are highly susceptible to addiction because narcotics supply them with a form of adjustment of their difficulties. A very large proportion of addicts are fundamentally inebriates, and the inebriate addict is impelled to take narcotics by a motive similar to that which prompts the periodic drinker to take alcohol. The so-called intoxication and narcotic impulses are identical. Some drunkards are improved socially by abandoning alcohol for an opiate, but the change is a mere substitution of a lesser for a greater evil.

C. S. R.


The following impressions were gained from the author’s work. Routine examinations can be advantageously applied to college students as a supplement to other medical and psychological studies. Such examinations should cover at least an hour, with extra time given to men in special need. Examinations of this nature should contribute something worth while to nearly every man, and, in conditions of faulty mental hygiene and the minor neuroses, there may be results of great value from both prophylactic and therapeutic standpoints. The proportion of college students suffering from personality disorders and functional illness is large. These conditions appear to bear little relation to general physical health. The majority of students are interested in self-study and self-understanding and will give kindly reception to intelligent teaching along such lines. A considerable number of men, if given opportunity, will come forward voluntarily to discuss their problems.

C. S. R.

**Psychopathology.**


The nature of the relationship between thought and linguistic signs is discussed and the predominantly emotional nature of language is accepted as axiomatic. “Men gave musical expression to their feelings long before they expressed their thoughts.” The superiority of human language as known to us to-day lies in the progressive elimination of the feelings which originally entered into it. Language developed not only by intellectual growth, but by social evolution working hand in hand with it. Thought expression in language is a compromise between affect and social expression, and always an insecure compromise.

The entry of neologisms into language is an expression of individualism only condoned when accepted by the community and incorporated into a social tradition. A neologism (quoting Darmesteter) is a plant which in order to live must cast its roots into the largest possible number of minds.

Pathological neologisms are such because they would never pass a social referendum and have always an entirely personal reference—affectively determined. They are passive and active. The former are automatic, formed by association and assonance, typically so in states of mania, alcoholism, general paralysis, and senile dementia. The latter neologisms are formed in
conformity with a governing idea, originating in an individual psychical need. The establishment of an intricate pattern of neologism is a sign of chronicity of the disease, and is of bad prognosis.

The author gives a full analysis of morbid neologism based on that of Tanzi and Lugaro. (The article is more useful to the philologist and psychologist than to the psychiatrist.)

E. Miller.


The patient represses the painful idea of his luetic infection. He denies that he is ill, at the same time vigorously protesting his health. The repression is not complete, and, frequently, remarks show his knowledge of his condition.

Rubbing is a frequent symptom of paresis. This is plainly a magic rite, a fantasy of power. In folk lore and myth, rubbing is a symbol of coitus. Sparks often play an important part in paretic delusional formations; they are well known as a symbol of semen. Again, rebirth symbols are frequent in the deluded utterings of paretic patients, e.g., falling from heaven, jumping into Vesuvius, brought out of the water. One patient said he was a king born in a brothel. The offensive event (luetic infection) that once produced anger, or depression, or the feeling of unjust punishment, is now condensed in the fall from heaven, which represents the disadvantages of health and happiness and the recompense of being reborn a king.

Freud has shown that in cases of bodily injury man withdraws his interest and his love from objects in the outside world and concentrates his attention more or less exclusively on his own self or the sick organ. He is thrown back to a stage of development which he passed through in his childhood. Ferenczi has elaborated this conception in his description of the pathoneurosis. This conception culminates in the idea that quantities of the libido can be stored up, not only within the ego in general, but in the psychic representations of the diseased organ or organs. Further, these stores of libido play a rôle in organic regeneration and healing tendencies, or at least, such a rôle might be assigned to them. The narcissistic libido which psychoanalysis places as the primary cause of traumatic neurosis is held prisoner in the wounded organ and so cannot operate as a cause of neurosis. As a result two suggestions can be advanced: (1) injury to or disease of the erogenous zones can have, as a consequence, a severe psychic illness; (2) the severe narcissistic psychoses of a purely psychogenic nature, e.g., melancholia, are often spontaneously cured, following an intercurrent organic disease which imprisons the surplus libido.

These facts have been stated as it is intended to put forward the proposition that part at least of the mental symptoms of general paralysis are those of a cerebral pathoneurosis. Naturally, it will not occur to any one to underestimate the primordial rôle and significance of the purely somatic symptoms of paresis; but part of the mental symptomatology corresponds in fact to "psychical dominance over the narcissistic libido dynamics mobilised through cerebral lesions."

