and abstract concepts savours more of conscious mental systems, he states that Miss McConnel is mistaken in her view that the psychoanalytical interpretation of snake symbolism is ‘repressed sexual desire.’ When the snake occurs in a dream as an unconscious symbol it generally represents the paternal phallus. The New Guinea native’s dream of the snake symbolising ‘a beneficent being’ does not, therefore, surprise the psychoanalyst. It is further pointed out that Miss McConnel is mistaken in attributing to Ernest Jones certain ideas associated with what she calls a ‘conviction of sin complex.’

Robert M. Riggall.

NEUROSES AND PSYCHONEUROSES.

The revision of the problem of the neuroses (Die Revision der Neurosenfrage).—Oswald Bumke. Münch. med. Woch., 1925, 1815.

The author first deals at length with the history of the term neurosis and its changes in meaning: at first used by Cullen, it meant in Romberg’s time any sort of nervous disorder, organic or functional; since Virchow it has gradually narrowed down to those nervous disorders for which no anatomical basis is known, and many of these, such as the Parkinson syndrome and chorea, have only recently been removed from its sphere. The question remains, are there any real psychoneuroses, or will further pathological study find a basis for them all? Attempts at purely physical explanations are unsatisfactory, and mental factors have to be taken into consideration, even if only in their relation to altered bodily functioning. Oppenheim’s views date from a time when brain and mind were held to be identical. The psychological structure of the neuroses seemed to have been made certain by Charcot’s studies in hysteria, when Beard brought forward the syndrome neurasthenia, in which subjective symptoms were combined with objective somatic disorders, responsibility for which could be disclaimed by the patient, so that neurasthenics thought themselves and were counted ‘the salt of the earth.’ The view that this syndrome of oversensitive and fatigable nerves was due to modern conditions and stress of life led to an inclusion within it of all sorts of conditions, notably mild degrees of schizophrenia and manic-depressive states, and to a turning of attention away from constitutional and hereditary factors, and from the study of mental processes and the development of character and personality.

The pendulum has now swung back, and psychopathology has full sway, but the underlying somatic factors have only recently come into their own with the study of constitution; and here there is too much vague talk of endocrines, with little clearer understanding of facts than in the humoral pathology of Hippocrates. We must study mind and body together and their interaction but keep clearly in view what sort of disorders of function we may expect to find. It is doubtful whether we shall ever find a pathological anatomy for the neuroses in the sense that we find it for general paralysis—there is obviously no gross disorder of the brain, such as syphilis, tumour, or softening; the changes are not such as these, as if a child pulled a clock to pieces, but rather
such as result from our altering the length of the pendulum. Chemical or
dynamic changes there undoubtedly are, differing probably in quantity rather
than quality from the normal, but that does not remove the utility of investig-
gating the mental concomitants, any more than does the study of colour
become meaningless because we correlate colours with various wave lengths
of light. When we understand fully the physiological processes connected with
excitement, exhaustion, fear, obsessive thinking and the like, we may have a
fuller understanding of the neuroses, but for the meantime we must deal with
them on their own ground, that of the mind. Let us not talk glibly of endocrine
disorders and metabolic changes until physiological chemistry has set these
studies on a firmer footing. Yet study of constitutional types and their in-
heritance and their relation to mental tendencies is producing valuable material
and we may in time be able to correlate these facts with the incidence of the
neuroses.

The chief result of importance arising out of this necessity for regarding
the neuroses from the mental point of view, is that the borderline between
neurosis and psychosis has become obliterated, and that we must investigate and
treat the dispositions underlying hysteria, paranoia, and manic-depressive
insanity on the same lines, regardless of the certifiability or not of the acute
state; in all this realm of mental disorders of a functional kind we must
abandon the idea of finding concrete disease pictures permanently and as a
matter of principle, and, unlike organic disease, realise that here there is every
gradation between the normal and the pathological. Other sciences, like
botany and zoology, have to be content with selecting individual types out of
an infinite series of manifold variations; types, whether of plants or of tempera-
mants, must of necessity be a sort of abstraction, an arithmetic mean of the
variants, useful for classification and orientation, but we must not try to fit
all cases into rigid categories. In place of disease-unity we now speak of
syndromes, and analyse their structure into inherited and acquired causes,
disposition and mental and physical factors; but this analysis has become
more difficult with increased knowledge; heredity was once thought a simple
passing on of simple entities, whereas its complications are now seen to be
infinite. In the same way the evaluation of acquired factors has become more
complex, and their separation from innate dispositions, physical disorders
may have mental accretions added, morbid concentration on physical mani-
festations, Kretschmer's volitional reinforcement of reflexes, and so on. Even
the actual process involved between thought and action in an ordinary volitional
movement is obscure, still more their alterations in hysteria, for instance.
We need not merely to diagnose a hysterical paralysis, nervous tachycardia,
or innate disposition to abnormal reactions, but to know exactly why in any
given case this particular set of conditions came about. Bumke believes
that no one school has all the truth, yet all may have a little of it—though the
psychoanalysts least of all, for he objects to the idea of the unconscious and
accepts as unconscious only physiological processes.
Summarising, he says: there are no longer any psychoneuroses; they have become absorbed into nervous reactions and constitutions, psychopathies and functional psychoses; the term neurosis has some use, so long as we clearly realise that here, just as in the manic-depressive psychosis, there is often an inextricable mixture of physical and mental disorder. He regards the historical development as one of progress from purely somatic views to those which are preeminently psychological, and this is of practical value from the standpoint of treatment. One main advantage has come from this development, namely the rapprochement between neurology and psychiatry.

