feeling of relative guilt. To ascribe our sins to Adam and heredity relieves us, too, of blame. With much intensity in the inferiority feeling, simply being a superior moral critic is not adequate, and the tendency is to claim redemption from the fallen state of the race and thus approach perfectionism and even oneness with God. That is the impulse which predisposed many towards pantheism. By approaching the ultimate of a morbid shame, there may be made an unconscious identification with a supposed evil aspect of the universe, and with the growth of this inferiority feeling toward satanic proportions there may be an identification with superhuman evil, with the devil. Having thus created for ourselves and within ourselves a morbid evil spirit by means of which we identify ourselves with an infinite evil, so by the same necessity we create for ourselves and within ourselves a compensatory infinite beneficence, thus making ourselves one with God.

C. STANFORD READ.

PSYCHOSES.


Thyroid secretion has long been known to have relation with blood-coagulation time, and Hauptman was the first investigator to show that catatones presented a decidedly shortened coagulation, which he attributed to a diminished function of the thyroid. The author briefly discusses the theory of coagulation, and points out that the blood-platelets play herein an important part. In catatones these platelets are exceedingly increased, and it is presumed that the shortened bleeding-time is due to this fact. In myxœdema and cretinism the same findings exist, but how the blood-platelets increase in these diseases is uncertain. The observations of Kraeplin, Lundborg, and Schmidt point to some etiological relationship between catatonic dementia praecox and hypothyroidism, while haematological and mental study tends to confirm it. With these similarities, can this psychosis be regarded as the result of hypofunction of the thyroid? Some facts oppose this assumption. Bleuler denied the relationship because of the ineffectiveness of thyroid treatment. Berkeley reported recoveries by partial thyroidectomy; and histopathological changes, found by various observers, showed the thyroid gland to be most often normal.

These facts indicate that myxœdema and catatonic dementia praecox cannot be explained simply by the diminished function of the thyroid. Is the disturbance of the thyroid in catatones a dysfunction? To answer this question, the sensitiveness of the gland was tested in twelve cases by Harrower's method. Eight cases showed a normal reaction, one presented a typical figure of hypofunction, and three revealed a hyperfunction. Uyematsu thinks it reasonable to suppose that in catatones we are not dealing with a simple hypofunction, but with a delicate functional disturbance which shows in many respects a similar picture to it. No idea is entertained as to the nature or origin of this, or whether it is secondary to a disturbance of other secretory glands. The fact that no other diseases of the nervous system show so marked a resemblance to thyroid hypo-
function as does the catatonic would probably favour an endocrinial origin. It is thought that thyroid therapy with some other form of treatment will perhaps permit a more favourable prognosis in this form of dementia praecox.

C. Stanford Read.


Very contradictory results have been reported from the administration of such a non-bacterial protein as sodium nucleinate, so that the writer has made a special investigation of the effects of intravenous injection of typhoid vaccine, which has apparently come to be regarded as the agent of choice in general non-specific protein therapy. A series of seven male cases were studied, including well-marked representatives of the four primary types of dementia praecox. The cases were, in addition, so selected as to render possible a survey over patients in three successive stages in the progression of the disease. As a result, no amelioration in psychiatric status was effected, and the general constitutional reaction closely approximated that reported as characteristic of non-psychotic individuals. The only difference was that in the former there seems to have been, additionally, evidence of transient weight-loss, a preliminary leucocytosis period, a late leucopenic period, and a marked persistent reduction in the erythrocyte count, with a tendency for increased fragility change, all of which upon further study may be found typical of non-psychotic cases as well.

