
In cases of visceral pain, if the pain is referred it should be abolished on rendering the painful skin area anesthetic: if the pain is essentially visceral no alteration should take place. Working on such a hypothesis, 25 cases were so studied. By means of skin infiltration with novocain the localized pain was entirely relieved but in many a dull unpleasant sensation remained: the latter sensation is considered by the authors to be true 'visceral' pain. Their observations largely confirm the work of Head. In a series of controls when localized pain was obtained by distension of the oesphagus, skin infiltration caused the pain to migrate to segments above or below the original site. As a result of their investigation they conclude that skin infiltration may be of therapeutic value in cases with severe visceral pain.

E. A. C.

**Psychopathology.**

**PSYCHOLOGY.**

The dream imagery of the blind.—ELINOR DEUTSCH. *Psychoanalytic Review*, 1928, xv, 288.

The belief of many people that the blind either do not dream at all or that if they do, their dreams must be very vague and incomplete, is shown here to be erroneous. The majority of people are so accustomed to thinking and forming their mental images almost entirely in terms of vision that they are apt to forget that there are several other sense modalities in terms of which imagery may be built up. The blind not only dream just as vividly as those who see, but are perhaps less cognizant of the lack of vision when asleep than when awake. The conclusions here drawn are from material obtained from children in Blind Schools and from the writer's personal experience. It is shown that the imagery in the dreams is entirely auditory, kinesthetic, static, and tactile. The sense of hearing usually plays the most important part, while the others seem to be of about equal moment. Gustatory and olfactory imagery is negligible.

C. S. R.

The psychological conception of mental disease.—EDWARD A. STRECKER. *Mental Hygiene*, 1928, xii, 343.

The psychological conception of mental disease begins by advancing the hypothesis that the mind operates according to certain laws which are as fixed as the law of physics. From this basic element of the theory, it follows...
that these laws operate alike for the mind that is sick (abnormal) and for the mind that is sound (normal). When, however, we come to try to state the laws that govern the actions of the mind, we are at once beset with difficulty. We are largely concerned with attempts to formulate scientific explanations that will account for the methods by which repressed complexes insure for themselves an appearance in consciousness, determine behaviour in normal individuals, and in those who are mentally sick condition symptoms and types. At best we can say that psychopathology has succeeded in interpreting inconstant psychological terms some part of the behaviour of normal individuals and a few of the symptoms of those who are abnormal. It is very likely that extensive modifications will have to be made, old concepts abandoned, and new ones advanced, before anything approaching scientific accuracy is available. When we try to designate a deeper, more basic and universal factor, we can only surmise. Schools differ in this respect and respectively trace it to sex, the herd instinct, or a sense of inferiority. It is doubtful if we can be absolutely sure that psychological and physiological conceptions are in the last analysis separate entities and opposed to each other.

C. S. R.


A critical survey of 147 papers, most of which report experiments in rating or testing personality traits, made chiefly by American psychologists during the last ten years, tends to discourage the notion that any satisfactory instrument for objective personality has yet been devised. No effort can be indicated which might possibly enable the student of psychiatry to make a precise and accurate description of some aspect of personality that would be more trustworthy than the more or less crude methods of experienced clinical description on which psychiatrists now rely. Personality is much more than a sum totality of its components; a compendium of the individual traits misses the essential element, the ‘integration’ or interrelationship of these factors. The most serious defect is the failure to devise any adequate criterion for estimating the validity of a trait test. Most tests depend upon single or group ratings of the subjects for a criterion of success in measuring what they purport to measure; and these ratings are generally made by people such as friends, teachers, or lay psychologists, who have had no intensive training in personality examination. Few have the opportunity of the psychiatrist to judge all aspects of an individual, and to distinguish what he is from what he seems to be. Psychologists may be familiar with psychiatric viewpoints expressed in books and journals, but they do not grasp their full significance, because they are not clinicians, and do not deal in every day work with the vital problems of human nature. When the viewpoint and the experience of psychiatrists and the methods and zest for scientific precision of psychologists shall be mated, the birth of scientific psychiatry will be imminent.

C. S. R.
PSYCHOPATHOLOGY

[244] **Some central nervous system factors in the make-up of consciousness.**—
Consciousness is a relative term used to describe states of mental clarity. Animals incapable of developing conditioned reflexes or symbols are probably incapable of consciousness. The greater any animal’s capacity to develop symbols, the more nearly conscious are his mental states. The most efficient and workable symbols are the symbols of speech and language; the animal that has command of these is the one that is capable of the greatest consciousness, and for the same reason the one whose more primitive unconscious is more elaborate and replete with potentialities for trouble.

C. S. R.

**NEUROSES AND PSYCHONEUROSES.**

[245] **Studies in Stuttering. IV. Studies of action-currents in stutterers.**—
S. T. ORTON and L. E. TRAVIS. *Arch. of Neurol. and Psychiat.,* 1929, xxi, 61.
Golla was the first to study the action-currents on the two sides of the body during voluntary muscular contraction. He recorded the action-currents in the extensor muscles of each forearm when a left-handed subject was requested to dorsiflex both hands the moment he heard a sound signal, and found a well-marked vibration coming from the extensors of the left forearm before any observable vibration appeared from the right. He further reported that when the subject raised the right hand only, the vibrations nevertheless appeared from the left arm before they did from the right; but that when the left hand was raised, a response did not follow from the right arm, although it was again recorded from the left.

This work suggested to Orton and Travis a method of determining the native handedness or natural physiological bent after the person has been exposed to a variety of chance and determined factors of motor training. It was found that when the currents of muscular action from both forearms are recorded during simultaneous voluntary contractions, they may appear simultaneously in the two arms, but in by far the greater number of trials the action-currents from one arm precede those from the other by a short interval.

In records of right-handed normal speakers, the number of times that the action-currents precede in the right arm far exceeds the precedence in the left, and also far exceeds the incidence of the simultaneous leads. In right-handed stutterers the greatest number of leads is in the left arm, and the number of simultaneous leads is much greater than in normal speakers.

The authors tentatively advance the suggestion that in many stutterers motor facility as determined by training is out of harmony with the physiological leads; and this envisagement fits with the clinical observations of the relationship of stuttering to enforced shifts of handedness in writing in young children.

R. M. S.
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