nervous instability and moral obliquity. Mildly psychopathic individuals deteriorate more because of their addiction than any other class of addicts. No preparation of opium produces any appreciable intellectual deterioration. If there is any difference in the deteriorating effect of morphine and heroin on addicts, it is too slight to be demonstrated clinically. Cocaine is much more harmful than opiates, and long-continued use is destructive both to the physical and mental well-being of any type of person.

C. S. R.

NEUROSES AND PSYCHONEUROSES.


The author has studied 100 patients on whom a special epileptic board was held, under the U.S. Veteran Board, Boston. His main conclusions are:

1. Many factors are concerned in producing convulsive seizures and unconscious states. Detailed examination of the patient is essential. Diverse diagnoses and treatment, and especially the erroneous diagnosis of epilepsy, hinder the attainment of good results, particularly among ex-service men.

2. Fright and cranio-cerebral trauma are the predominant exciting causes, but many convulsions are apparently provoked by infection and inoculation, yet only in individuals who are constitutionally defective.

3. Phenobarbital and bromides diminish convulsions, inspire hope and sometimes effect complete cure.

4. Heredity and environment both contribute much to the development of the convulsive habit.

5. Most of Rosett's deductions have been fulfilled clinically, and Cannon and Crile's work upheld.

6. Where the prognosis is bad, it is folly to quibble over whether the case should be labelled epilepsy or hysteria.

E. B. G. R.

PSYCHOPATHOLOGY.


The 'hæmoclastic crisis' is the name given by Widal to the vasculo-sanguinary crisis which follows the ingestion of milk by patients with hepatic disease and in certain anaphylactic conditions. To demonstrate the presence of hæmoclastic crisis 200 gm. of milk are administered to a subject who has fasted for five hours, or better, since the previous night. The leucocytes and the differential leucocytes and the blood pressure are noted before the milk is taken and again at intervals of twenty minutes afterwards.

The vasculo-sanguinary crisis is characterized by a leucopenia, fall of blood pressure, inversion of the leucocytic formula, hypercoagulability of the blood, and diminution of the refractive index of the serum.

In the normal subject there is a hyperleucocytosis, while the blood
pressure either remains unaltered or tends to rise. In subjects who show the hæmoclastic crisis, the phenomena reach a maximum generally forty minutes after the ingestion of milk, being succeeded after one and a half hours by a phase of hyperleucocytosis and hypertension. Following the ingestion of milk a state of immunity occurs which lasts for at least three hours.

The author summarizes her results as follows:

In the absence of any stimulus the leucocytic level remains unaltered during one hour.

Heat, cold, pressure, change of position cause a variation in the leucocytes in the peripheral blood.

Ingestion of 200 gm. of cold water does not cause any variation in the leucocytes.

Following ingestion of 200 gm. of cold milk by 100 fasting normal subjects a leucocytosis was observed in all.

Hæmoclastic crises occurred in 94 per cent. of dementia praecox patients, in 85 per cent. of melancholics, in 75 per cent. of chronic mania cases, and in over 60 per cent. of early psychotic and neurotic patients.

Glucose causes hæmoclasia in diabetics, but not in psychotics who exhibit it after milk.

The leucopenia of the hæmoclastic crisis is not confined to the peripheral blood, and this leucopenia is accompanied by a comparatively slight decrease of erythrocytes.

The effect of moderate heat or cold is to cause a leucocytosis (vaso-dilatation) or leucopenia (vasoconstriction). The normal subject responds to reflex cold by a vasoconstriction, to reflex heat by no alteration, while the abnormal responds to both reflex heat and reflex cold by vasodilatation.

Normal subjects and psychotic patients all responded in the same way to injection of the sympathetico-mimetic and the para-sympathetico-mimetic drugs.

The effect of adrenalin and atropin on the hæmoclastic crisis was to prevent its occurrence. The effect of pilocarpine was too varied to allow any general statement to be made.

The effect of thyroid was to cause a reversal of the response to the ingestion of milk in both normal and abnormal subjects.

The administration of large amounts of acid or alkali failed to show any different reaction in the two types of cases, the normal and the psychotic. Ninety per cent. of the normal subjects responded to a change of posture by a leucopenia, while 87 per cent. of those who exhibited hæmoclasia responded to a similar stimulus by a leucocytosis. These changes are accompanied by similar erythrocytic changes, and are probably the result of vasoconstriction or vasodilatation.

