2 cm. behind the coronal suture and 2 cm. from the mid-line is chosen for a small trephine opening. The dura being incised, a blunt-pointed cannula or sound is then pushed down between the cortex and the dura to the falx, and so to the upper surface of the corpus callosum, which is punctured, and the ventricular system thus tapped. The cannula is moved to and fro in an anteroposterior direction to enlarge the opening and ensure free communication between the ventricular and the subarachnoid spaces; it is then withdrawn and the wound closed. Theile reports one failure and one complete success.

Wilson.


A report on the post-mortem findings in a case of general paralysis treated by an intraventricular injection of arsphenamin (an American substitute for salvarsan). The technique employed is not described. Mental symptoms appeared in December, 1915, and the injection was made in March, 1917. At the time when this mode of treatment was adopted, the patient was characterized as being simple, childish, and dull in speech. He wandered about in an aimless manner, was very irritable, and expansive in his statements. Articulation was defective, and he manifested unsteadiness in his gait. No amelioration of his symptoms followed, and he soon began to soil himself. He died in convulsions on June 28, 1917. The post-mortem appearances were those of a fully-developed case of general paralysis. The lesions in the left side of the brain which received the arsphenamin were more intense than those in the right side.

It is difficult to avoid the conclusion that in this case better clinical results might have been obtained had this form of treatment been adopted at an earlier period. It can hardly be expected that any form of therapy will undo destructive changes which have already occurred. Considerable interest attaches to the observation that the lesions on the left side of the brain which received the injection were more extensive than elsewhere; but it is necessary to bear in mind that in cases in which there have been both marked dysarthria and convulsive attacks, the left hemisphere is invariably more affected than the right.

R. M. S.

Psychopathology.

PSYCHONEUROSES AND PSYCHOSES.


The materialistic dogma gives to psychiatry the general formula that diseases of the mind are diseases of the brain. The medical student becomes subjected exclusively to the influence of this formula, and thus the
psychological factor in medicine is typically under-valued. The physical factor is correspondingly over-valued. The physician is unable to understand the meaning of psychological conflict, and does not recognize sufficiently that the patient is a human being with a human psychology. This lack of psychological training is sometimes compensated later, especially amongst general practitioners, by the human experiences of life and its fundamental emotions. Jung calls attention to the fact that in ordinary medical routine work the psychological history is entirely omitted from the anamnesis, diagnosis, and treatment, whereas it is often of the first importance in the explanation of the fluctuations and relapses in illness. He points out that in asylums the most demented cases are met with, with the greatest degenerative changes, and thus the traits of organic degeneration and destruction are impressed on the student and alienist, and a prejudiced view is natural. "There are mild forms of dementia praecox which far outnumber the worst cases which alone reach the asylum. They come under diagnoses as vague and mistaken as neurasthenia and psychasthenia." The general practitioner does not realize that his neurasthenic case may be a mild form of that dreadful disease, dementia praecox.

Jung believes that the worst katatonic states and the most complete dementias are in many cases products of the lunatic asylum, brought about by the psychological influence of the milieu. "It is a well-known fact that the very worst demented katatones are to be encountered in badly-administered and overcrowded asylums. All the conditions which would reduce a normal individual to psychical misery will have an equally baleful effect on the patient." The fact that dementia-praecox patients react to their environment shows that the disease cannot be purely organic.

In support of the importance of the psychological factor in precipitating a psychosis, he cites the instance of a patient who twice was seized with katatonic excitement. On both occasions the attack began when he visited a certain town. Analysis showed that the patient had had a memorable love adventure there which came to an unhappy end. He avoided returning to the town for several years, but as he had relations there he finally could not refrain from visiting them. In the course of six years he went there twice, and each time almost immediately fell ill owing to the fatal reanimation of his memories, and had to be confined to an asylum for a period. Otherwise he was successful in his work and did not show any noticeable trace of mental derangement.

Jung emphasizes the importance of psychological motives in causing the outbreak and development of dementia praecox. "Cases are common in which, whenever an engagement to marry, or any similar emotional event, is imminent, a renewed attack occurs." He gives several illustrations, in the course of which he lays stress on the important objective point in the diagnosis between hysteria and dementia praecox—that of emotional rapport with the environment, which is deficient in the latter disorder, but exaggerated in hysteria.

