homosexuality than the introvert. As samples of the subjective types in nations, France and the United States are taken as representative of the emotional introvert and subjective extravert respectively. A summary and general dissection of the types conclude this long but highly interesting contribution.

C. STANFORD READ.

[92] Some applications of the inferiority complex to pluralistic behaviour.—LORINE PRUETTE. Psycho-analytic Rev., 1922, ix, 28.

Adler's theory of inferiority with its compensatory strivings in the individual is regarded as important, and the manifold ways in which this affects the social group are pointed out. Primitive religiosity develops in this way through the invention of an all-powerful ally. Man craves completion; he wants to be perfect, and only his gods can make him so. In the religious crowd-phenomena of revivals there is a peculiar claim in offering compensatory prominence to an element usually disregarded in the community. The Christian religion shows a strong appeal to the feeling of inferiority and the accompanying desire for superiority. He who has been of no importance may attain supremacy by way of the martyr's crown, and the inferiority complex has obviously been an important factor in the adoption of foreign religion as in the East. Out of lowered esteem rises the struggle for self-assertion. Hence the presence of moral reformers and those who feel a tremendous responsibility for regulating the morals of the community. Security is sought from inferiority in a supporting network of prohibitions. Man has felt himself so inferior before the great current of sex affectivity that he has desperately sought any form of protection. The marriage vows were underwritten by the inferiority complex, and it is quite possible that this feeling will always prevent men and women from regarding themselves as secure without binding themselves to others and others to themselves. At the back of the labour movement there is a compensatory desperate craving for security, and the radical feminist movements are a protest against the inferiority complex of woman, who has for so many years been regarded as the weaker vessel. In the process of evolution, those animals not developing adequate compensatory characteristics lost out in the struggle for survival, and the new brain which changed the shape of man's forehead may be said to have developed as the compensation for his inferior physique. From this standpoint education must be considered as but the process of discovering suitable compensation for each individual.

C. STANFORD READ.

PSYCHONEUROSES AND PSYCHOSES.

[93] The causes and treatment of juvenile delinquency.—Cyril Burt. Psyche, 1922, iii, 56. (Concluded.)

In the majority of the cases analyzed the motives show mechanisms of the type with which recent psycho-analytic study has familiarized psychologists in mental disorders of a different type—hysteria, the neuroses, and the psychopathology of everyday life.

Burt's analyses agree with those of Healy, and of the few continental
psycho-analysts who have dealt with the problem of delinquency, in emphasizing the importance of repression and sexual complexes. His results, however, give to the nature of the sexual factors at work a far wider interpretation than is usually accorded. He lays greater stress upon the after-effects of the Oedipus complex, particularly of the hate aspects of this complex, which seem far stronger in the delinquent than in the morally normal or the merely neurotic. He considers that the anal complexes play an important part in reinforcing the sadistic or hate aspects, particularly in the case of boys; and in the case of girls lays stress upon step-parent fantasies. In both sexes the auto-erotic and narcissistic components appear to play a large part. The specific instincts may be either permanently fixed or else modified and extended by habit formation. Accompanying pleasure tends to stamp in a tendency to delinquency; pain hammers it out.

Much crime and delinquency is symbolic. The theft of unwanted articles is significant because the articles possess an unconscious and emblematic value. The mental processes involved in symbolic theft are more fantastical than those involved in the symbolisms of everyday life. The clearest examples are those of fetishistic stealing.

The primitive emotions of the child are connected with the sentiments for its parents; later the child evolves similar sentiments for others. In delinquent children the absence of desirable interests is more marked than the presence of undesirable interests. The reforming psychologist should endeavour to harness the child’s pleasurable interests to some external object.

Sentiments of antagonism are occasionally responsible for theft from the object of the child’s enmity. The ambivalence of the sentiments of love and hate is the potent factor in the developing child. Delinquency bears a very important relationship to parental influence, and, in stealing, the child may be unconsciously searching for some parental substitute. Repression of the knowledge of sexual temptation is often a real provocative. This may result in crime or behaviour of an irrelevant nature, resulting in substitutinal delinquency, acting as a counterblast for what the child considers the greater sin. Stealing may thus symbolize a sexual act, and running away flight from an unpleasant problem. The repression of early sexual ideas or actual transactions are thus frequently responsible for the convulsive misconduct which gives temporary respite. Sex conflicts appear to be commoner in better-class homes. Repression of self-assertion is important in younger children, this instinct having been ruthlessly crushed from the child’s earliest days. From this adult suppression an ‘inferiority complex’ may result, and if it should be aggravated by a physical defect or deformity, the victim will frequently make up for it with illicit compensations. These complexes are brought to a critical stage at puberty, and the effects are often most disastrous.