David Matthew.


(1) In this paper the author presents the results of investigations of blood-
sugar reactions in 152 cases of early mental disorder admitted to the Maudsley Hospital. Without entering into the technique and procedure an abstract of the author's summary will be given.

The general finding that a large proportion of early and chronic mental cases show evidence of disordered carbohydrate metabolism is corroborated.

This abnormality cannot be associated with any mental condition in particular, but its frequency is greater in those associated with melancholia and stupor.

The author's investigations tend to absolve the liver from blame for the abnormality.

The curves resulting from the investigation of blood-sugar reactions cannot be classified by reference to the function of endocrine glands.

It would appear that pancreatic deficiency and not hepatic insufficiency is the cause of sustained hyperglycaemia.

Neither experimental adrenal hyperglycaemia nor emotional hyperglycaemia is of great magnitude, and it would appear that neither factor contributes much to the sustained hyperglycaemia following glucose ingestion in the cases examined.

Unlike the diabetic, the fasting level in cases exhibiting sustained hyperglycaemia is generally normal. High values in mental conditions are associated with motor restlessness.

It seems reasonable to infer that the cause of sustained hyperglycaemia in the cases showing a defective storage mechanism may be depression of pancreatic function probably induced by changes in the ionic state of the organism. The investigations of Lovell seem to indicate that this functional inactivity may eventually lead to permanent damage to the pancreas. It is possible that the altered metabolism in these cases results from intestinal toxemia.

The blood-sugar reaction curve may be taken as a guide to treatment.

(2) The author summarizes the results of his investigations as follows: Eighteen normal individuals, nineteen certified insane patients and fifty-five uncertified cases of mental disorder have been investigated by the lhevulose test for liver glycogenic function. It is shown that variations in the normal individual are greater than previously reported. A rise of blood-sugar following lhevulose ingestion may occur in the normal, and it is urged that the reaction should be judged more on the occurrence of sustained hyperglycaemia at the end of two hours than on the maximum blood-sugar level attained during the test. The test was negative in the eighteen normal individuals, and only two possibly positive reactions occurred in the fifty-five cases of early mental disorder. The nineteen certified insane patients showed anomalous reactions (not necessarily positive) in nine instances. None of the cases examined showed clinical evidence of hepatic disturbance. There is no relation between the blood-sugar curve following glucose ingestion and the lhevulose test. The two cases giving possible positive lhevulose tests gave normal glucose blood-sugar curves, and twelve cases showing abnormal
curves—sustained hyperglycaemia—after glucose showed negative findings after lactulose ingestion.

D. M.


The authors examined a series of mental cases of various kinds. Taking the normal proportion of cholesterin in the blood serum as 1.50 per 1,000 (grm.) they report its regular increase in chronic alcoholic dementia, frequent (but not constant) increase in general paralysis, in melancholia and manic-depressive psychosis, in senile dementia. Yet the exceptions are too frequent to be ignored. Attention is directed to evidence which suggests that hypercholesterinaemia is associated with overfunction of the cortex of the suprarenals and hypocholesterinaemia with diminished function.

J. S. P.


Such a study as this, the writer states, has not previously been made. In this article he wishes to point out what are the principal manifestations of brain weakness, nearly all of an affective nature, met with in certain well-gifted children and a menace to their intellectual development. Such psychic troubles are considered under seven headings.

1. Pathological Emotivity.—Such a child is pathologically timid and may have obsessions and phobias. Often considered lazy in school, he feels humiliation and becomes taciturn and asocial. The emotivity, too, shows itself in vasomotor reactions, blushing and pallor, bouts of sweating, tremor, speech troubles, etc. Sleep is restless and often accompanied by nightmares. Irrational fear of animals and ideas of death are not uncommon. A favourable soil for an anxiety syndrome exists and paves the way for adult psychasthenic reactions.

2. Depression.—This is of a melancholic type, with ideas of inferiority, remorse, and distaste of life, which may result in suicide. These children are future psychopaths who may ultimately present attacks of melancholia.

3. Cyclothymic Instability.—There are periods of depression with asthenia, vague fears, anxiety, alternating with abnormal excitability. Such children carry the germ of a future manic-depressive psychosis.

