

infantile memories, repression being commonly a very beneficial mechanism. In many cases revival of repressed memories may be actually hurtful. Many conscious, or at least preconscious, mental processes that have never been held in the focus of attention at the same time, that have been looked at from an unhelpful angle and have therefore been troublesome, can be readjusted and made unhelpful. The writer maintains that these, and not unconscious thoughts, are the commonly important factors in psychotherapy. The method of free association is a useful one for getting present troubles talked about and their readjustment effected. By no word or hint, however, should a single suggestion be given by the analyst.

The author holds, then, that much that passes for repressed material never was repressed, but was either merely out of the focus of attention, or put into the patient's mind by the analyst. The great stress laid on the unconscious has tended to do harm in two directions: (1) In making people conscious of many images which they would be better without; (2) In causing many things to be overlooked which might effect a cure.

C. W. FORSYTH.

[137] **A personal experience of the night journey under the sea.**—  
JOAN CORRIE. *Brit. Jour. Psychol. (Med. Sect.)*, 1922, ii, 303.

THE author sketches for us, by means of fragmentary analysis of her dreams during a certain period of mental stress, how she passed through experiences similar to those which are embodied in the myths and religious conception of primitive man. This she explains on the recapitulation hypothesis, assuming that as we progress through infancy and childhood to adult life we recapitulate the mental development of the race. It is claimed that during a 'psychological analysis' a person in the same way lives through ancestral experiences until he is, as it were, reborn. As in so many initiation ceremonies, a mimic death of the past and a rebirth into a new future form a conspicuous part of the ritual, so in dreams does our old man die to rise again as a regenerate hero. The libido sinks into the matrix, as the sun into the sea, only that it may return with renewed power on the morrow. Dr. Corrie, in relating and interpreting her own experiences, follows closely the symbolism and line of thought developed by Jung in his *Psychology of the Unconscious*. One gathers from the text that the experience was actually passed through while the author was undergoing psychological analysis with Dr. Jung.

ALFRED CARVER.

### PSYCHOPATHOLOGY.

[138] **Study of a phobia.**—S. E. HOOPER. *Brit. Jour. Psychol. (Med. Sect.)*, 1922, ii, 292.

HOOPER reports the analysis of a phobia for storms. Incidentally the description of the fear gives a vivid impression of the distressed state of mind experienced by the subject of such a phobia. Hooper in his analysis traces the constituents of the phobia, showing how fear for sudden and terrible attributes of the storm represented the terrifying aspects of sex as the latter had been presented to the patient in her life history.

He does not, however, consider that the analysis supports the Freudian theory, for he did not find that there was any sensuous gratification in infancy. The pleasure of a game of naked savages in which the patient and her brother used to indulge is ascribed to the delight of getting away from the restriction of clothing. Shame was only aroused because later, when the brother said that the game must be played in secret, the patient concluded that it was wrong. Again, the idea that there was any incestuous attachment to the admittedly dearly loved brother is repudiated, apparently because this was not of the full-blooded adult type. Hooper therefore states that "it seems difficult to bring this case under the category of repressed infantile sexuality", and thinks that "we must try to proffer some other explanation". In his opinion it was the great emotional disturbance engendered by an unfortunate love affair, as well as the childhood experiences, that were responsible for the phobia.

It is difficult to see how this is another explanation, but let us give the author's conclusions in his own words: "The factors in the phobia are (a) A hidden system of fear of the vague unrealized elements in the sex life which had originated in childhood and had become consolidated in adolescence; (b) A body of emotion left as a legacy from the subject's love episode; (c) The process known as transference of feeling or displacement. Cure was effected when the patient came to recognize that the storm symbolized sex passion in general. Presumably her resistance was resolved completely, for the recognition brought "an exquisite sense of freedom".

ALFRED CARVER.

[139] **A preliminary study of the precipitating situation in two hundred cases of mental disease.**—EDWARD A. STRECKER.  
*Amer. Jour. Psychiat.*, 1922, i, 503.