In treatment the one essential is a full investigation upon quasi-psycho-analytical lines. Owing to the parents’ own complexes, remedial methods should accompany a temporary removal from the home.

In summarizing, the author emphasizes the importance of the need
for an intensive study of each individual offender. There is, for juvenile
delinquency, no one cause and no one cure. To flog, or send the child
to an industrial school is an acknowledgement of failure, not a measure
of reform. The author’s view is that a wider and more scientific employ-
ment of the system of probation would largely meet the need. If segrega-
tion be necessary as a last resort, the normal and defective should not be
herded together. Cases should be more finely classified, and institutions
should be specialized for particular types. In these institutions, treatment
should be undertaken as well as punishment bestowed.

Robert M. Riggall

[94] Environment as it influences the development of the juvenile
i, 629.

At the Boston Psychopathic Hospital 58 cases of conduct disorder were
considered; 42 were girls, 16 were boys. The large percentage of girls
is accounted for by the fact that most of them are sex offenders. Of the
42 girls, 12 were up to normal mental intelligence, 2 were above normal
intelligence 1 to 5 years, 25 were below normal intelligence 1 to 5 years.
Of these 42 girls, 25 developed the same delinquencies as were present in
the home; 17 developed different delinquencies from those actually
present in the home, but the neighbourhood easily afforded the stimula-
tion and development of such delinquencies. They received little instruc-
tion or proper bringing up, and were allowed to go out in the neighbourhood
where influences were bad. Many of these 17 had drunkards for parents,
some had to work like slaves and were finally driven from home to search
for freedom, only falling into worse conditions at the hands of some persons
who for the moment appeared kind to them. Of the 16 boys, 13 developed
the same delinquencies, lying, stealing, truancies, etc., while 3 developed
other delinquencies, because of poor supervision and the fact that they
associated with bad gangs in the neighbourhood. Of these boys, 1 is
eight years retarded, 2 are five years retarded, and 1 is four years re-
tarded. The various types are illustrated by brief case histories.

C. S. R.

[95] Conversion epilepsy.—Edward H. Reede. Psycho-analytic Rev.,
1922, ix, 28.

The author herein describes a convulsive condition which resembled idio-
pathic epilepsy, so that for fifteen years it had been treated on orthodox
lines without success, but which he relieved by analytic procedure in the
course of six months. Freedom from convulsion during a succeeding
two years resulted, with insight into the mechanisms involved, and more
or less future normal adjustment. The fundamental fact in epilepsy is a
defect in consciousness. Such unconsciousness is a very successful flight
from reality which demonstrates a serious lack of capacity for adapta-
tion. The particular reason in each individual case is exquisitely personal.
Reality is fled from because it is pain-producing.

The patient, a woman, age 38, had at the age of 7 a period of
great emotional stress with conduct of the anxiety type, and at 13 evinced
petit mal and minor convulsions, culminating in typical grand mal at 16. The repressed emotion was the result of that form of fear reaction of the organism known as shame, and the primary determinative instinct was the pleasure motive of infantile sexual desire. There was never any evidence that the convulsion served as the surrogate for sex satisfaction, but seemed a symbol of shame. The first psychic trauma discovered was a heterosexual act at the age of 7, which, owing to the excessive anxiety of the mother, and the father’s sternness in reproof, initiated the reaction of shame with its natural ambivalency. Night terrors appeared, with profound shame on awakening. She was found indulging in some homosexual play at the age of 9, when she was told she “was worse than a dog”, and severely chastised by her father. A phobia of mad dogs later developed, and she became a very timid, shrinking, sensitive child, with a tendency to religiosity. Evil thoughts were rated as sins and added to her repressions. When 12 years old, without knowledge of its meaning, she used the word ‘hermaphrodite’ in her mother’s presence, and the disgrace she met with seems to have motivated some spasm of the lips and vocal cords, which appeared at 13 as the first minor convulsion when called on to recite at school. Menstruation appeared at this time, and became linked up with the previous mental conflicts. The spasms seem to have been avertive muscular efforts to conceal shame. Six months later she had a spasm of the arms, and after a gynaecological examination because of dysmenorrhea at the age of 16, the determining moment arrived for the flight from reality, when a complete general convulsion with loss of consciousness took place. This unconscious action pattern is perceived by consciousness as the symbolic convicition of despair.