4. Paranoiac Dispositions.—These patients show affective character troubles and a distortion of judgment, which render difficult their relations with their friends, teachers and family. They are vain, suspicious, egocentric and jealous, and tend to be ill-disposed. They react in an exaggerated and paranoid way, complain constantly of injustice and make revolting accusations. Though some of the more intelligent can lessen their pathological reactions by incessant control and an appeal to reality, most of them are scarcely liable to betterment, and endogenous or exogenous exciting factors may easily precipitate later a persecutory psychosis.
5. *Mythomania.*—There is the tendency in many children to be preoccupied with ambitious ideas, and a megalomaniac type of reverie is common. Sometimes this imaginative trend becomes pathological, and boastful and romantic imaginings are created which the child finally believes true.

6. *Dream-like Symptoms and Convulsive Attacks in the Course of Infections.*—A more or less intense confusion is apt to occur with slight infection or pyrexia. Convulsions at such times are often thought not to be of much importance, but in these types they frequently herald later epilepsy, and the writer thinks that such antecedents are often noted in later cases of dementia praecox.

7. *Perversions.*—Under this heading are included such reactions as flights, fugues, cunning or violent conduct, destructive habits, sexual perversions.

It will not always be possible to cure these character anomalies, for they are constitutional, but hygiene and mental prophylaxis can aid in obviating the realization of such morbid tendencies.

C. S. R.


A study of Byron’s heredity reveals, on both sides, a degree of mental instability combined with no little greatness. His father, “Mad Jack Byron,” was a dipsomaniac and a rake, and his mother was a creature of impulse and passion and subject to epileptoid seizures.

The poet was reared under the shadow of parental dissension. He early feared his father, and when the latter left them the mother poured into his ears the story of his infamies. Thus the boy’s father-antagonism became exaggerated, and was later revealed in the attitude of revolt against all tyranny, a marked feature of Byron’s mental ‘make-up.’ Another important contributory factor of Byron’s neurosis lies in his mother’s attitude to him. Unsatisfied in her husband, she turned to her son, and lavished her love and care on him. She idolized him, took his side against his masters, impressed upon him his ancestral background, of which he should be proud, and imbued him with the idea that he was an unusual and superior lad. The resultant exaggerated narcissism made his early schooldays unhappy, but his ability in sport, and the prestige of seniority, restored his self-esteem. Accustomed at home to unstinted praise and admiration, he was intolerant of belittlement or criticism. He exhibited the desire for commendation and approval supposed to be characteristic of the epileptic. A blow to his self-esteem would bring on a ‘seizure.’ He compared himself in no unfavourable light to Napoleon, Goethe, and other great men. His narcissistic potentialities reached reality when he returned from his *Childe Harold* pilgrimage. He became the ‘rage,’ and then he succumbed to marriage. Rumours of his infidelity and incestuous relationship with his half-sister dethroned him in a night, and he fled to Italy. He reacted to the universal censorship by writing *Manfred,* in which he becomes the intellectual god-man too subtle for men to fathom. Another of Byron’s character traits was an exaggerated sadism.
This he displayed in many of his activities and in the sympathy he openly showed for the Emperor Tiberius. His psychic sadism, as revealed in the pleasure with which he exposed the mistakes in the works of his superiors, is too well known to require further comment. Here it is interesting to recall that suicide may be the result of inverted sadism.

In respect of Don Juan, the hero grows up under the influence of a too tender mother and an unfaithful father. Don Juan is not only a deceitful seducer, but he delights in the injury done to the third party, and this has a parallel in Byron's own love affairs.

David Matthew.


Compensation corresponds to a general and perfectly reasonable need, that is, a reaction to certain social situations to which the individual finds himself unadapted or maladapted. Education has no other end but the adjustment of individual desires to the resources of environment. Reason appears as an adaptation between circumstances of action and the acting subject. It is upon this notion that the concept of 'common sense' rests upon the one hand, and 'alienation' on the other. States of maladaptation seem to multiply themselves with the increase of the social obligations of modern life.

Compensation takes place in all grades of disorder for the purpose of achieving a modus vivendi, and in Freud's sense it is an evasion of reality—a rupture with its disagreeable facts, but it makes possible a counterbalance and facilitates the rejection of the disturbing cause.