M. R. Barkas.


1. There exists, even if it be infrequent, a true traumatic neurosis in Oppenheim's sense, though most authors at present deny this.

2. Neurasthenia is generally speaking an inborn weakness; cerebral neurasthenia arises practically never in healthy people—contrary to general opinion—merely as the result of mental overexertion.

3. Hysteria as a mental disturbance arises through false direction of the will, with accumulation of psychophysical energy in the wrong direction. This is conditioned by the hysterical constitution, for which there are definite bodily signs.

The author compares the question of the neuroses to a Cerberus or hydra-headed monster, whose heads are always being cut off by the sword of dialectics, and always grow again, so with the traumatic neurosis, which, slain by Strümpell, grew again as a war neurosis, again to be cut off by Nonne and Gaupp, and is now recrudescent. He argues that there must be degrees between actual destruction of nerve substance and complete normality, and these intermediate stages may well be at present such as our methods of examination will not detect, yet formed by some sort of injury to the nerve cells which allows them still to function, but in an abnormal way; thus the traumatic neurosis may be considered to cover those cases where injury of an irreparable kind is done to nerve substance, but leaves them still capable of living; a similar but transient state is found in toxic and infective psychoses. The best-known instance is the Friedmann vasomotor symptomcomplex, affecting the cortex and its vessels (traumatic cerebral weakness), and logically similar conditions may affect the medulla and basal ganglia, and play a part in hysteria and hypochondria. Symptoms of such disorders may be expected to be found in the vegetative system. Oppenheim regards a lowered resistance to alcohol to be another, while lowered skin resistance to galvanism and lowered threshold to pain with faradism are others; long-lasting congestion after bending down is yet another; further methods of examination will probably reveal other symptoms. Neurasthenics the author regards as innately inferior,
often of an asthenic habit, liable to feeble connective-tissue formations and visceroptosis; they need a world of days lasting 12 hours, six for sleep; mental overstrain does not produce neurasthenia in normal people, unless sexual excess, sleeplessness, alcohol, etc., are superadded. Similarly, mental exertion does not affect metabolism.

Hysteria is a mental disorder, but of emotion rather than intellect, and still more one of will: he regards most of the war hysterics as suffering from 'dysbulia;' their will being directed wholly or partly consciously into wrong paths; he asks himself with each patient "What does he want?" But such a misdirection of will does not lead in normal people to hysterical symptoms, or at least only under hypnosis. The other requirement is the hysterical constitution. This may be recognised by physical signs; hysterics are never ugly, but usually have well formed features and physical make-up. They have either a rather expressionless face, or an exaggerated and staring look, but never a normal play of facial movement: their hands are shapely but lack expression. He does not consider that they are in any way related to sympathetic or vasotonic cases. Generally there is some degree of bodily infantilism or impaired development, and hereditary factors enter into their constitution.

M. R. BARKAS.


According to the author stammering is due to the employment of the same movements in attempted speech as would ordinarily be concerned in the act of suckling in infancy. Stammerers are therefore 'oral erotics' who have fixated the action of suckling as a result of some psychic trauma at this period of life. The therapeutic application of this hypothesis is not clear. A "phantasy" of a stammerer as to her emotional experiences with a wet nurse is given, but, like all such narratives, when set down in cold print it fails to convey much conviction.

R. G. G.

PSYCHOSES.


The physiology of sweating is briefly discussed as well as the types of sudorific reaction and the factor of sudorific delay with the influences modifying it. From a series of experiments some correlation between the factor of sudorific delay and the mental state has been demonstrated. A routine examination of 77 individuals, consisting of five controls and 72 patients in Parkside Mental Hospital, revealed a wide variation in the factor of sudorific delay. It was made clear that dementia praecox was accompanied by a marked delay in the onset of sudoriferous activity, and that mania showed some increased rapidity