The brain and its functions enjoy an especially high narcissistic possession
of libido or valuation; the former becomes the principal organ of the ego functions. The hypothesis now is as follows: "The metaluetic brain infection, by attacking the central organ of the ego function, provokes not only 'symptoms of defect,' but also disturbs, as a trauma would do, the equilibrium in the housekeeping of the narcissistic libido, which then makes itself felt in symptoms of paretic mental disorder."

In the neurasthenic stage of paresis (usually the first stage, but often unrecognized) there is a diminution of genital potency. This is due to the withdrawal of libido from the object, and we would expect to find indications of libidinal activity elsewhere. This is just what happens, and soon the patient complains of hypochondriacal sensations. The condition in which a paretic patient is usually seen by the doctor for the first time is that of a euphoria, with excessive activity and reawakened libido and potency. This is an attempt to compensate for the narcissistic-hypochondriacal lack of pleasure through convulsive object possession. As the indications of somatic and psychical illness become more marked, a real paretic melancholia develops. The opinion here is that paretic melancholia is the result of direct injury to the ego. The paretic mourns for the loss of a once fulfilled ego-ideal. So long as the defect involves only peripheral organs the reaction will be that of a pathoneurotic hypochondria, plus perhaps a reactive euphoria. If, however, the defect invades the most highly estimated activities of the ego, intellect, morality and aesthethics, melancholia with all it implies ensues. The ego can adapt itself to every bodily deficiency if the libido itself can find satisfaction in psychical activity; but when robbed of its last stronghold, viz., self-esteem and self-respect, where now can it find satisfaction? This is the problem that confronts the paretic, with which he struggles in the stage of melancholia. Many never solve the difficulty. Some get rid of their distress by a manic-grandiose delusional mechanism or by the aid of a hallucinatory wish psychosis.

The narcissistic libido then regresses to the infantile period and the ego can feel complacent, even all-powerful. In the paretic psychosis repression and conflict take place within the ego itself. The sequestration process allows the patient, in spite of obvious defect, physical and psychic, not only to feel well but to invent a panacea against all evil. At the psychic level to which he has regressed he has only to hum magic words or execute magic rubbings in order to effect his purpose.

Pathological anatomy can offer no explanation why a particular pattern of symptom-complex occurs in any one paretic. Psychoanalysis offers the explanation that the pattern is determined by the location of the fixation points of the developing libido.

The reaction to the brain infection depends upon still another factor. If the ego nucleus remains relatively intact the decline in bodily and psychical capacities must call forth a strong psychotic reaction. If the ego is involved, and so also self-criticism, a simple deterioration would be the result. The patient manifesting strong psychotic symptoms, melancholia or mania, is not 'completely uncritical.' This designation applies only to the paretic with simple deterioration.

In the 'agitated' or 'galloping' form of paresis it is the ego nucleus that
is primarily involved. The whole mental organization is suddenly robbed of its leader, and so chaos and confusion occur. Such patients usually die early, worn out by their unceasing activity. The parallel between individual and social psychological reactions is here obvious.

David Matthew.


Of 430 general paralytics admitted to the Warren State Hospital, Pa., eight per cent. were over sixty years of age. The differential diagnosis of these senescent cases from psychoses with arteriosclerosis or somatic diseases may be difficult and depend to a great extent upon laboratory examinations of the spinal fluid. The period of incubation, duration of mental symptoms and prognosis for periods of improvement are about the same for these old people as for the general average case of the disease.

E. B. G. R.


This paper was inspired by the rediscovery of a manuscript lost for twenty-five years. Epilepsy is defined as the evidence of an increased resistance to or inhibition of the discharge of nerve-energy, using the word 'nerve' in the wide sense to include 'psychic.' An aura in the sense of a warning is rare, but as the initial event in the attack it is common. This initial event is not always remembered by the patient, but it can be observed frequently by the physician. The aura may occur in the sensory, motor or mental fields.

Mental aura may be remembered and described by the patient, e.g., feeling of apprehension or fright; or, again, it may be recognized by the patient's expression, by a cry or by coordinated movement. The aura bears the impression of strong emotion.