The essential element of compensation is affective, and as the creator of illusion it provides the individual not only with a reason for living, but it allows also for living according to the form which happiness demands. Truth concerns it very little, and it concerns consciousness only indirectly; illusion, however, in so far as it satisfies affectivity, burrows into the very depths of the organism. Loss of contact with externals, therefore, is one of the ends of compensation, is a constant condition of the 'schizoid,' and is not infrequently found in normal persons.

Compensation works through the imagination, which defeats the data of sense, memory, and judgment, but knows how to regroup them harmoniously to give to them an agreeable end and the appearance of reality. Imagination can so far objectivize and actualize its material as to give to it all the properties of external reality.

For this reason the alienated rejects the advances of the psychotherapist, for with the element of belief which all compensation must contain, he believes himself to be invulnerable.

The 'mythomanie' has for his end a desire to impress the outer world, to play a game which will distract the mind from its preoccupation and daily humiliations. The 'schizoid,' on the other hand, has no truck with environment, but lives a rich inner life, rarely accepting the attraction of pragmatic demands.
The psychoses of compensation, as the author chooses to call such conditions, usually develop in this 'schizoid' direction. Such cases are rarely demented, and this group should be confined to those cases which are not found to be demented on investigation, but only so relatively to their environment.

E. MILLER.

[196] Some observations on 'contrariness' or negativism.—K. M. BANHAM BRIDGES. Mental Hygiene, 1925, ix, 521.

Some psychologists state that 'contrariness' and kindred forms of behaviour are symptoms of 'negative' or 'contra' suggestibility which on analysis is found to be a defence reaction against the influence of authority and coercion. It is normal in young children about the ages of two or three years. According to McDougall, when this negative attitude persists it seems to be determined by the undue dominance of the impulse of self-assertion over that of submission. Contra-suggestibility may have a combination of causes. It may be a defence both against authority and against innate hypersuggestibility. Its determination may be further complicated by other defence reactions and associated emotional experience. One form of self-assertion is termed by Adler the 'derogatory impulse,' and is a mode of expression of an inferiority-complex or conflict. But whether it be due to simple or complex causes, negativism is always an emotional reaction involving some degree of mental conflict. There are persons who are both negatively and positively suggestible at times, and it may be that here we have a defence mechanism which has grown up largely as a protection against their innate hypersuggestibility. During the author's observations of the negativistic reactions of his subjects he noticed that these were prompted most frequently by persons who were disliked or disapproved of in some way. Acceptance of and opposition to suggestion both operate automatically and unconsciously. The outcome of blind negativism is often to make the person behave in ways contrary to his deepest wishes, to make him utter false judgments and come to hasty, biased, and inaccurate decisions. For the happiness and greater efficiency of the individual it would be well for him to be aware of these unconscious tendencies within himself, whether he is mainly of the negativistic or of the hypersuggestible type. In dealing with contrary and stubborn children, for the sake of expediency elders will often try to 'put across' their wishes by suggesting the opposite. This only helps to develop the child's negativistic tendency by force of habit, and is not assisting him to emancipation from his impulses and to intelligent control of his behaviour. Enforcing the submission and 'breaking the will' of an obstinate child are still more dangerous and futile. When the original causes of a negativistic tendency are sought out they may often include a just revolt in the beginning against an unreasonable, harsh, or intrusive authority.

C. S. R.


In this article the author gives a full anamnesis, with abstracts from the
The patient complained, among other symptoms, of certain somatic disturbances which usually assumed a definite sequence and came in definite relationship to certain activities concerning climbing. He felt a twinge in the thigh, pain in the knees, and then had a feeling of pressure in the region of the kidneys. The pressure over the kidneys was very painful. There was also aerophagy and profuse salivation, and the attack terminated in an emptying of the bowel. During the analysis the patient contracted gonorrhoea and underwent a course of treatment. The introduction of a urethral syringe brought on an immediate attack. The patient was seized with extremely unpleasant sensations, connected, however, with some libidinal pleasure. He became benumbed and a hysterical attack supervened and lasted several days; there was retching, heartburn, and constipation, ending in profuse diarrhoea.