HEREIN a comparison is attempted between 100 cases of manic-depressive psychosis and 100 cases of dementia præcox from the standpoint of the significance of the precipitating situations and as to whether the organic or psychogenic aspects were more emphatic. An effort is also made to find how often and how clearly pre-psychotic emotional feelings were carried into the actual mental attack. The cases were unselected and were consecutive admissions. The tentative conclusions reached were:—

1. An important precipitating situation occurred in 25 per cent, influenza, overwork, exhaustion, the climacteric, and complicated childbirth being the most frequent somatic factors, and cruelty, poverty, illness or death of relatives, and unhappy love-affairs the commonest psychic problems.

2. Important exciting factors were 12 per cent more frequent in manic-depressive psychosis, and the absence of favouring circumstances was six times more frequent in schizophrenia.

3. The proportion of somatic and psychic factors was practically the same for manic-depressive and dementia præcox.

4. An extension of the pre-psychotic emotional tone into the psychosis was noted in 62.5 per cent of the manic-depressives where the situations were significant, but only in 21.6 per cent of the doubtful precipitants.

Among the schizophrenics the proportion was 30 per cent with important exciting factors.

5. Especially in manic-depressive insanity there was a tendency for adequate precipitating situations to be of longer duration than inadequate ones.

6. In manic-depressive psychosis, when the initial attack had serious exciting factors, later attacks were apt to show the same type of apparent causation.

7. The proportion of normal heredity was much higher in both forms of mental disease when serious precipitating circumstances were considered.

8. An abnormal personality occurred with greater frequency in those whose illness came on without adequate exciting factors. The percentage difference was 13 per cent for manic-depressive and 24 per cent for schizophrenia.

C. S. R.

[140] **Depressions: their causes and treatment.**—WILHELM STEKEL.  
*Psyche and Eros*, 1922, iii, 65.

SUFFERERS from neurotic depression have a secret consciousness of guilt, the deeper motive of which only analysis can show. Wishes for the death of beloved kindred frequently occur, and one of the chief causes of depression is the termination of a secret incestuous hope. Mothers become ill when their children get married; fathers likewise. In melancholia all the 'disposition to love' is transformed into a 'disposition to hate'. The patient can only hate, and he hates himself. Depression is a neurosis of hate which begins with a disturbance in the love relationship. There is as a nucleus an unfulfilled wish (usually unconscious) which involves the bankruptcy of phantasies and the triumph of reality. The patient's whole affectivity is transformed into hatred, and finally he has only one object of interest—his own ego and his unhappiness. If through a period of indifference he can love again, he is cured. The self-reproaches are justified and the malady is a self-imposed punishment. Suicide is the penalty for having desired someone's death. The whole clinical picture shows a masochistic tendency. From self-torture a secret delight is derived, and men in this malady given an impression of femininity. Depressions begin with an augmentation of the homosexual component; probably owing to a disappointing heterosexuality, and from the hate and sadism engendered by hatred of the opposite sex many may resort to narcotics as a refuge. Periodic depressions Stekel regards as due to periodic alternation between homo- and heterosexuality. In depressive states, if the sexual impulse is not wholly quenched, there is a tendency to change the love-object, which is a spasmodic attempt at cure, that is, to get back to heterosexuality. Don Juans, nymphomaniacs, and satyriasts are really latent homosexuals. In treatment, hormones have proved wholly ineffective, but psychotherapy gives excellent results through positive transference if skill is used. In some cases psycho-analysis leads to quick results. Narcotic medication for insomnia is warned against, as sleeplessness is regarded as a protective measure against the pathological complexes.

Hydrotherapy is an invaluable adjunct, and patients should be persuaded to work to the best of their ability. Suicide does not occur during psychoanalytic treatment, for as long as the physician is clung to no threat is carried out. Treatment, however, is usually difficult, strenuous, fatiguing, and time-consuming.

C. S. R.

[141] **An experimental study of the mechanism of hallucinations.**—  
MORTON PRINCE. *Brit. Jour. Psychol. (Med. Sect.)*, 1922, ii, 165.

