'This man owes no reverence,' which the mind as promptly dismisses because the act is unintended and unimportant. Thus, the ego's triumph lies partly in detecting the flaw in the church's veil of solemnity and partly in perceiving the inconsequence of the defect. In jokes each of these elements can be dissected out and placed in the form of a plausible fallacy, contributing by its downfall to the glow of reason's satisfaction.

C. H.


This study is based on the favourite songs of a healthy couple whose married life has been a succession of quarrels and reconciliations without any serious grievances against each other. Each possessed the ambivalent feelings of love and hate for the other, hate being the more conscious of the two. The songs they enjoyed were those which rendered it possible for their second selves to enjoy a mental play in which their secret wishes were represented and realized. The writer found that there was an absence of symbolization in these songs where there was successful repression, but where repression was impossible symbolization was present.

Nine favourite songs of the couple are given and discussed.

C. W. Forsyth.


Freud holds that there is little or no connection between dreams and telepathy, and that even if the existence of telepathic dreams were established there would be no need to alter in any way our conception of dreams. Two telepathic dreams are cited. An unconscious chain of thought underlies these dreams, the telepathic messages being connected with emotions belonging to the sphere of the Oedipus complex. By far the greater number of all telepathic presentiments relate to death or to the possibility of death. It can be shown on analysis that these forebodings are the result of particularly strong death-wishes in the unconscious of the individual against the nearest relations, which have been long repressed. The writer, both in dreams and in waking life, has been aware of presentiments of distant events. As none of these 'warnings' has been fulfilled, they are to be regarded as purely subjective anticipations. Analytic investigations of telepathic phenomena are useful in that they render their puzzling characteristics more intelligible to us.

Freud does not deny the possibility of telepathy. He ends up: "I have no opinion, I know nothing about it."

C. W. Forsyth.

PSYCHOSES.


The authors subjected twenty-five cases to the fullest investigation from the clinical, chemical-metabolic and psychologic-analytical standpoints. They
found that twelve cases fell into a group which showed evidences of toxæmia, seven into a group showing evidences of endocrine disturbances, and five showing psychogenic disturbances on analysis. One case could not be classified. Four cases are described in detail as examples.

R. G. Gordon.


The principal results of this investigation on 1,000 patients with the single diagnosis of dementia praecox, taken alphabetically from the Boston Psychopathic Hospital discharge cards, may thus be summarized: Nine hundred and twenty-five were of marriageable age. Of these, only 275 were married, from whom issued 463 living children, of whom 381 finally were studied. Of the 381 children, eighty-six deviated from the normal, either mentally, physically, or socially. Of the eighty-six deviators the mother had been the patient in seventy-four cases, the father in twelve. Of the 295 normal children, patients were the mothers in 250 of the offspring, the father in forty-five. The deviators consist of five dementia praecox patients, four feeble-minded, twelve backward, twelve nervous, seventeen physically diseased, and thirty-six cases of conduct disorder. The final conclusion remains in statu quo, since the 295 normals may show symptoms later, as 79 per cent. were under sixteen, but no symptoms had appeared up to date.

H. M. J.


This is a most important and instructive paper containing the further investigations carried out by Sir Frederick Mott on the broad lines indicated in the title.

The author holds that, underlying the manifestation of symptoms in the great group of psychoses with no hitherto assignable neuropathic basis, there is a genetic inadequacy affecting the totality of the cellular constituents of the organism. This is manifested generally by the failure of such patients to withstand or resist such stresses as microbial invasion, etc., but for various considerations, dealt with in the paper, it is made clear that a deficiency of intrinsic energy as is posited would become overt chiefly in the disturbance of function appertaining to the higher cortical neuronic structures and to the reproductive organs.

The author considers that the term 'primary dementia' applied to conditions arising in the pre-adolescent period, adolescence, and post-adolescence, is a better conception than that of 'dementia praecox,' and he indicates that symptoms may be associated with suspension of function, in which case recovery is possible, or with actual suppression, when the terminal dementia is inevitable, and after which the most marked pathological changes are to be demonstrated post-mortem.

The attitudes of the two schools of thought, the psychogenic and the physiogenic, to the problem of the causation of dementia praecox are con-
trasted and, with the statement that “The physiogenic theory presupposes an inherent germinal narrow physiological margin of functioning capacity of the brain, and that stresses . . . physiological, psychological, and pathological, reveal, excite or accelerate a genetic inadequacy causing a disintegration of the psychic unity,” the various forms of stress are dealt with. These include such conceptions as the stress of adolescence, of pregnancy, of masturbation, etc., from the physiological point of view, of continued anxiety or emotional excitement as psychological factors, and of endocrine disturbance, microbial invasion, etc., as pathological causative events. With regard to the bacterial infections, Sir Frederick definitely states his conviction that they cannot be regarded per se as producing the mental disorders.

Complete pathological findings in cases of congenital imbecility and dementia praecox are described, and interesting and fundamental considerations concerning the probable functions of the supra- and infra-granular layers of the cortex cerebri are detailed. The mnemonic theory of Richard Semon is touched upon in connection with the development of sex characters, and the paper ends with a series of formulated conclusions.

T. B.

[38] Alcoholic psychoses before and after prohibition.—Horatio M. Pollock. Mental Hygiene, 1922, vi, 815.

The results of the author’s investigations are as follows:

1. Marked reduction in the prevalence of alcoholic psychoses throughout the United States has taken place since 1910. This is due partly to restrictions on the liquor traffic and partly to changes in the habits of the people.