The patient showed signs of urethral erotism, micturition being accompanied with erotic pleasure. The significance of the injection is obvious. The patient showed many passive traits. He was the spoiled and coddled son of a foolish woman. Homosexuality was manifest secondarily as a way of escape from heterosexuality, but also primarily due to a tender affection for his father, subsequently displaced on to the analyst and the urologist. The parallel between the phantasy and the somatic disturbance complained of prior to the injection is apparent. The cloacal birth phantasy is also revealed. The birth phantasy is also a regeneration phantasy; his parents are responsible for his sexual inadequacy, and so he realizes a better pro creation. The phantasy fulfils an infantile wish and is a prospective symbol of commencing improvement through analysis.

D. M.


The articles stolen were mainly pins with glass heads, pencils and occasionally pennies. The main points of interest brought to light were: the mother never really "loved her like the others"; the mother herself had a tendency towards kleptomania; the father said he was once a girl; the mother’s reiteration, "Shall we cut it off?" or "I'll have your tail"; the mother, further, used to lose her temper when she punished the little girl. The child wanted to be a kindergarten mistress. She wanted to be wise and know more than others. She wanted knowledge, a baby, a penis, and she could not help taking those things which symbolized the coveted objects.

D. M.


The group of states under consideration is heterogeneous and various names have been given to the cases comprised therein, e.g. psychopathic inferiors, constitutional inferiors, shut-in personality, paranoid personality, etc. The explanation of the various manifestations of these cases may be found in that some part of the mind normally unconscious becomes conscious and dominates...
the personality. A study of fantasy may help us to understand something of these reactions. The primal fantasy is that of intrauterine life, of supremacy, and at this stage it may well be termed incestuous. In childhood the dominant fantasy is narcissistic, in the latency period the fantasy is homosexual, in adolescence it is dominated by sex, often heavily veiled, and often finding expression in religious ardour. Fantasy also plays its part in adult life, and aids in the adaptation to life. But there are limits to the useful exercise of fantasy; beyond these we enter the field of mental abnormality. Mental illness is a regression to an earlier stage of development; e.g. in dementia praecox there is a regression to the stage of infancy, where the fantasies are incestuous. In manic-depressive cases regression has not gone so far; it has only gone back, according to the author, to the puberty stage. In psychopathic personalities we have minor degrees of regression. The conflicts that arise under those conditions may lead to sex perversions. Then we have the struggle between masculine and feminine tendencies. There is a substratum of homosexuality in everybody, and fantasy indulges this tendency. Physical illness or injury may determine a regression by closing in the stream of stimuli from the environment and permitting fantasy life to dominate.

DAVID MATTHEW.


This is a brief sketch of, and some psychoanalytical views on, the etiology of alcoholism and drug addiction. Analysis aims at revealing the way in which the symptom or craving developed, and the analysist is not satisfied until he has traced the origins of the trouble to its roots, which are always found in early childhood. The Freudian theory of sexual development is outlined, and it is pointed out that homosexuality plays a large part in the etiology of alcoholism. Behaviour in alcoholism is discussed. The primitive modes of behaviour in a person under the influence of alcohol should not be regarded as secondary and irrelevant manifestations of a toxic condition of the blood, but as an expression of primitive (unconscious) desires in the act of being gratified; to produce the gratification the strictures of conscience are relaxed, the super-ego is drugged, and the psychosexual organization undergoes temporary regression, so that more primitive instinctual cravings may be satisfied. The intoxication is produced for the sake of obtaining a definite form of gratification and only secondarily to produce a confused state in which the present loses its sharp outlines. In some persons occasional bouts of intoxication may effect an economy of psychical energy by decreasing the accumulated discomfort of intrapsychic conflict; but others put alcohol to another use, viz., to the prevention of accumulation by allowing gratification of their repressed impulses in divided doses, so to speak; these are the temperate, drinkers. By keeping up a regular though not intoxicated conviviality the drinker maintains a certain peace of mind. If through increase in the strength of the unconscious impulses or outward stress regression takes place, there is then the tendency to become an intemperate drinker. The psychical utility of alcohol to those inclined to neurosis or psychosis should not be
underestimated. Alcohol does not, however, permanently eliminate mental discomfort; on the contrary, in many cases it increases it, because (1) it reduces the capacity for sublimation; (2) it tends to make regression easier and in some cases permanent; and (3) as it is a slow poison its effect in destroying the super-ego is not quick enough entirely to deaden the pangs of self-criticism, nor slow enough to let deterioration pass unnoticed. Inebriety is not a disease but a symptom, and it is an attempt on the part of the patient to effect a cure of his disease.

