and respiratory curves was in these normal individuals preponderantly regular. Individuals with many galvanic reactions tended to show a low electrical resistance; but low resistance, on the other hand, was not found to be necessarily indicative of a high frequency of responses nor of special emotional characteristics. Variations of the resting current showed no consistent correlation with emotional traits of the individuals experimented on.

C. S. R.

NEUROSES AND PSYCHONEUROSES.


The general grouping of neuroses into hysteria and neurasthenia is felt to be inadequate, and in view of the failure to establish any pathological anatomy of neuroses the problem needs tackling from another standpoint. On the other hand, the tendency to regard 'functional' as equivalent to 'psychogenic' leads us astray into the realm of mysticism. That emotional stress may have physical effects, and produce symptoms, no one can doubt; but proof is lacking that these can produce lasting nervous disease or psychosis.

It is clear that we must regard neuroses not as disease processes, but as pathological reactions of a morbid disposition based on inborn factors. The author believes that such predispositions may be classed in the two groups neuropathy and psychopathy, even though we find mixtures of the two groups of symptoms. From this foundation normal stresses elicit abnormal reactions.

In the neuropathic group he distinguishes four modes of reaction:—

(1) Painful reactions—headache, neuralgias, etc.
(2) Asthenia—lack of energy, fatigability, unrefreshing sleep, irritability, and the general reactions of neurasthenia.
(3) Neurotic organopathies—morbid reactions in internal organs and vasomotor system, nervous indigestion, etc.
(4) Spasmodic reactions—tics, twitchings, contractures, and hysterical fits, and in his view also idiopathic epilepsy.

In the psychopathic group he includes:—

(1) Paranoid reactions—a general tendency to suspicion, periodically increased by stresses.
(2) The hallucinatory reaction—without confusion and with insight except during the actual duration of the hallucination; closely linked with this is the tendency to hallucinate in response to suggestion, including the imagining of a suggested paralysis.
(3) Obsessional ideas and actions—phobias, perversions, drug habits.
(4) Transitory states of depression other than manic-depressive.
(5) Abnormal characters, pathological liars, etc.
He believes that treatment should first aim at lessening or removing the disposition to morbid reaction to stress; he has found that psychotherapy may often remove the present symptom, but increase the morbid disposition. Since the individual cannot adapt himself to all conditions, treatment must consist largely in finding out those conditions in which the least adaptation is required and adapting his environment to his needs. For prevention this should begin in childhood.

M. R. Barkas.

[164] The physico-psycho-galvanic reflex in the neuroses and psychoses.—

The galvanic reflex is an inevitable response, and alone of all such responses which can be studied objectively, it is specific to 'nocuous' stimuli. It thus becomes a most important objective method of investigation into the neuroses. Reaction-times as obtained in word-association tests can be exceedingly misleading as 'complex' indicators, but taken in conjunction with the galvanic reflex, simultaneously obtained, can give valuable information. A study of this reflex suggests that the various neuroses are not definite entities but merely clinical syndromes. Three types of affectivity which cannot be diagnosed clinically with any certainty are found in the neuroses: (a) increased affectivity; (b) diminished affectivity; (c) affectivity, otherwise normal, increased to special complexes. The large majority of hysterics have diminished affectivity, and it is suggested that their symptoms are due to the failure of their diminished emotivity to act as the mainspring of their volition. In anxiety neurotics increased emotivity is usually present, but there are many exceptions to this rule, and in the opinion of the writer these exceptions are very closely allied to, and might well be classed with, the hysterics. The symptoms of these patients with increased emotivity is due to their exaggerated emotional reactions making them attach undue importance to their experiences in accordance with their excessive emotions. The affectivity varies in different cases of dementia praecox, but in his series all hebephrenics showed increased affectivity.

C. S. R.


In this interesting paper the author describes three cases in which alterations of emotional state, motor and intellectual activity, and digestive disturbances appeared to follow changes in cutaneous vascular and secretory mechanisms induced by changes of temperature, to which the patients reacted with abnormal sensitiveness. Full details of the cases are given. In each the initial morbid condition appears to be a spasm of the skin blood-vessels, the skin becoming
cold and pale, the lips blue, sweating greatly diminished, dermographia marked; correction of this by a superheated atmosphere, hot baths, or drugs dilating the skin vessels results in removal of the inability to think, concentrate, and work, as well, in at least one case, of constipation.

He discusses the possible ways in which the physical and mental reactions may be connected: it is uncertain whether the cerebral blood-vessels are affected by the same state of spasm, or whether they undergo compensatory dilatation, or whether the two states occur in vessels of different distribution. He quotes experiments in rabbits showing that cold applied to the skin vessels caused dilatation of those of the pia mater, and quotes various authors who associate cerebral vascular changes of a functional kind with abnormal mental states. Another possibility is that the reduced secretion of sweat causes the retention of toxic substances, and another that circulatory changes in the brain lead to the accumulation of fatigue products.

He discusses the diagnosis of these cases, which come rather into the group of periodic neurasthenia than into that of manic-depressive psychosis; further, certain of the manifestations—apathy, mannerisms, stiffness, and a tendency to progressive emotional loss—resemble dementia praecox, in which too circulatory disturbances are marked.

This view of cyclothymia leads him to certain conclusions as to therapeutic indications, which he intends to publish later.

M. R. Barkas.

PSYCHOSES.


Among all the psychoses whose symptoms may be simulated by epidemic encephalitis, dementia praecox occupies the foremost place; in fact the semiological resemblance between the two diseases is in some cases so striking as to give rise to real difficulty in differential diagnosis. It is suggested that this special resemblance is accounted for by the fact that just as in epidemic encephalitis the virus tends to attack selectively, or at least predominantly, the basal ganglia, so in dementia praecox, at any rate in the katatonic variety, the main incidence of the disease process tends to fall on the same portion of the brain. In dementia praecox in the acute stage there is usually a very considerable fall in the body-weight and later flesh is put on in an extraordinary way. Similar changes occur in general paralysis and in epidemic encephalitis. There are many symptoms which can be referred with a high degree of probability to a disturbance of the hypothalamic sympathetic centres, and it seems likely that these disorders of metabolism are nervous rather than glandular in origin, although the pituitary body may be the mechanism through which the
NEUROSES AND PSYCHONEUROSES

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