C. Stanford Read.


The writer holds that the higher mental qualities of wisdom and moral sense are not innate but are largely dependent upon training. ‘Wisdom’ is defined, and a short sketch is given of how it develops in the race and in the individual. The author’s opinion of the psychological nature and evolution of moral sense is as follows: When primitive man had arrived at the stage of regulating his conduct through wisdom, that is, through the intellectual perception that it was wise to do so, the approbation following such restraint would favour the evolution of his self-respect, and there would gradually be developed a sentiment regarding such acts. Conduct in accordance with the customs of the community would come to be regarded not only as wise but as right; conduct opposed to those customs as not only unwise but wrong. Ideals of conduct would gradually be developed which would not only act as a restraint to primitive instincts, but would possess an actual impelling force of their own. Moral sense is thus based primarily on the desire for approbation, self-esteem, and the tender emotions. Similarly moral sense is developed in the individual. The new-born child has neither wisdom nor moral sense; he has, however, many deeply ingrained impulses to action, and in his early years these tend to be expressed in their original primitive way. In the normal child, as
the result of precept, example, admonition, and punishment, there is first gradually evolved the intellectual perception that misconduct does not pay. At a somewhat later stage the development of moral sense becomes super-added; the child acquires a sentiment of his relationship to society, of social obligation; and later, of still higher moral and social ideas.

Misconduct is probably due to a defect of the qualities wisdom and moral sense. Of these two, defect of wisdom seems the more important. An individual may be intelligent enough to acquire scholastic knowledge, but he may be lacking in any sense of the rightness or the wrongness of his conduct, and he may be incapable of forming a judgement as to their ultimate effects, and unable to co-ordinate his conduct to his ultimate advantage. Such defect is truly mental, and is, in the writer's opinion, the defect meant in the definition of a moral imbecile. Moral imbeciles are innately lacking in the potentiality for the development of the faculties wisdom and the moral sense, and this lack is permanent.

C. W. FORSYTH.

[139] Psychological traits of the Southern negro, with observations as to some of his psychoses.—W. M. BEVIS. Amer. Jour. Psychiat., 1921, i, 69.

(1) The Southern negro has certain psychological traits that are reflected in his psychoses. (2) Motion, rhythm, music, and excitement make up a large part of the life of the race. (3) They are care-free, and sadness and depression have little part in their psychological make-up. (4) Fears and superstitions stand out most prominently. (5) The number of cases of alcoholic psychoses is surprisingly low. (6) Suicide and suicidal tendencies are almost absent in coloured patients, the ratio being about one to three thousand in State hospitals. (7) The incidence of cerebrospinal syphilis and paresis is relatively low. (8) Manic-depressive psychoses have a high percentage. The manic phase is the one nearly always seen. (9) Dementia praecox stands at the head of the list of the psychoses of the coloured, the catatonic form occurring about twice as often as in the white, and the paranoid form coming next in importance. (10) Mechanistic classification of the psychoses of the race show that nearly all are dissociation, compensatory, or repression types.

C. STANFORD READ.

[140] Reaction in dementia praecox to vagotonie and sympathicotonic criteria.—THEOPHILE RAPPHAEL. Amer. Jour. Insan., 1921, lxxvii, 543.

In view of the significance recently accorded to vagotonie and sympathicotonic manifestations in endocrine and nervous-system disorders, it was deemed of interest to study a series of dementia praecox cases from this standpoint. Eleven cases, including simple hebephrenic and catatonic types, were examined. The positive criteria actually selected as most practicable were, in the case of vagotonie, exaggerated reaction to pilocarpine and positive response to the oculocardiac reflex. For sympathicotonia, the criteria chosen were the epinephrin, eserine, and oculocardiac
reactions. It was concluded that no evidence was secured indicative of vagotonic or sympathicotonic reaction in dementia praecox.

C. Stanford Read.


The cases intensively studied comprise 21 of manic-depressive depression, 12 of manic-depressive excitement, and 13 of dementia praecox. Four cases of general paresis were also studied, but these were too few to warrant any conclusions. In all cases the Kent-Rosanoff word-list was used. A study of these fifty pathological cases shows no great preponderance of any one type of association in any of the four psychotic groups, but the differences between psychotic groups are in some cases significant enough to suggest diagnostic usefulness. We might sum up as follows: (a) From the use of fifty-three stimulus words, the presence of eight or more noun-adjective associations is against dementia praecox; (b) A difference of ten or more between the number of contiguities and the number of adjective-noun associations is against dementia praecox; (c) The presence of four or more individual reactions which are also contiguities is in favour of dementia praecox. If the question is simply one of deciding between the two psychoses considered here, (a) and (b) are of course in favour of manic-depressive psychosis. If the subject shows none of the three traits just named, or if he shows one in favour of each of the two psychoses, the method leaves him "undetermined". Otherwise, the method will make a decision in his case. Data accumulated since the completion of this paper tend on the whole to support the validity of criteria (a) and (b), but to cast very serious doubt on criterion (c). The work continues.