C. S. R.

[201] The influence of oral erotism on character formation.—KARL ABRAHAM.


Oral elements of infantile sexuality do not need to be absorbed by character formation and sublimation to the same extent as anal ones. Oral traits are found in combination with anal ones. Oral erotism precedes anal. Direct manifestations of oral erotism are never wholly given up, yet they must largely be renounced. The sucking stage is followed by the biting stage. As sucking is being given up the child is being trained in habits of cleanliness. As there is pleasure in sucking, so is there pleasure in voiding. Later, learning to retain carries with it its own peculiar pleasure. There are three important functions, viz., getting, retaining, and giving out, and the adaptation to them plays an important part in the individual's subsequent social relations. The sucking period may be abnormally rich in pain or in pleasure. The effect is the same. The child leaves the sucking stage under difficulties, and the next stage, biting (primitive sadism), is emphasized. In practice this leads to the character traits of jealousy and hostility. Parsimony and avarice belong to the clinical phenomena of the anal character. Where the sucking period is undisturbed and highly pleasurable two distinct types may evolve: (1) a group in which a deep-rooted conviction that all will be well helps in the attainment of practical ends; (2) in the second the belief that there will always be some one to nurture them condemns them to a life of inactivity. In contrast to this we have the melancholic seriousness and pessimism of the anal character, but this also has its roots in disappointment of oral desires. Oral erotism is again evident in those people who make persistent demands on others—veritable leeches. There may be an element of sadism here. In contrast to this we have the character trait of garrulity, giving by the mouth. In some neurotics speech is used to express the entire range of instinctual trends. The compulsion to talk signifies the desire to attack, killing, as well as every kind of bodily evacuation, including ejaculation.

These manifestations are in striking contrast to the reticence that marks the anal character. Derivatives of sucking and biting lead to a certain ambivalence between friendliness and hostility. Generosity belongs to the first oral stage and envy to the second. People gratified in the first oral stage tend to be bright and sociable, those fixed at the second sadistic oral stage tend to be hostile and snappy, while moroseness, inaccessibility and reticence belong to the anal character. Oral characters are accessible to new ideas, good and bad, while conservative behaviour is an anal trait.
Impatience, importunity and restlessness are oral traits contrasting with the perseverance and tenacity of the anal character. Ambition has a root in oral erotism as well as in urethral erotism. In the normal formation of character we invariably find derivatives from all the original sources, oral, anal and urethral in combination.

D. M.


The patient was admitted in a manic state, playing a mouth organ and holding a doll and a bottle of wine. He had been brought in apparently for molesting in the streets.

The history which was gradually obtained from the patient and partly from the wife was as follows:

When thirteen he remembers while dancing with a little girl, age nine, who had black on her hands, that he became wet and had a voluptuous sensation. He repeated the experience. He got to know his present wife in 1910, and they practised coitus interruptus for some time. After marriage he noticed he could only perform coitus by wearing black and white gloves at the time. The birth of a child made no difference to the perversion. He began to be obsessed by women’s white and black gloves in the street. This gradually sapped his efficiency. He went downhill, became a debtor, a gambler, and his attraction to gloved hands in the street made him very unpunctual and he lost his job.

He seemed to become more restful and satisfied while in hospital.

The nature of perversion is discussed, whether it has an endogenous source as Hirschfeld supposes, i.e., is due to inborn deficiency; or exogenous, according to trend, i.e., due to experiences in early childhood—in this case with development of sexuality along a side track. It is debated whether such conditions arise from weakness of the will; on the other hand this may be due, it is argued, to the will-weakening effect of the onanism. Hence the vicious circle. The author pleads for a closer consideration of such cases at earlier stages in the development of the perversion and hence for better chances of therapeutic success.

E. Miller.


The author has had ample experience in the investigation of sexual crimes, and in this paper he endeavours to show that if certain modern views concerning the evolution of sexual development are accepted much will be added to our understanding of these difficult cases. Throughout the article the teaching and terminology of the psychoanalytic school are followed fairly closely if not deeply.

The author sees the influence of the Oedipus complex in the case of a young man who openly attempts sexual relations with his mother. He does
not think that the Œdipus complex is a common cause of incest, the usual causes being drunkenness, propinquity and deprivation.