MORTON PRINCE has made a study of the mechanism involved in hallucination by means of tapping the 'subconscious' by automatic writing. For this purpose he obtained the co-operation of a patient whom he had previously treated for double personality. The subject was given a theme, provided with pencil and paper, and her head was covered so that she could not see the script. When during the writing an hallucination developed, the subject indicated the moment of its appearance by exclaiming 'picture', whereupon a mark was made upon the script. Likewise the moment the hallucination disappeared a second mark was made. Thus the words written during an hallucination could be identified and the two subsequently compared. In some cases as soon as the hallucination appeared, the subject was required to describe it orally while she continued with the automatic writing. After the experiment, the script and the record of the hallucination were arranged in parallel columns for comparison. Finally the method of 'subconscious introspection' was used to elicit further evidence as to the subconscious processes which were occurring during the writing of the script and the hallucination. By these means it was found that: (1) A short interval elapses after the script begins to describe an incident before an image (hallucination) develops. (2) The image which then appears in consciousness corresponds to the unconscious thought. (3) The images resemble those of ordinary conscious thought, although they may be more vivid and richer in detail. (4) The image is richer in detail than the description given in the script. (5) Continuity between succeeding images, which appear—as in a dream—to be without apparent relation to one another is found in the subconsciously written script.

'Subconscious introspection' further proved that the hallucination was secondary to and a product of the script-producing activities, not vice versa. Similar experiments were carried out with auditory hallucinations.

Morton Prince draws the following conclusions: hallucinations are the emergence into awareness of imagery belonging to subconscious thought. When hallucinations of this type occur in pathological psychoses they are indications of the activity of a dissociated subconscious process as a factor in the psychosis.

Thus the psychological problem of differentiating between normal imagery and hallucinations disappears, in that the mechanism of their production is identical. So-called hallucinations are only the normal imagery of dissociated subconscious thoughts.

ALFRED CARVER.

[142] **Fantasies of childhood and adolescence as a source of delusions.**

—EDWARD MAPOTHER and J. E. MARTIN. *Jour. of Ment. Sci.*, 1922, lxxviii, 33.

In this paper the authors describe in detail a very interesting case of early psychotic derangement in which the mental content was mainly a morbid reaction to an earlier fantasy and in which the mechanism was unusually clear. Briefly, the patient presented the clinical manifestations associated with the dementia-præcox type, with, however, a tuberculous infection of the abdominal region from which she eventually died. On a background of a confusional, apathetic, stuporose attitude, the patient exhibited three distinct varieties of conduct: first, the performance of isolated impulsive acts and the making of disjointed remarks; secondly, there were outbursts of weeping with apprehension without any apparent cause; and, thirdly, there were phases of joyous and defiant excitement in which the patient was destructive, uncontrollable, and in which she poured out streams of obscene talk.

It was assumed that these phases were the outcome of the more or less well-recognized methods adopted in the presence of a cause for remorse so that the emotion engendered may find expression, i.e., the weeping phase was the direct reaction by grief, the excitement was the attempt to forget by over-compensation, and the disjointed actions and remarks were symbolic expressions of the same feelings. Later in the history of the case, the patient suddenly became confidential, no longer responded by the above-mentioned reactions, but poured out a coherent and circumstantial account of her life-history, involving continued incestuous experiences with her brother. This account was perfectly plausible, and formed an adequate basis for the explanation of the morbid symptoms; the experiences were therefore accepted as real, and it was with astonishment that the authors, on seeking corroboration from other members of the girl's family, found that the facts of the circumstances of the patient's life were in strong contradiction to her story. It was clear, then, that, previous to the development of the psychosis, the patient had been entertaining an incestuous fantasy. Four days after the original confidence she again talked of her life, and confirmed the details of her previous story, going on, however, to a further extent in which she exposed the very common foster-parent fantasy in regard to her mother. About a week subsequently, she developed her worst phase of excitement, and died from the exhaustion following it.

