor. At the same time the common manifestations of congenital syphilis are absent in the mongol, evidence based on the Wasserman reaction is conflicting and the colloidal gold test inconclusive; so that while mongolism may be a parasyphilitic condition, due to syphilitic infection of the parents or grandparents, syphilis cannot at the present time be considered its exclusive cause.

The author gives numerous bibliographical references in support of his arguments.

E. B. G. R.


Statistical studies show that paresis is more frequent in the coloured than the white race; that the neurological changes are well marked; that there is a difference in the mental picture caused by environment and racial characteristics; that remissions are less often found, and that the course is more rapid than in the white race.

C. S. R.


A study of nine young men suffering from latent or overt homosexuality. Although the mental examination is superficial the paper is suggestive and informative.

R. G. Gordon.


Prior to 1900 there was little attempt to classify functional mental disorders. Kraepelin's groupings showed a great advance in this direction, but Freud's work has opened a new era for psychiatry, not only by supplying a more adequate basis for the classification of functional mental disease, but by shedding light for the first time on the symptoms of insanity and offering a line of treatment for the cure of the psychoneuroses. Freud's classification of psychoneuroses into psychoneuroses proper and actual neuroses is not entirely satisfactory, as there is no dividing line between psychoses and psychoneuroses and most cases show mixed symptoms. The author gives in some detail the history of a 'mixed' case successfully treated by psychoanalysis. He bases his prognosis in any given case on the degree of insight, intensity of transference and ability of the patient to keep in touch with reality.

E. B. G. R.