C. Stanford Read.

[142] Psycho-analytical observations on tic.—S. Ferenczi. Internat. Jour. of Psycho-analysis, 1921, ii, i.

The writer holds that tics as well as stereotypies have their origin in narcissism. He sees in tics nothing but a stereotypy performed with a lightning rapidity and in an abbreviated way. The fact that a large number of paranoiacs and schizophrenies suffer from tic supports the contention that these psychoses and tic have the same root. In both tic and catatonia there is a tendency to stereotypies, grimacing movements, mannerisms, echolalia, and echopraxia. Further, the motility and affectivity of the tiqueur is governed, not as in the normal by the preconscious, but by undesired and partly unconscious (organ-erotic) instinctive forces, and that to a degree only known to occur in psychoses. The record of cases in Meige and Feindel's book on the tics (in which the subject is not treated from the psycho-analytic view-point) shows that these patients are of a mentally infantile character, narcissistically fixed, from which the healthy part of the personality can with difficulty free itself. They state that tiqueurs are often childlike, they feel themselves young, are given to self-observation, and are unable to govern their emotions. Many other
ABSTRACTS

considerations are put forward which add further weight to the author's views.

In a series of ties or stereotypies, the secondary if not the chief function is to draw attention and feeling from time to time towards particular parts of the body. In some cases tie is the outcome of constitutional narcissism; in others, the 'pathoneurotic ties', it arises as a result of an injury of a part of the body already heavily charged with libido (an erotogenic zone). Ferenczi would add what he calls the 'ego-memory system' to Freud's scheme of the building up of the 'psychical systems'. To this system falls the task of continually registering the subject's own mental processes. It would have a stronger development in a constitutional narcissist than in people of completely developed object-love.

To explain the formation of tie, a conflict inside the ego (between the ego-nucleus and narcissism) and a process analogous to repression must be supposed. The writer traces back the origin of tie to an increase of narcissism in the following manner: "In the case of 'patho-neurotic tie', the injured or stimulated part of the body (or its psychic representative) is charged with excessive interest and libido. The quantity of energy required for this is drawn from the greatest libido reservoir, the genital sexuality, and this must of necessity be accompanied by a decrease of potency in the normal genital sensations. This results in a displacement of not only a certain quantity of energy from below upwards, but also a displacement of quality (innervation-character); hence the 'genitalization' of the parts affected by tie (excitability, tendency to rhythmical rubbing, in many cases definite orgasm). In cases of tie of 'constitutional narcissists' the primacy of the genital zone generally appears to be not quite firmly established, so that even ordinary stimuli or unavoidable disturbances result in a similar displacement."

The hysteretic conversion symptoms are expressions of (genital) object love, clothed in the form of auto-eroticism, while the ties and catatonia are auto-eroticism which has to some extent adopted genital qualities.

C. W. FORSYTH.

PSYCHOPATHOLOGY.


This paper should be read in conjunction with the recent researches of Head. The author accepts the general principles laid down by Hughlings Jackson, and is largely, though not entirely, in agreement with Head's conclusions. Mourgue views the phenomena termed aphasia from a broad standpoint, and finds the fundamental trouble to be a loss of the 'function de découpage et d'opposition de l'intelligence'—discrimination and differentiation. Everything takes place as if the thoughts of the aphasic presented themselves sometimes as an undifferentiated mass, at others as isolated units. In either case all 'opposition' is impossible, and this allows more primitive instinctive reactions to reassert themselves. Intelligence and language are closely associated ('coulés dans le même moule'),