Maurice Nicoll.
[88] The classification of psychoses (Der Aufbau der Psychose).—

This is an attempt to review mental disorders from a new standpoint, which shall yield a clearer and truer perspective of their relations and essential structure. It is only preliminary, and admittedly treats problems as simpler than they really are.

The writer postulates two fundamental factors: one 'pathogenetic', concerned with the intrinsic cause, which brings about the incidence of the disease in its wholly specific character, its 'so and not otherwise occurring'; the other 'pathoplastic', which comes into consideration in the development of the disease, and gives it its content, colouring, and definite shape. Under each of these headings lesser moments, which are auxiliary and of a general character, are included. Of these, 'predisposing' influence the pathogenetic, 'preforming' the pathoplastic. 'Provoking' factors, determining the actual onset of a disease, are given a lesser place, but are obviously of importance, since they decide whether a predisposed individual is to suffer or escape. Under these few heads the writer is prepared to set in order the medley of mental diseases. He takes into consideration 'outer moments' (mechanical, toxic, etc.), 'inner somatic' (endocrine disturbances, arteriosclerosis, etc.), 'biological' (constitution, age, sexual phases in women, etc.), as well as 'psychological' (experiences, influence of environment and situation), and he would bring them under the above headings in each case examined, and from their permutations and combinations account for the variety of mental disorders. Thus trauma is 'pathogenetic' for the commotion-psychose, only 'provoking' for an epileptic, for a neurotic only 'predisposing' or—when it colours the symptoms—only 'pathoplastic'. The writer holds that a purely clinical classification is unsatisfactory, since, for example, auditory hallucinations may in one case be due essentially to repression of an aroused complex, in another to ear disease, in a third to constitutional auditory images, and only in a fourth type are they pathogenetically determined by the fundamental nature of the lesion.

Dr. Birnbaum eventually separates out three main groups of mental disorders. The first he calls 'exogenous', since pathogenetically they are related to the outside world or to physical lesions involving the body. Such are the organic dementias, in which a developed and well-knit personality falls to pieces. The second group is 'endogenous', constitutionally conditioned, and fundamentally different. Experience of war psychoses demonstrates the varying degrees of this hereditary element. Something is lacking in the personality; it has never been built up completely. Degenerates come within this group, as also alcoholics, morphinomaniacs, etc. Age plays an important part; witness the hysterical psychoses of puberty, the paranoidal of the prime, and the depressed psychoses of the decline of life. The writer considers the simple dementing types of general paralysis and dementia praecox as the most primitive and typical of each of these groups. The other forms need the invoking of more auxiliary factors, and this complexity is progressive from the exogenous to the endogenous, and reaches its maximum in the third group, the
'psychogenous' psychoses. Here psychical agents are pathogenetic; constitutional factors fall into the background. Present and past experiences, clearly perceived, half-conscious or unconscious presentations; emotional agitations, general human and specific tendencies, habits, wishes, dispositions; events, environment and situation factors; temperament, character, and psychical make-up—all these come into play. The writer considers that future investigation should be directed to determining psychogenetic factors. Only in this way can the place of, for example, involution melancholia be decided. He claims that his way of approaching mental diseases gives a natural place to cases otherwise hard to relate, the varieties from clinical 'types' and individual peculiarities.

H. W. Hills.

[89] Head injuries in relation to the psychoses and psychoneuroses.