Strong homosexual tendencies are not infrequent causes of crime. Such crimes vary from slight misdemeanours to serious offences punishable by a life sentence.

Homosexuality may be the motive for murder, as in the case of a man who murdered a woman without at first revealing any motive. Investigation, however, showed that immoral relations had for some time existed between the prisoner and another man, in which the former played the passive part. The latter was to have married the murdered woman. Homosexuality may also be the motive where a person murders another of the same sex, and in double suicide occurring in people of the same sex.

The attempt at or even the desire for adult sexual union is frequently absent in sexual offences. Complete gratification, even emission, may be obtained from looking, touching, exhibiting, etc. The snipping of girls' hair, the stealing of women's underclothing, may be due to fetichism.

Strong sadistic tendency may result in criminal behaviour. Under this heading come dress-slashers, pin-prickers, etc., as well as those who commit violent rape. Some would also include dress-defilers, but the author puts this down to anal erotism. Sadism is not a common cause of murder in this country, yet in one case a murderer admitted that he experienced sexual satisfaction whilst killing. Regression, projection and identification in their relationship to sex offences are also briefly discussed, and the two latter are put forward as the possible mental mechanism behind the productions of the obscene and libellous letter-writer.

The author closes with an appeal to the family physician to interest himself in these matters, as he has the opportunity of watching abnormal sexual behaviour from its beginning.

DAVID MATTHEW.


The author asks for a more broadminded outlook on the question of delinquency. It is of great importance that the first offender, particularly if he is a juvenile, be thoroughly examined physically and mentally. Physical causes must be excluded first, as a physical defect, by making the earning of a livelihood difficult, may be a factor in determining the first criminal act, and the removal or alleviation of the defect may result in a new mental attitude. Endocrine anomalies and toxaemia must also be considered. In cases of mental defect early recognition of the condition and suitable care of the patients would prevent them starting on a career of crime. In respect of so-called moral imbecility, the author has not met any patients who were not also mentally defective, incipient psychotic, post-encephalitic or psychological cases. Psychological factors must be considered; mental conflict must be recognized as a clinical entity. The author does not go deeply into this question, since in many instances only psychological talks were necessary, these resulting in the patient's being able to make a new adaptation. Only a few cases require prolonged analysis, e.g., cases of homosexuality or periodic alcoholism. All cases of mental conflict are not suitable for analysis, as they
may be too advanced, or inborn factors too powerful. Only those individuals who have themselves been analysed are qualified to analyse others. If we are to understand delinquency we must spend most of our time not in the laboratory but in the consulting room, where there is an investigation into life and the mainsprings of action.

DAVID MATTHEW.


The time-worn dictum Mens sana in corpore sano may receive confirmation when we can investigate subtle biochemical and biophysical phenomena. The effect of thyroxin on the most recently evolved portion of the cerebral cortex is now a matter of everyday knowledge. The importance of the reproductive organs is made obvious when we observe the changes of mental attitude of the individual in adolescence and the involutinal period. The function of reproduction is dependent on the functionally correlated endocrine system. There are male and female sensitizing hormones, the secretion of the interstitial cells of the sex glands, which determine sex and sex characteristics. Any anomaly in the relative proportion of these substances will influence conduct and may explain masculine women, effeminate men, hermaphroditism, etc. Homosexuality may result from imperfection of sex determination, instead of being an inborn characteristic. Cases of mental disorder at the climacteric are frequently associated with disorders of the endocrine and vegetative nervous systems. The furniture of the mind depends in the first place upon the inborn germinal raw material. These fundamentals are begotten with the body, and they predetermine character and conduct. An inherited disproportion or lack of harmony between these fundamentals results in mental instability or disorder. With this instability of the highest revolutionary levels genius is often associated. A study of family histories reveals the importance of neuropathic and psychopathic inheritance, the liability of adolescence and the involutinal period to exhibit neuroses and psychoses, and the fact that child-bearing and lactation act as an exciting cause of mental disorder. Alcohol is not a stimulant, but a narcotic; like suspension of oxygenation processes, its effect is first felt at the highest cortical level and it influences the deeper levels later, thus causing a suspension of function in varying degrees of intensity. The slighter effect is merely a suspension of inhibition with over-reaction at the perceptual and ideational levels. Intense effects result in catatonic stupor. There may be either hypo-function or suspension of function. Recurring or intermittent cases are due to hypofunction. The author has formed the opinion that dementia praecox is due to an inborn germinal defect generally, especially affecting the highest evolutionary parts of the brain and the reproductive endocrine glands. He does not imply that mental therapy is hopeless, but directs attention to the importance of inborn factors. Biological, sociological and psychological research must be stimulated, and we must further the application of the principles of medicine, including psychotherapy, with a view to the cure or alleviation of mental disorder.