The authors discuss the material provided by the case, and they come to several conclusions. They feel that there is a need to distinguish between the form of a psychosis and its occurrence, that the onset of a mental disorder is determined by the conditions of the present, and that though the material elaborated in a psychosis is necessarily past, real or fantasy, experience, yet the occurrence of the psychosis is in the great majority of cases due to the intervention of something quite other than a mental experience. They regard the use of the special technique of psycho-analysis as unnecessary for the elucidation of past events relevant to the psychosis; in their experience such memories are always at the disposal of the patient,

but are not to be elicited readily because of the doubt in the patient's mind as to how they will be received. By getting the confidence of the patient they have found it quite easy in cases of psychosis to obtain by ordinary conversation and occasional question the sort of story the psycho-analysts lead one to expect. They feel that the main value of the psycho-analytic technique is that "it enables the neurotic instructed in regard to the 'unconscious' to save his face by deceiving himself that what is thus elicited is something foreign to his true self".

Other cases are then described more shortly, illustrating the use of other types of fantasy developments as forming the basis for the mental content of a psychosis.

T. B.

[143] **The anal-complex and its relation to delusions of persecution.**—  
OWEN BERKELEY-HILL. *Ind. Med. Gaz.*, 1921, lvi, 255.

FOLLOWING the Dutch psychiatrists Staercke and Van Ophuijsen, who incline to the opinion that all delusions of persecution can be traced back to the anal-complex, the author briefly cites two cases which display many exquisite manifestations of this complex associated with persecutory delusions.

In the first the male patient is persecuted by a priest by means of a telescope connected to his (patient's) head. The other end of the telescope is 'plugged'. 'Terrestrial' magnetism is thus conveyed, to the patient's annoyance. The priest has gone 'raving mad', has jumped into a basket, and in this he has been ever since, deprived of all food and drink and unable to get out. The patient believes that by scratching the back of his left hand with his right forefinger he can cause the priest to pass a copious motion into the basket, so that the floor is now "covered in filth, huge lumps and chunks of it". He can now therefore 'taunt' the priest, who is thus dominated. For years this patient has been a victim of severe constipation and largely indifferent to the defective action of his bowels. His delusions are the outcome of a prodigious anal-complex. The telescope (hollow tube) with a plug in it clearly expresses the constipated bowel. Further associations of ideas with filth are manifest in the 'dirty-clothes basket', as well as in the 'left' hand which evokes the bowel evacuation. In this case we are at liberty to assume that the patient's delusion enables him to avenge himself on one or other of his parents (the priest acting as a surrogate for the parent), by imagining himself to be in complete control of the action of such individual's bowels. The whole idea might be thus expressed: "I will now show you what it is like to be dictated to in the matter of the evacuation of one's bowels".

In the second case an elderly lady with persecutory ideas spends hours in collecting rubbish which she treasures as her 'jewels'. The bag for their reception is made in the shape of the lower intestine and rectum, with an opening puckered like an anus. She has special anal-erotic characteristics. She is extremely neat and orderly in her dress and possessions, and of the opinion that she has given birth to an incredible number of children.

C. STANFORD READ.

- [144] **The goldsol test in mental disease.**—P. W. BEDFORD.  
**The colloidal gold-reaction in the cerebrospinal fluid.**—  
 W. WHITELAW. *Jour. of Ment. Sci.*, 1922, lxxviii, 54, 66.

THESE are two papers dealing with the technique, limitations, and nature of the colloidal gold reaction as applied to the cerebrospinal fluid. Both authors have carried out a series of tests on a number of fluids, normal and abnormal, and have compared the results obtained with those derived from other globulin reactions and the Wassermann reaction.