The author, who was in charge of the large mental division of the Lord Derby War Hospital, here gives his observations on all the cases of head injury which were admitted, amounting to a hundred during his two years of office. He summarizes his findings as follows: The proportion of head injury cases that subsequently became insane is somewhere about 37.5 per cent, which is not far removed from the ratio of insane to the population in ordinary civil life. The small number of head injuries, therefore, in which mental symptoms have developed, is worthy of notice. The cases of epilepsy (15 per cent) predominate where there has been some gross cranial injury; the period of interval between the trauma and the first fit was about five months in the vast majority of cases. The intervals between successive fits were irregular. Two were cases of status epilepticus. Injuries of the parietal region were almost universally concerned. Amnesia was the predominant symptom in 12 cases; 6 were frontal injuries, and the other 6 were evenly distributed over other areas. No relation seemed to exist between the amnesia and the severity of the injury. There were 8 cases of acute hallucinatory states, and in 4 of these a definite history of sepsis. In 3 cases of mental deficiency the injury had not apparently produced any fresh symptoms, but seemed to have increased the severity of those already existing, and brought about a lower level of intelligence. A history of previous confinement in an asylum was obtained in 4 cases, but in 3 there had been over eleven years' continuous service in the army with a good character, and it seems difficult to see that hereditary predisposition was a factor of great importance. In 14 cases alcohol was an associated factor, but in 8 of these the intemperance had developed since the head injury, and it seems probable that the injury caused a lessening of inhibition. The commonest objective symptoms were a feeling of restlessness and irritability, a lack of confidence, and an inability to concentrate attention. Pain, too, was fairly constant, and usually, but not universally, referred to the site of injury. A more general application of x-ray examination is urged. It is concluded that it is impossible to group the cases in any way which will show any relationship between the mental symptoms and the site of cranial injury. Nevertheless, epilepsy is
most common where there is gross damage to the skull walls, especially in the parietal region. Consequent on cerebral injury there is a low state of mental tension, higher functions are in abeyance, and instinctive tendencies readily gain the upper hand. On analysis the existence of mental conflicts and repressed complexes is evident, speedy relief following psychotherapeutic treatment. It seems that in cases of ‘traumatic psychoses’ with head injury the mental symptoms are referable to psychic rather than physical causes.

C. Stanford Read.


A critical article upon Babinski’s view that hysteria is nothing but the product of suggestion, and that all the classical symptoms, such as paralysis, anesthesia, convulsive seizures, etc., are artificially manufactured by the physician or environment, through the influence of suggestion, and are not original manifestations. The writer points out that this has replaced the original conception of Charcot and his school, and has influenced the English and French neurologists of to-day. Babinski divides the phenomena of hysteria into two groups. In the first are those phenomena which have the common characteristics of being capable of being reproduced experimentally by suggestion. Amongst these are included convulsive attacks, paralysis, contractures, tremors, choreic movements, troubles of phonation, respiration, and sensibility. These phenomena can be made to disappear by the influence of persuasion or by suggestion. In the second group he places those phenomena which are uninfluenced by suggestion. In this group are included dermographism, which he attributes to a disorder of the cutaneous vasomotor reflexes, and also tachycardia, erythema, and hypersecretion of the sweat and other glands. The phenomena of this group can be artificially and experimentally reproduced only indirectly by the intermediary of emotion, which suggestion can excite. Once it is indirectly excited these cease to be under the influence of suggestion, which is incapable of determining their form, intensity, and duration. They are the physiological manifestations of emotion. Babinski would abandon the name of hysteria, and replace it by the term pithiatism, which is derived from two Greek words meaning respectively ‘to persuade’ and ‘curable’. The term thus contains the idea that Babinski has concerning hysteria, which to him is “a pathological state, manifesting itself through troubles which it is possible to reproduce by suggestion with a perfect exactitude, and which are susceptible of disappearing under the influence of contrasuggestion alone”. Prince points out that Babinski, once having defined hysteria as a pathological state, proceeds to give an elaborate and clever exposition of its manifestations, but ignores the primary matter, namely, that it is a pathological state. Like so many French writers when they deal with the neuroses, the intellectualization and the elaboration lead away from the main issue. “Dwelling only on symptoms he fails to grasp the essential problem of hysteria, losing sight of the pathological state and its psychogenesis, which should be the sought-for goal.” Babinski’s
fundamental contention is that in all cases of hysteria suggestion is the causal agency, and that there is no other known agent, including particularly emotion, that can induce the symptoms. Babinski does not understand the conception of mental conflict or of repression.

Prince takes amnesia in its various forms as one of the classical symptoms of hysteria, and discusses it in the light of Babinski's theory. He describes a case of shell-shock, which was regarded as one of insanity, but which he was able to prove to the physician was a case of anterograde amnesia. "Surely," asks Prince, "this was not suggested by the physician, who had already mistaken the character of the symptoms; and are we to suppose that the affected soldier consciously imagined and willed a symptom of so strange a kind?" Prince's arguments cannot be given in full here, but are worth reading. Babinski has set out to prove that emotion itself cannot cause hysterical troubles. He does not understand emotional conflict, leading eventually to dissociations in the psyche, but seeks for an explanation of all hysterical phenomena in suggestion, either self-suggestion or suggestion through the physician.

