ABSTRACTS

postulate a certain somatic vulnerability as regards the endoerino-autonomic field, which, under the stress operative upon the psychic level, may become clinically manifest as described. This seems plausible in view of the marked amelioration determined by conflict subsidence and the frequency with which endocrine stigmata are established in præcox types. As to difference in reaction among the basic types in dementia præcox, there seems to exist no definite distinction among the really acute forms.

C. S. R.


1. The study of 250 normal, 120 dementia præcox, and 82 manic-depressive cases, by the method of classifying associations according to logical relationship between stimulus and response, shows in every case overlapping of the groups, and in most cases no significant differences in central tendencies. The normal group gives far fewer 'co-ordinates' and far more adjective-noun associations than either of the pathological groups, but the latter groups do not differ significantly from each other.

2. Rhymes and sound associations appear to be slightly more characteristic of the manic-depressive group than of dementia præcox.

3. Responses in the form of proper names and responses using the first personal pronoun do not appear to be particularly characteristic of either disorder.

4. Responses of the 'value-judgment' type appear with equal frequency in samplings taken from the two main groups.

5. Responses which consist in merely changing the word-form of the stimulus appear to be definitely characteristic of very excited manics.

6. The associations of both pathological groups resemble those of normal adults very much more than they resemble those of children. A special study of 'individual' reactions shows no striking difference in their classification in the pathological groups; in a few cases, the two normal groups vary in the same direction from the pathological groups.

7. The above conclusions seem to confirm the work of Kent and Rosanoff, who state that "a large collection of material shows a gradual, and not an abrupt, transition from the normal state to pathological states." The present data justify no conclusion as to the possibilities of the association experiment in the field of detailed analysis of particular associations. The suggestion is offered that types of word-association, as such, are but little related to the fundamental attitudes and adaptations to life underlying the mental disorders which are here compared.

C. S. R.

NEUROSES AND PSYCHONEUROSES.


The writer holds that in the study of the symptomatology of hysteria all that is given to us is a disorder of conduct, and that the disorders of the bodily
mechanisms by which conduct is expressed should be investigated by the methods of experimental physiology. The disorder of the mechanism of conduct must precede the evolution of the hysterical syndrome. "We are justified in assuming an organic disability as an antecedent to every neurosis, and in employing methods for the objective evaluation of organic efficiency in looking for it . . . there is little room to doubt that a similar organic basis will be discovered for all psychoses."

The physiological responses to a noxious stimulus are described, the most important being the diminution of skin resistance, the psychogalvanic reaction. This affective reaction cannot be modified by voluntary effort, and is elicited by both external noxious stimuli or by the arousal of some disagreeable circumstance. In the hysterical subject there is a greater or less enfeeblement, or even a virtual suppression, of the psychogalvanic reaction, although there may be a great show of emotion. The counterfeiting of rage or grief is unaccompanied by the electric signs of activity of the affective mechanism. It seems probable from these observations that hysterical behaviour is purely imitative. The hysteric, being deprived of the affective reaction, has resource to other forms of expression more or less distantly connected with the feeling of unpleasantness. The symptoms really constitute a method of self-expression, primarily for egoistic and secondarily for social needs, which has been conditioned by an organic disability of the mechanism of affection, the great terminals of which are thought to be in the thalamus.

The writer holds, though many will disagree with him in this, that the loss of affection is the cause of the abnormal suggestibility of the hysteric. "Our strongest bond with logical reality is that furnished by the feelings or emotions, for these constitute our strongest defence against the irrational. Mind, dissociated from feeling, is very much at the mercy of any suggestion."

It is interesting to note that while the affective galvanic response tends to increase in magnitude with advancing years, the tendency to hysterical manifestations gradually fades after the twentieth year.

C. W. Forsyth.


The author gives an account of a male patient with a remarkable history of fugues, illustrating the underlying mechanism, which appeared to be escape from situations intolerable to the sensitive personality. Memory for the periods of automatism was recovered without hypnosis, though hypnoidal states occurred in connection with free association.

The outstanding features of the personality of this patient were restless energy combined with a sensitive, timorous conventionality. Coupled with associations of childhood, the former led to a craving for change and adventure which was held in check by the latter. The navy offered prospects of a successful compromise, which was shattered by illness with resultant intense resentment. At the same time, alcohol was offered as a substitute and served to allay the disappointment. With returning health this was discontinued, but a recurrence of the illness and its accompanying fears, serious psychic trauma, exhaustion and an accidental dose of whiskey led to an effort to escape
by a blind return to excessive drinking. Following this first fugue, the craving for excitement and escape from the trammels of his inhibitions reappeared at intervals, and a feeling of illness offered a justification for a resort to alcohol, under the influence of which he gave way to sexual excesses, and finally married.