Dr. Bedford gives the following conclusions:—

1. That typical, well-marked reactions are obtained only in general paralysis, taboparesis, and juvenile paresis; and that the percentage of positive reactions is 95 in these diseases.
2. That normal fluids give negative reactions.
3. That the goldsol reaction is more sensitive than the Wassermann reaction, quite as reliable, and probably of more value in the early diagnosis of neurosyphilis.
4. That the test is helpful in the diagnosis of acute poliomyelitis.
5. That it may prove of more value in the diagnosis of congenital syphilis than any test hitherto employed.
6. That important points in its favour are: its simplicity, minimizing chances of error; its performance, occupying only a few minutes; and its need of but two or three drops of fluid.
7. That its chief drawback is the uncertainty of being able to prepare a good goldsol at every attempt.

Dr. Whitclaw summarizes as follows:—

1. The colloidal-gold reaction is a laboratory test, and can be performed rapidly with a minimal amount of cerebrospinal fluid.
2. Extreme care is necessary in the cleaning of glassware and the preparation of the reagents.
3. The parietic reaction occurs in dementia paralytica with great constancy, but is obtained in some other conditions, and so the results from a laboratory test such as this should only be considered in relation to the other evidence in the case, both clinical and pathological, as the tendency might be to depend too much on an unknown test of this kind at the expense of the other facts.
4. Wider use of the test should be made so that numbers will eliminate discrepancies.

T. B.

- [145] **Research on the blood serum in certain mental diseases**  
 (Ricerche sull'azoto non coagulabile del sangue in alcune malattie mentali.)—A. FRIGERIO. *Riv. di Patol. Nerv. e Ment.*, 1921, xxvi, 301.

THE research was undertaken to determine whether any changes occur in the blood serum of psychotics such as might be expected from the frequency of changes in the liver and kidneys observed at autopsy.

The blood-urea was estimated by the hypobromite method, in units of urea per 1000 of serum, due care being taken to obtain a similarity of

conditions as to food, etc., in the cases observed. The blood-urea did not correspond to the amount of albumin in the urine, and furnished more useful information than the latter. It was found that in cases of pure uræmia, and in melancholia, the proportion of urea was low or moderate, but whenever confusion was added to excitement the proportion rose. In dementia præcox the proportion was always low. In alcoholic insanity, in arteriosclerotic dementia, and in other cases in which torpor or mental confusion were due to organic cerebral lesions, as well as in slowly advancing senile dementia, the proportion was moderate. In cases of confusion irrespective of the type of psychosis, the proportion was high. Blood-urea examination may be of considerable use in diagnosis, and high urea values may be regarded as bad prognostic evidence both as to life and mental recovery.

A discussion follows of the imperfectly understood relationship of uræmia, liver and kidney disease, and the influence of the sympathetic and endocrine systems on these organs. In addition to the above findings, the author concludes that confusion is the direct result of increase of urea in the blood.

R. G. GORDON.

#### TREATMENT.

[146] **The use of thorium X in mental therapy** (Sur un essai du thorium X dans la thérapeutique psychiatrique).—DADAY, BESSIÈRE, and JALOUSTRE. *Presse méd.*, 1922, xxx, 48, 520.

THE writers give the following results of their experiments with thorium X in the treatment of mental conditions:—

Melancholia	9 cases	No change.
Dementia præcox	4 „	3 unchanged.

There was marked success in an early case of the latter disease, which was rapidly progressing towards chronicity, but whose symptoms cleared up so rapidly and completely that discharge from the asylum was possible in a very few weeks.

Confusional insanity, 3 cases, 1 unchanged.

In the other two cases the results were excellent. Improvement began in ten or twelve days, i.e., after the second injection, and both cases were discharged cured within five weeks, although the usual period required is seven or eight weeks.

The conclusions drawn were:—

1. Thorium X is inoffensive even in big doses during the first series of injections. (The technique includes two series.)
2. When thorium is going to be efficacious, the improvement shows itself after two or three injections.
3. The action seems to be nil in chronic cases, but definitely successful results were obtained in the three acute cases mentioned, warranting further trial of the method. The exact way in which thorium X acts is not understood, but the improvement is undeniable.

The technique consisted in giving five weekly hypodermic injections of an isotonic solution of bromide of thorium X, rest for one month, then