The author's conclusions are as follows: A study of the epileptic seizure would persuade us that it is symptomatic of a great brain storm in which more or less all parts of the brain are involved. Such seizures occur typically in idiopathic cases. Storms of a very similar nature also occur in coarse lesions and other forms of epilepsy.

Epileptic seizures are the manifestations of cerebral explosion more as regards organized brain function, inherited and acquired, than a mere chaotic and haphazard explosion of cerebral matter. The neurones would seem to be associated during a fit as in the normal state. This, in the author's opinion, is the chief distinguishing feature in a true epilepsy as compared with Jacksonian attacks, whose progression of symptoms is merely anatomical. In the former there remains the indissoluble union between the motor, sensory and mental functioning of the brain, making an epileptic a risky if not dangerous member of society.

D. M.


This paper deals with a series of mental and educational tests applied to 150 school children of five to sixteen years at Lingfield Epileptic Colony. These
children are "capable of some education and occupation," and are not
defective within the meaning of the Mental Deficiency Act. Their average
intelligence is somewhat above that of adult epileptics in colonies. Children
frequently become dull after the onset of fits, but it is not generally known
that mental changes occur before or irrespective of fits. Mental deterioration
is characteristic of epilepsy. There are wide variations in the mental ratio
of these cases due to the conflict between the two forces of *vis a tergo* and
pathological retardation. The Binet tests on 130 children in two years
show a general tendency towards deterioration, with very marked deterioration
in over 8 per cent. of the total. The 150 children examined include the
cerebral birth trauma cases as well as those showing a neuropathic heredity
and those associated with causative factors such as nephritis, air-raid shock
and digestive disorders. The figures expressing the results of the tests were
obtained by dividing the mental age by the physical age. The tests, as a
whole, show the general superiority of boys. General intelligence tests give
better results than educational ones. The marked difference between the
tests of reading as a mechanical art and as a means of acquiring ideas shows
the failure in concentration and recent memory; the former test was the
only one in which girls were superior to boys. Lack of concentration probably
accounts for the poor results in written as compared with oral arithmetic.
The results of the Binet-Simon tests show that failure follows the same lines
as that occurring in mentally defective children. The author concludes by
observing that further investigations should aim at comparing the responses
of groups of patients classified according to either etiological factors or the
clinical manifestations of the disease.

ROBERT M. RIGGALL.

[108] Catatonia as a sequel to organic affections of the basal ganglia
(Catatonie comme conséquence des troubles organiques des noyaux
gris centraux).—St. WŁADYCZKO. Fol. neuropathol. Estoniana,
1925, iii, 1.

The author believes that his clinical experience, together with other evidence
here summarized, warrants the view that catatonia, in the strict sense em-
ployed by Kahlbaum, may have its origin in disorders of the basal ganglia.
His first case is that of a young man who came under observation in 1903,
at the age of twenty-two. He presented the symptoms of catatonic dementia
praecox, and was also tuberculous. At autopsy a condition resembling the
*état lacunaire* of Pierre Marie was found in both corpora striata, especially
in the globus pallidus. There were minute areas of softening in the locus niger
on both sides. No mention, regrettably, is made of any other parts of the
brain. Three other cases are given, with similar brevity, and the conclusion
is drawn: "In all our four cases of catatonic stupor the clinical and
psychical manifestations evidently were derived from anatomical lesions of the
corpus striatum."

The second part of the article is concerned with an attempt to show
clinically that the condition of the neuromuscular system in catatonia is
similar to that found in cases of paralysis agitans, in respect of dissociation
ABSTRACTS

between static and dynamic muscular power, tremor under emotion, exaggeration of the "phenomenon of the antagonists" (Babinski and Jarkowski), the paradoxical phenomenon of Westphal, absence of reaction to painful and other stimuli, and so on.

On the other hand, it may be remarked that the author nowhere indicates that he has found actual catatonia in patients reputedly suffering from striatal affections. His general conclusions, therefore, require much substantiation before they can be accepted.

J. S. P.


An attempt to throw light on the 'colour question' from observations made in psychoanalysis. Blackness is universally associated with the idea of evil. Members of coloured races exercise a peculiar fascination upon individuals, especially the females, of a racially superior type. The black man is popularly credited with having a larger penis than has the male of any other race, and with being able to maintain it in the state of erection longer than can others. These two facts, it is suggested, give rise to the production in the minds of the racial superior males of sexual envy and jealousy, which not infrequently culminates in mass hatred directed against the coloured race. Enlightenment along such lines would help greatly, it is claimed, towards the solution of a worldwide social problem.

