

Psychopathology.

PSYCHOLOGY.

[180] **Tests of temperament and personality.**—P. E. VERNON. *Brit. Jour. of Psychol.*, 1929, xx, 97.

TEMPERAMENT and personality are of extreme social, educational and industrial importance, so that it is very necessary to devise satisfactory methods of diagnosing, estimating and measuring them, and of establishing more clearly their psychological nature. The rating method is scarcely practicable, although preferable to the ordinary personal interview. In general, objective tests neglect the complexity of the subjective factors involved; owing to their very objectivity and scientific orthodoxy they are artificial and psychologically unsound. Personality and temperament are organized and integrated wholes which cannot be put into simple quantitative terms; their estimation must be supplemented by direct qualitative observation and intuition. Another approach intermediate between the objective test and the subjective interview, as used by Köhler and Burt, was tried with far more promising results. Various simple performance tests and games were given to a number of subjects under conditions that were as normal as possible. Their remarks and behaviour were observed and many traits emerged. Chief of these were æsthetic and scientific constructive interest, planning capacity, emotional instability and variability, extraversion-introversion, suggestibility and persistence. They appear to agree well with the subject's characteristics in real life, and the method is capable of considerable development, systematization and practical application.

C. S. R.

NEUROSES AND PSYCHONEUROSES.

[181] **A review of visceroptosis and allied abdominal conditions associated with invalidism.**—H. BEDINGFIELD. *Quart. Jour. of Med.*, 1929, xxii, 611; 1929, xxiii, 1.

AFTER reviewing the literature on the subject, in all 641 references, the author reaches the following conclusions:

1. The position of the viscera within the abdomen may vary to a considerable extent and yet be well within the range of normality.

2. There is no necessary relationship between the body build of the individual and the position of the abdominal viscera beyond that imparted by mechanical necessity. That is to say, *ceteris paribus*, the organs will be higher in a short broad abdomen than they will in a long narrow one.

3. There is a considerable range of movement of the hollow viscera which is normal for any given individual, so that their actual position in health may vary from time to time.

4. This variation in position may be brought about by either physiological or psychical factors.

5. The position of the viscera, per se, plays no part in the production of symptoms. It only does so in rare cases when associated with a true abnormality, as for instance an aberrant renal artery.

6. While one or several of the symptoms discussed may appear as transient phenomena in any individual, their persistence is only met with in those of a special constitution.

7. This constitution is not associated with a special body build, but rather with a state of nutrition and state of mind.

8. This state of nutrition betrays itself in the tall thin individual by underweight, and in the short broad individual by overweight. In both it is accompanied by poor muscle tone leading to postural defects. The state of mind reveals itself by abnormal mental reactions.

9. The association of malnutrition, poor muscle tone, and abnormal mental reactivity is characteristic for this group of cases.

10. This association appears to depend on a congenital, possibly inherited inability of the individual to adapt himself satisfactorily to the various strains and stresses of life.

11. One of the failures of adaptation may be lack of resistance to degrees of infection and toxæmia which have no effect on normal individuals. This may account for the failure to discover the 'toxin' present in cases of auto-intoxication.

12. When sensations from malfunctioning viscera rise into consciousness in an individual who is the subject of repressions based upon an inferiority-complex, these tend to be utilized in the form of symptoms to reinforce the repression. The malfunction may originate peripherally from local causes as improper feeding, etc., or centrally from weakening of inhibition produced by fresh mental conflicts.

13. Later, with the establishment of a vicious circle of malfunction-symptoms-malfunction, actual tissue changes may occur in the affected organs, rendering them incapable of a return to normal function.

14. When this occurs there is little chance of restoring the individual to his or her particular standard of health.

15. The treatment of the condition is essentially preventive.

E. A. C.

PSYCHOSES.

[182] **A group of benign chronic psychoses: prolonged manic excitements. With a statistical study of age, duration and frequency in 2,000 manic attacks.**—F. I. WERTHAM. *Amer. Jour. Psychiat.*, 1929, ix, 17.

A HISTORICAL survey of the literature bearing on prolonged manic excitements is given. Fully described cases are scarce and there is little agreement as to