2. The lowest rate of first admissions with alcoholic psychoses occurred in 1920; a reaction occurred in 1921.

3. The rate of alcoholic first admissions is closely correlated with the per capita consumption of liquors.

4. The reduction in the rate of alcoholic psychoses has been relatively greater among women than among men.

5. Admissions with alcoholic psychoses come principally from urban districts.

H. M. J.


After discussing toxic neuritis and its mental accompaniments at some length, the author describes four cases and concludes that:

1. Toxic multiple neuritis is a frequent sequel to hyperemesis gravidarum.

2. Multiple neuritis may develop during gestation or in the puerperium without any dependable evidence of underlying infection.

3. A mild psychosis of the Korsakoff type is very prone to occur in this type of multiple neuritis.

4. Therapeutic abortion is perhaps too long deferred in many cases of hyperemesis, and is the best remedial measure and the most sure means of preventing multiple neuritis.
5. The Korsakoff psychosis was recognized as a very common accom-
paniment of multiple neuritis following hyperemesis gravidarum long before
Korsakoff affixed his name to the same syndrome, which he had observed in
alcoholic neuritis.

R. G. Gordon.

[40] The simple reaction in psychosis.—F. L. Wells and C. M. Kelley.
A series of experiments were made in light and sound reactions with thirty-
seven psychotic cases. The results accord with previous work in that the
reaction times were generally lengthened. Individual differences were in-
creased save in the schizophrenic group. The manic-depressive group alone
showed a normally small amount of fluctuation of attention to the reaction
process. The dementia-præcox group had a smaller sound-light ratio, the
general paralytic group a larger sound-light ratio than the normal, to which
the manic-depressive group closely approximated. In general, while normal
performances in these functions were to be found individually under any
diagnosis, markedly abnormal performances were more characteristic of
malign conditions.

C. S. R.

[41] Transference and some of its problems in psychoses.—Mary O’Malley.
Psychoanalytic Review, 1923, x, 1.
In large institutions for the treatment of the neuroses and psychoses the
transference is a vital problem, and even when an unfavourable prognosis
is recognized, a positive transfer may be used to prevent patients from
deteriorating. Where recovery is probable, the success of all other measures
towards readaptation depends upon the affective transfer. Withdrawal
from the demands of reality to the infantile narcissistic level with fixation
constitutes malignancy. In general, it is maintained that a prognosis is favour-
able or unfavourable in proportion as the possibility of transfer is greater
or less. The narcissistic individual is incapable of making a transference,
as all of his love interests are self-satisfied. The elementary notion upon
which transference is based is ambivalent and may take the form of love or
hate, or the two forms may alternate, and the destiny of the neurotic depends
much more than that of the normal individual upon its nature. The estab-
ishment of psychological rapport is the first step to be taken by a physician,
whether the pathological condition of the patient be somatic or psychic.
The essential bisexuality in the characterological make-up must not be lost
sight of; it permits the patient to form an affective attachment to persons of
either sex. In psychotherapy it is only after the transference is securely
established that the analyst is able to release the patient’s psychological
content from its fixation in the unconscious and to deal with this content in
a manner that will enable the patient to make a readaptation to life. Espe-
sially in an institution there is opportunity to observe the favourable effects
of the transfer, but it tends to be unstable, because the physician is often
obliged to be custodian as well as adviser. A dissolution of the transference
should occur if there is to be complete recovery, but a positive effect is often
better retained after discharge when the psychosis has been severe. In the extroverted types the love-object is not a constant one and the ambivalent tendencies are well seen. Much discussion has taken place as to the value of psychotherapy in such types, especially in the manic-depressive group, but successful results have been claimed. In the excited stage the patients are too egotistic and self-satisfied to require a transfer, but in the depressive phase the need is felt and may be gained. Three cases are given in illustration of the above points.

C. S. R.

NEUROSES AND PSYCHONEUROSES.


The problem presented by the psychoneurotic patient is neither this nor that symptom, but the inefficiency of the individual in the social situation which he has to meet. One may grant the very important rôle played by emotional conflicts in the individual life, and yet may wish to know why one system rather than another bears the brunt. One may see that the symptom is the representative of repressed factors, and we can refer to it as a symbol, but the question is why that symbol is chosen rather than a variety of other symbols. Those who are working exclusively at the psychological level tend to suggest that the choice of this special symbol is determined very largely at the psychological level, while, as a matter of fact, the key to the development of the special symptom may have to be found at the physiological level. We are not entitled to assume that vomiting, even though utilized for purposes of psychological adaptation, is necessarily determined by its rôle in relation to the complex mechanism of disgust. The main emphasis has not to be laid upon the same factors in all the cases. In some cases the disorder of a somatic system plays an important etiological rôle; in some cases there are definite emotional idiosyncrasies; in some patients special experiences have sensitized the patient in certain directions; in some there has been, even with fair equipment and with no obvious disorder of the simple emotional reactions, a balance impossible to maintain for an indefinite period. In some there are personal traits of a very special nature which cannot be reduced to simpler elements. In the formulation of each case, one must take into account the possibility of a disorder at each of many levels. In working at this large group of patients we still require very much more information as to the rôle played by the simple organic functions, while not neglecting the complicated development of elaborate psychological reactions. The detailed analysis of the special determination of the specific psychological reactions has been carried further than the other lines of investigation, owing to the enthusiasm of the psychoanalytic school. There remains much work to be done in regard to the rôle of the various systems (cardio-vascular, gastro-intestinal, etc.) in the setting of the emotional reactions; and the study of the personality along lines analogous to those suggested by Hoch and Amsden is an important field for further research.

C. S. R.