David Matthew.


This study is based on the analysis of an alcoholic male, age thirty-eight, who had cultivated a mystical pantheism enabling him to feel in harmony with nature, which he personified as 'the earth angel.' Carver contends that the patient's mysticism is due to regression to an early time of life, described by Burrow as the stage of primary subjective identification. Alcohol helped him to obtain "direct throbbing communion with his mystical earth-angel."

The outstanding features of this case are his attitude towards his mother and his mysticism. Carver finds an explanation of these factors in Burrow's principle of primary identification, which is based on his theory of the harmony existing between mother and fetus in utero and which persists in a modified form during early infancy. Ferenczi describes this as the stage of "magical hallucinatory omnipotence." Carver's case failed to reach the stage of object-investment, but continued fixed in the subjective mode of primary identification with the mother. During the stage of development of object-love and the Ædipus situation, disgust and hatred occurred towards the mother instead of love. The passive homosexual trends present in this case appear to be explained by Burrow's theory that unconscious homosexuality arises from primary identification with the mother, which leads to auto-eroticism and consequent love of the same sex. Following the suggestions of Burrow and Schroeder, the patient's strivings for mystical oneness with the universe are regarded as a regression to the subjective phase of existence.
Carver questions how far a neurosis should be regarded as sexual, and examines the motivation of sexual instincts found in 'urge' and union, the first being entirely egoistic and the second associated with altruistic relationships. If fixations occur in the primary subjective stage, which the author regards as presexual, the wisdom of speaking of the resultant neurosis as sexual is questioned. He appears to regard the theses of Burrow and Schroeder as valuable additions to Freud’s work.

ROBERT M. RIGGALL.

[111] Mental conflicts as the cause of bad spelling and poor writing.—LEE EDWARD TRAVIS. Psychoanalytic Rev., 1924, xi, 175.

This article demonstrates the usefulness of psychoanalysis in the treatment of scholastic retardation. A boy, age ten, is a bad speller and a poor writer, otherwise he is rather above the average intelligence for his age. When educational methods produced no improvement he was sent to hospital for psychoanalytical investigation. A short analysis revealed the presence of an incest-fixation, marked repressed curiosity about the female genitals, and a masturbation conflict. The trouble commenced at the age of seven, when his libidinous desires suffered repression. The words misspelled by the patient were associated with his complexes, and fall into two groups, viz., distortion of words that he formerly spelled correctly, and inability to learn to spell certain new words. The poor writing was found to be a substitute for masturbation. It does not appear that an exhaustive analysis was carried out, but at the conclusion of treatment the symptoms had largely disappeared, and there was also a marked improvement in the boy’s general mental and physical health.

D. M.


Urethral erotism belongs to the same period of psychosexual development as anal-eroticism. An analytic study of cases exhibiting the symptom of nocturnal enuresis illustrates some urethral erotic character traits.

A young woman, in whom nocturnal enuresis had persisted from early childhood, revealed during analysis certain very definite character traits. On one occasion in childhood she wet the bed in order to make her sister, who was sleeping with her, uncomfortable. She evinced jealous hatred of her sister; on the other hand, she was strongly attached to her younger brother. One night during the progress of the analysis she wet her bed and enjoyed bodily pleasure from lying for some time on the wet and warm sheet. She bathed and washed frequently, yet she had a marked phobia for water and bridges over water. She manifested strong likes and dislikes, was systematic, orderly, excessively neat in her dress, and displayed an almost compulsive interest in neat shoes and gloves. She was habitually constipated and blushed readily. As a child she delighted to play with soap and water and matches. Before the age of five she once soiled her clothes. The desire to evacuate her bowel was as compulsive as the later desire to urinate, which caused her to wet herself as an adult. Although systematic in her work she was given to
procrastination followed by intense hurry to get finished. The urethral erotic traits displayed in this case are very similar to the anal-erotic traits well known to analysts. The similarity is not surprising in view of the fact that they both originate from the same stage of development, when sexual excitement is furnished by the peripheral excretory zones such as the anus and urethra. The reactions to such tendencies are excessive cleanliness, tidiness, shame, stubbornness, etc. They may persist into adult life as enuresis or so-called nervous conditions of the lower bowel. A sadistic element is shown in the pleasure she took in making her sister uncomfortable.