Therapy consisted, firstly, in helping consciousness to wear the cross of shame with stoutness of heart in the midst of things as they are; secondly, in extending consciousness to the horizon of the shameful childhood memories; thirdly, in the patient understanding the disguised symbols of the childhood dramas as they existed later; and, fourthly, in extending the conscious control of the future.

C. STANFORD READ.


The authors are naturally convinced that epilepsy is by no means entitled to the classification of a disease entity, and note that the syndrome which goes to make up the condition is neither constant nor characteristic. They have noted that the so-called epileptic personality is frequently not present and is often found associated with other deteriorating diseases. Nor is epileptic dementia always a sequel to convulsive disorders, which are frequently found to have as the etiological factor some experience to which excess of emotion is attached. In 117 cases a study was made of the parents and of the offspring, from which the following conclusions were reached:

1. Epilepsy as a disease is not transmitted directly from parent to offspring, but rather is it an unstable nervous system that is inherited.
The manifestations of this instability may be mental deficiency of all
degrees, insanity of various types, neurological or psychopathic disorders,
or convulsions from various exciting causes.

2. These mental and nervous disorders are less frequently found in
the offspring of the so-called epileptic than hitherto believed, and the
future of the offspring of epileptic parents is not as hopeless as recorded.

3. Maternal defects are more frequently manifested in the offspring
than are the paternal defects, and when present are more likely to appear
at an earlier age.

4. In only a few cases 'pure cultures of epilepsy' were dealt with.
In most cases contamination was brought about by some defect in the
other partner, such as feeblemindedness, insanity, alcohol, and syphilis.

5. Convulsive disorders were more frequently found in the offspring
of the organic group as compared with the idiopathic group.

6. There is a necessity for research relative to the transmissibility of
genetic effects in both epilepsy and psychiatry. The dogmatism regarding
this aspect of mental diseases has not been justified.

C. S. R.

[97] Emotional and illegal acts in connection with schizophrenia.—

From his medico-legal experience the author thinks that certain types of
emotional states in the non-insane can be most easily explained by postu-
lating a disturbance of hormone equilibrium, and suggests that the affec-
tive imbalance shown in schizophrenia may be due to the same factor.
The outstanding symptoms of the stressful emotional conditions in which
illegal acts may be committed (a case of murder being quoted at some
length) are: (1) A more or less retrograde amnesia associated with loss of
restraint and realization of consequences; (2) An imperviousness to external
stimuli; (3) Each emotional state of this type results in a constantly
increasing case, and violence of further reactions (summation of stimuli);
(4) Excessive physical exertion is shown without apparent fatigue; (5)
Mental and physical exhaustion following such states.

In schizophrenic cases attention is drawn to the indifference to
emotional stimuli; the lack of unity and sluggishness in the expression
of emotional reactions and their changeableness without adequate external
cause; the lack of regularity in the appearance of emotional reactions and
their distortion and ambivalency. When these schizophrenic findings are
compared with the non-schizophrenic emotional states (presumed to be
due to disturbed endocrine balance), we see that in both types of cases
there is some definite disorganization in the whole system of emotional
reactions; but in the former the hormone disturbance is more or less per-
manent and involves deterioration. In both types of cases also the most
fundamental traits of personality are attacked. In schizophrenia, how-
ever, there is postulated as well some organic destructive changes, some
actual atrophy in one or more of the endocrine entities. To confirm the
conception of the genesis of schizophrenia from the standpoint of a poly-
glandular disorder, additional suggestive facts are summarized—loss of
weight in such cases; disturbances in their involuntary nervous system; abnormal pharmacological reactions (atropine, pilocarpine, adrenalin); retarded coagulation of the blood; and the Abderhalden test, though of doubtful value. Though the writer is not seemingly dubious concerning his theory, he confesses that it has not helped in the treatment of schizophrenia to any noticeable extent.

C. S. R.

[98] Constructive formulations of schizophrenia.—Adolf Meyer.