To escape the consequences, the patient first drank until he developed delirium tremens, and then disappeared on a prolonged fugue. Subsequent difficulties had been reacted to in the same manner. The reason for the recovery of the real personality was not always clear, but was usually due to the occurrence of an illness or an accidental injury.

E. B. G. RIVINGTON.


In a group of eighty-six cases of obsessions, phobias and compulsions appeared to take place in three ways:

(a) The balancing of a simple wish against fear of the results of gratification (usually where the personal wish is in conflict with the social demand).

(b) The transference of the affect from its genuine source, which is repressed because of the revulsion aroused, to some neutral associated object or topic which forms a part of the original situation, and is then avoided or dealt with as though it were the total experience.

(c) The substitution of a symbolic thing or action for the original wish against fear conflict.

The obsessive-compulsive tendency in the management of life situations usually begins early in the individual’s life, adult psychoses of this character usually being preceded by a variety of similar, less florid symptoms arising from early childhood experiences. These may be in themselves the beginning or source of the adult reaction, or may lay down a reaction-pattern or tendency.

C. S. R.

[98] Trichotillomania (Sulla tricotillomania).—A. COPPOLA. Riv. di pat. nerv. e ment., 1922, xxvii, 601.

This condition has been variously regarded as a mild peculiarity of conduct or a symptom of dementia praecox.

Three cases are described in detail, and those recorded in the literature are discussed. Some of these were associated with prurigo, and it is significant that many cases showed definite signs of mental disease, especially of dementia praecox. It has also occurred in general paralysis, in one case depilation of the beard being a symptom of a general attack on the part of the patient to change himself into a woman. A few cases have been associated with melancholia, when they formed part of a general masochism. Neither skin conditions nor toxic influences, though sometimes present, are sufficient to account for the phenomenon, and if all cases are not actually psychotic they are certainly neuropathic. It almost always manifests itself for the first time at an early age, though there may be long remissions. On the whole the author thinks that there are two distinct types, one occurring in the various forms of dementia as an incidental symptom, while the other occurs in sub-
jects of normal or almost normal intelligence, and is a particular form of obsessional neurosis or tic. It is probable that the latter type will be seen more often in a dermatological than in a psychiatric clinic.

R. G. Gordon.

PSYCHOPATHOLOGY.

[99] Homosexuality and alcoholism.—Robert M. Riggall. Psycho-

Freud states that homosexual men have a strong mother-fixation, and that all normal people show a considerable measure of latent or unconscious homosexuality. The inversion component of bisexual development subsequent to puberty becomes wholly repressed or sublimated, but the writer endeavours to show that alcoholic excess hinders its sublimation. Homosexuality exists in animals, especially in captivity, and in the human race is the undoubted result of civilization. It can hardly be accepted that the perversion is either completely congenital or completely acquired. Many types are alluded to by different writers, and Ferenczi draws a hard and fast line between the active and the passive. He declares that the passive represents a true intermediate sexual stage, and that the active type suffers from an obsessional neurosis. The former is comparatively rare. Analytic results are not very encouraging, but the heterosexual side can be developed and strengthened. Capacity for heterosexual intercourse is no proof of normal sexuality, and Don Juanism may even be proof of an individual’s homosexuality. The study of narcissism tends to show that the homosexual sees himself in his love-object as in a mirror. In the psychosexual history of the passive type an inverted Oedipus complex may be found where the boy wishes to take the mother’s place to gain the father’s affection. Here the child soon manifests his effeminate character, over-represses his anal interests and develops an exaggerated love for perfumes. The male aggressive type under-represses his anal-erotic activities and may be coprophilic. A severely corrected heterosexual act in childhood may have led to dread of the opposite sex. The connection between active homosexual tendencies and sadism must be noted, as well as the part it plays in the pathogenesis of paranoia. Stanford Read, who noted paranoid states commonly in his war work, suggested that the herding together of large numbers of men may have thus aroused latent homosexuality.

Alcohol increases homosexuality by removing various resistances, but other conflicts are uncovered through regression to various levels of psychosexual development. Sadistic and masochistic tendencies may be released, and many brutal crimes are committed during intoxication. Frequently an apparently exaggerated state of heterosexuality will be a cover for homosexuality. Those women who drink will frequently show inverted tendencies, but whereas men drink to overcome the repression of natural homosexuality, women are more likely to drink in order to bring out the male side of their sexuality. Alcoholics frequently become impotent and are subject to false ideas of jealousy. The male alcoholic becomes unfaithful, and projection causes him to think that his wife is such, while by the further projection of his homosexuality he accuses his wife of being in love with the men he