Another case exhibited sadism in dreams in which horrible accidents befell various members of his family. In another case enuresis was associated with alcoholism. This may have been an upward displacement to the erogenous zone. Enuresis is a regression to the infantile level.

The child and the neurotic wet the bed; a normal adult with a full bladder dreams of urinating and continues to sleep. Nocturnal enuresis may take the place of pollutions, or it may substitute masturbation. By making the origin of these urethral-erotic symptoms and character traits clear by psychoanalysis, they may be removed or modified to the advantage of the individual.

In conclusion, the author puts forward the hypothesis that nocturnal enuresis in women may be interpreted as an attempt to compensate for the lack of the phallus, an attempt to urinate like a man. Women prone to enuresis regularly show strong resistance against accepting the feminine rôle.

DAVID MATTHEW.


The case here reported is that of an adult white male, age thirty-four, who was arrested on a charge of indecent exposure. Physical examination revealed little of definite significance. The outstanding physical features were that the man was delicately formed, poorly developed, and of boyish appearance. His reactions were distinctly feminine in nature. His intelligence was good. A full anamnesis is given, and also the details and conclusions of the analysis as far as it was carried. The conclusions the author draws are that the man’s libido had been strongly fixated at the incestuous and homosexual levels, and that, being unable to effect an adequate sexual adjustment, he sought and found an outlet for his striving in exhibitionism. The exhibitionistic episodes appear as uncontrollable impulses, which, being completely satisfying, are not accompanied or followed by further sexual activity. The growth of exhibitionism from early infantile erotic experiences is made clear in the analysis. The prognosis is poor or at best doubtful, as the patient evinced no strong desire to effect an adaptation at a higher level.

D. M.


Statistics are, on the whole, rather inadequate, but as far as one can learn from a study of such, Massachusetts has a rather low rate for the United
States and a high rate compared with European countries. It also appears that although there was a definite increase in homicide for the ten years prior to the war, figures since show no substantial increase in the last forty years. In general, murder in Massachusetts may be looked upon as an unsocial phenomenon attributed, for the most part, to the low cultural level of immigrants received, and to a less extent to mental disease and unfortunate environmental conditions. The influence of the latter two upon the individual tends to simulate that of the first. As individuals, murderers tend to be of lower cultural level, but show a less degree of moral turpitude than thieves and sex offenders.

E. B. G. R.


Those who favour the death penalty for murder say that this crime stands on a different footing from all others, as life cannot be restored. In all other crimes some sort of reparation is possible, though perhaps inadequate. Why then should the community leave anything to the murderer? The answer may be given that in a Christian country we should not harbour the idea of vengeance and retribution, the primitive idea of a tooth for a tooth, an eye for an eye, and even a life for a life. It is said that the death penalty is needed as a deterrent, and criminal statistics are brought forward to support such a theory. This, the writer says, cannot be proved, and no one can know whether any one else has or has not been deterred from murder by the knowledge that if he is caught he stands rather more than one chance in five of being hanged. This is according to the official statistics for the past twenty-one years.

<table>
<thead>
<tr>
<th>Murders known to police</th>
<th>Number of persons committed for trial</th>
<th>Not tried</th>
<th>Acquitted</th>
<th>Guilty but insane</th>
<th>Reprieved, sent to Broadmoor or died</th>
<th>Executed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,156</td>
<td>1,385</td>
<td>144</td>
<td>349</td>
<td>338</td>
<td>256*</td>
<td>298</td>
</tr>
</tbody>
</table>

* Includes 246 reported insane, 5 quashed, 1 died, 4 juveniles.

The supporters of capital punishment also often fall back upon the cheapness of hanging. Why should the State be burdened with the keep of such a person? The value of human life in pounds, shillings and pence thus attempted is much depreciated by the author. Though judges have recently expressed their approval of capital punishment, it is pointed out how conservative the legal profession is. That we should endeavour to remedy crimes of violence mainly by inflicting violence appears to be the reductio ad absurdum of homeopathy. It is pointed out that in America the majority of the States with the lowest homicide rates are non-execution States; while the States with the worst records for homicide are in the main those with most executions. It is often said that the abolitionist thinks too much of the murderer and too little of his unhappy victim. This is denied, and it is stated that it often happens that even the victim’s relatives are horrified at the thought of a second life being taken in addition to the first. Far from finding satisfaction in the vengeance exacted, it is an added burden to that which they already have to bear.

C. S. R.