Maurice Nicoll.


There are two extreme views held with regard to malingering. First is the legal attitude which convicts the person of the offence if it can be shown (a) that the assumption of his symptom procures the end for which he is striving, and (b) that, when taken unawares, the man contradicts his own symptom. The other, which may be called the psychiatrist's attitude, recognizes that, behind the majority of hastily-assumed cases of malingering, there is a real deficiency in the individual's innate mental make-up. Such abnormal mentalities are, it is admitted, extremely difficult to gauge, being much less tangible conditions than physical abnormalities; but this is no reason for completely ignoring their existence.

The author points out that most methods in use for the 'detection' of malingerers do no more than prove that the condition is not an organic disease. The question of how far it may be morbidly psychogenic is not generally considered. The individual hampered with an abnormal personality is sure sooner or later to develop a psychosis. Usually this is regressive in type, the man acting as a child would do under similar circumstances. Such cases should be treated, not by the infliction of heavy punishment, but rather by methods of education devised to supplement the subnormal mental standard which they possess.

W. Johnson.


The author lays stress on the enormous vogue of the psyche in contemporary thought, but pleads that in disease there must be a physical as well as a psychical change. He points out that emotion or suggestion cannot produce symptoms without changes in the neural organization,
and suggests that these changes may also be produced by concussion or toxemia, or as a result of mixed factors. After referring to Carver and Dinsley's paper in *Brain* (June, 1919), he mentions several cases, and quotes one which improved temporarily on thyroid medication, and from this concludes that psychotherapy must necessarily fail in such cases where the endocrine organs are working defectively.

He then goes on to speculate on the somatic location of the psychoneuroses, and concludes that they result from the disorganization and dissociation produced in the complicated relationship of reflex and associated paths by the occurrence of 'sick synapses'. Some synapses are blocked, some are spastic and over-tight in their connections. He concludes that if, as a result of commotion or emotion, such symptoms as hemiplegia or stutter ensue, they are due to subtle changes in the nervous system—cellular swelling, variecity of the dendrites, blocking of synapses, neuroglial movements, or focal injury with diachisis. These changes are not so profound but that a strong effort of will or a counter-suggestion will restore the balance.

The author's conclusions are that the psychoneuroses are organic as well as psychic conditions, and therefore that it would be disastrous if these patients were to pass from the hands of the neurologist to the psychotherapeutic specialist and then to clinical psychologists and pedagogues. The management of these cases calls for the closest observation and the most accurate study of the personality, but also of physical, metabolic, and endocrine defects. It is therefore to trained neurologists, conscious of their responsibilities and familiar with the best technical methods, that the care and the prevention of psychoneuroses belongs.

R. G. Gordon.


The writer remarks that it is a matter of everyday experience in the treatment of adults by analysis to find that their symptoms are directly traceable to long-forgotten and repressed interests, wishes, and impulses which belong to early life and which still possess a dynamic force, although they have become unconscious. He finds wishes in his patient of eight years of age which are identical with those found in the unconscious of the adult. In both child and adult they are important causative factors in the production of symptoms. The patient suffered from a tic involving the facial muscles, the head, right arm, and right leg. This had come on since the age of six. Up to the age of four, though somewhat timid, he was rather unrestrained in the company of elders, but showed no inclination to mingle with other children. At the age of six his parents moved to a neighbourhood where rough boys lived. At this age the symptoms began, the first of which was a cackling or crowing sound emitted on all occasions. This continued for about a year and a half, and was accompanied by the development of growling sounds. With the onset of the latter there were added blepharospasm and facial grimaces, with the tic of the head, right arm, and leg. The patient also showed a very rich fantasy-life.
His fantasies were much concerned with animals, bears, lions, and tigers, and with the question of courage. For example, "The lion is not afraid of me when I aim the gun at him. He just growls and I get scared. When I fall from the tree the lion swallows me, but when I get into his stomach I cut it open and come out and he dies." The writer traces the symptoms of the boy's neurosis to a repressed wish to identify himself with certain animals, so that he might possess their power and strength and thus be able to overcome the difficulties of his environment. The roots of the other components of the neurosis are traced out, but are too voluminous to give here.