Among the conditions that are suggestively covered by the term schizophrenic reactions there are enough instances of recovery to make it desirable to avoid the term 'dementia praecox'. In the author's country psychiatrists have been tending to let classification adapt itself to the facts, instead of the reverse. We see recoverable manie-depressive attacks, and others in whom the condition becomes chronic with a definite dementia-praecox picture, clearly suggesting transition forms. Better observation might have led to anticipation of what happened. Mental disorders cannot profitably be studied with an excessive emphasis on a prognostic classification according to outcome. The principle through which deterioration is produced is still uncertain, and not even the histological side is safe. The best facts are the data of observation and mentation, and we must work from the start with the dynamic as well as with the descriptive data. It should not be so much a question, Is the case one of dementia praecox or manie-depressive insanity? as, What are the reaction groups and the factors at work? What is the group tendency of the reactions and the individual prognosis?

Meyer, speaking in terms of ergasia or behaviour, determines first the existence of anergastic or dysergastic disorders: amnesic disorders and defects states constituting the anergastic (organic) data standing for a lasting structural deficit, and the delirious-toxic reaction type illustrating the usual transitory dysergastic changes. The more clearly functional disorders are reviewed from the angle of mere part-disorders (dysnomic hysterical reactions, obsessions, anxiety states, hypochondriasis), and the more sweeping disorders, looking first for the affective involvement and the content disorders without or with evidence of substitutive reactions, symbolizations, dissociations, and distortions. The compatibility of the affect with the content disorder is important. The closer we come towards autistic thinking, projection, and the more or less leading hallucinations without adequate excuse by affect or without dysergastic (i.e. delirium-like, usually toxic) disorder of the sensorium, the more likely do we deal with schizophrenic reaction. The greater the incongruity of affect and content and the consequent distortion, the more ominous the condition. The making of a prognosis depends upon the formulation of all the factors at work, the reactions present, and the response to one's efforts at readjustment. The prognostic issues in schizophrenia depend undoubtedly on the severity and aggressiveness of the incongruous tendencies and on the aptitude of the balancing resources to assert themselves inwardly and outwardly, and on the seriousness of any metabolic deficit. The more we deal
with a serious endogenous involvement of the metabolic and visceral functions and oddities of the psychobiological processes, the more profound is the process likely to be.

Meyer would like to abandon the prognostic factor as a nosological criterion, to replace the term ‘manic-depressive’ psychosis by affective reaction group, and replace the term dementia precoex by schizophrenia for the full-fledged forms, besides recognizing transition forms.

C. STANFORD READ.

[99] Reversible schizophrenia. A study of the implications of delirium schizophrenoides and other post-influenzal syndromes.

Ignorance of the real nature of delirium is pointed out, but it has many points of contrast with dementia precoex. French psychiatrists have drawn attention to an infective toxæmic etiology of schizophrenia, but there has been a tendency to call certain syndromes, which really are schizophrenic in nature, amentia, confusional insanity, acute hallucinatory confusion, etc. Menninger thinks he is justified in recognizing three types of dementia precoex based on the prognosis—one with ultimate and irrevocable dementia; another with attacks which are often recovered from, but which recur sooner or later; and a third, ending apparently in a complete and permanent recovery. The usual differentiation into hebephrenic, catatonic, and paranoid is regarded as useless, and the process known as reversibility is of much more pragmatic import. Cases of psychoses associated with influenza are advantageous in the study of schizophrenia with particular regard to its reversibility and its relation to delirium, as influenza can apparently in some mysterious way so affect the brain that a transient or permanent syndrome of dementia precoex may unmistakably appear. A simple delirium may come on with the somatic illness or directly after it. This may persist and develop more and more into the picture of a chronic dementia precoex with its usual poor prognosis (schizophrenia deliriiosa), or a psychosis may arise in close association with the illness, so coloured by schizophrenic reactions that a pessimistic prognosis is given which is belied by its eventual disappearance (delirium schizophrenoides). It is maintained that these two forms are not essentially different, and that between the mildest attack of simple delirium and the most profound dementia of late schizophrenia there is a progressive gradation, not in the intensity of schizophrenic symptoms present (as these are variable products of little prognostic significance), but in the degree of reversibility (i.e., the potentiality for recovery). Dementia is viewed by this author as at least in most instances a somato-psychosis, as the psychic manifestations of an encephalitis. The benign or malignant character of this encephalitis perhaps determines the degree of reversibility of the mental disease. Diagnosis is chiefly useful for prognosis. Prognosis depends on reversibility. It remains, then, to determine the conditions of reversibility. Cases illustrating the above points are given.

C. STANFORD READ.