The writer goes on to discuss the question of the factor of inheritance in his patient and in neurotics in general. Freud originally stated that the offspring of syphilitic parents are especially prone to psychoneurotic manifestations. The father of the patient under discussion was syphilitic. The author, however, doubts whether Freud would now give so much weight to syphilis in a parent as a causative factor in neurosis in descendants. Neurosis or a neurotic disposition in the parent is a more direct causative factor, but not in the hereditary sense as we are accustomed to use the word heredity. Direct transmission in an environmental sense is important, and has been recently referred to by Janet. There is no doubt whatever that when the father is neurotic, and when he sees the same traits and peculiarities in his son, they form to him a constant source of humiliation, irritation, and anger. In this particular case the father of the patient had been very neurotic, and when he saw the same traits appearing in his child he sought to cure the boy by beating and shaming him out of it. The writer considers that this was a factor in the causation of the neurosis of greater importance than the heredity factor. He observes that we are prone to ascribe to heredity many things that are environmental causes in the production of the neurotic constitution. He has noted with those children in whom fear is a well-developed manifestation in their psychology, that the parents as a rule show a pathological anxiety about life and are unduly irritable. An irritable father or mother is one of the greatest dangers to children, even in the first months of life, as various instinctive reactions are aroused. The primary instincts and the primary emotions are inherited, but the early environment has much to do in deciding the manner of reaction of the individual to these primary emotions and instincts.

Maurice Nicoll.


The author attempts here to prove that there are certain hallucinatory cases which can be grouped together to form a well-defined clinical entity under the above heading. Five cases are given as clinical illustrations. Most of the writer's cases have been women between the ages of thirty and fifty, and a strong hereditary tendency to nervous instability was found. There is no known morbid anatomy, and the condition is best understood if approached from the purely psychical side. After some
mental uneasiness, auditory hallucinations suddenly appear. These are
first recognized as ‘imaginary’, but later insight is lost, and finally delu-
sions are formed to explain them. Hallucinations may involve all the
senses, but auditory are most frequent and visual least so. The voices
convey obscene and blasphemous messages. Insomnia is not prominent,
emotional excitement rare, and depression slight, though in the later stages
violence may be threatened and suicide suggested. The first stage with
insight may last even years. Remissions and exacerbations are seen.
The question of differential diagnosis is discussed, the conditions of chronic
hallucinatory insanity of alcoholic origin, dementia precox, and paranoia
being here of importance. Reference is also made to the Lasègue-Fairet
syndrome, Magnan’s délire chronique, and Kraepelin’s paraphrenia. With
regard to treatment, little faith is placed in drugs. A mental examination
should be made, and psycho-analysis may be necessary.

C. Stanford Read.

[95] Psychical disturbances in tabes (Ueber psychische Störungen bei

Mental symptoms are not infrequently found in cases of tabes which
show none of the accepted signs or symptoms of general paralysis.
Brodniewicz reports three cases in some detail. Tabetic psychoses are of
two sorts: (1) Acute transient disturbances of the nature of a crisis (cf.
visceral crises); and (2) Longer psychoses of a paranoid nature. Under the
first come cases where the phenomena are hallucinatory-delusional, as in a
toxic psychosis; in the second they are commonly hallucinatory-paranoid.
Brodniewicz’s two chronic cases, however, were rather akin, clinically, to
an obsessional type. The author’s conjecture is that the psychoses are
due to acute or gradual impairment of cortical function by toxins or by
the spirochaetes themselves.

Wilson.

PSYCHOLOGY AND PSYCHOPATHOLOGY.

[96] Instinct and the unconscious. Contributions to a symposium.

W. H. R. Rivers uses the term unconscious as “experience which is not
accessible to consciousness except under certain special conditions, and yet
is capable of influencing consciousness and conduct indirectly in various
ways”. He regards instinct as a function of the subcortical centres, and
emphasizes its being subject to the ‘all-or-none’ principle, its other psycho-
logical properties being its crudeness and vagueness of spatial reference and
its immediacy and uncontrolled character of response. He raises the question
whether ‘protopathic’ and ‘epicritic’ might not be more scientific terms
to use in the place of ‘instinct’ and ‘intelligence’, following out Head’s
physiological work. More than the ‘all-or-none’ principle is seen in the
reactions of insects, which show some discrimination and graduation of
response. Hence his thesis is that the early forms of ‘all-or-none’ reaction,
together with the experience associated with them, are incompatible with