D. M.

The article deals with a record of cases of mental disease associated with chronic or latent infections of the head and of the female genital tract. It is claimed that considerable amelioration and apparent cure resulted from the removal of the infective processes. The author says that the bearing of these infective processes on the causation and duration of mental disorder is a matter of opinion; that they play some part cannot be denied, and if by treating them some improvement or amelioration ensues, it is clear that the earlier the case is treated the better. The article is amply illustrated with radiographs and clinical histories.

D. M.


A review of 13,761 cases of mental defect which were given the Wasserman test showed positive reactions in 1,069, or 7.8 per cent. A review of 25,576 non-defective children given the Wasserman test showed positive reactions in 1,376 or 5.3 per cent. In many cases at a State school tested by the same means, 3.4 per cent., reacted positively and an analysis of these positive cases showed that only 1.7 per cent. of the total number tested could be considered as due to congenital syphilis uncomplicated by other major etiological factors. The writer’s analysis and the resulting figures tend to revise our estimate of syphilis as a cause of mental deficiency, and to place this disease among the minor factors.

C. S. R.


At the present stage of development of psychology and psychiatry, the best possible instrumentality at the command of the legal order, especially in a hearing on the question of possible mitigation of punishment in the ‘borderline cases,’ is a thorough psychological, neurological and psychiatric examination along the lines employed by the defence experts in the Leopold-Loeb hearing. To ensure an unbiased interpretation of and report upon those findings some instrumentality must be devised and adopted whereby the experts are not placed in the position of awakening a suspicion of possible conscious or unconscious partisanship. In the absence of such machinery the defence experts in the above case took the initiative in urging an impartial conference between themselves and the prosecution experts, but public opinion exerted too much pressure upon the prosecutor to make this scientific procedure possible. The use of the characterizations ‘abnormal’ and ‘pathological’ by the experts for the defence, although not as careful as it might have been, did not, on the whole, constitute a begging of the question any more than an expert is begging the question if he calls the weather ‘abnormal.’ That alienists disagree in the interpretation of the facts is a condition inherent in the case. Absolute precision at the present stage of
psychological and psychiatric learning is an impossible ideal; the employment of experienced, trustworthy, and unbiased experts is possible. The defence experts did not confuse emotions and sentiments, and McDougall's psychological view, which makes this distinction most clearly, is, on the whole, not inconsistent with the stand taken by the experts as to the apparent existence, side by side, of normal or even supernormal intelligence and an infantile emotional life. If an almost total lack of development of the constitutional emotional bases for the organization of certain fundamental social sentiments is a sign, together with many others, of mental abnormality, then, on the evidence before them and in the light of their knowledge and experience, the experts rightly characterized Leopold and Loeb as 'abnormal.' They rightly concluded, too, that the evidence before them pointed not only to abnormality, but to abnormality of such type and degree as to be clinically classifiable as 'pathological.' Nevertheless, the report would have been less open to criticism had it been couched in more temperate language.

C. S. R.


Forgetting is motivated by some painful affect associated with the forgotten idea. The question then arises, how do repressed ideas re-enter consciousness at the end of a series of free associations? According to Freud, the answer would be that the subject prefers the lesser pain of reproducing the repressed idea to the greater pain of frustration of the attempt. In the neurosis it is the burden of the illness that is the incentive. The pain which the resistance was designed to banish becomes itself the means of obtaining pleasure. That the return to memory of the repressed idea is due to the tendency to preserve a state of euphoria cannot be sustained. On the contrary, it is determined by the pleasure-pain principle. It has been observed that the associations immediately preceding the return of the forgotten idea have a pleasurable effect. The subject raises his self-esteem in anticipation of the blow which must accompany the remembering. Two illustrative examples are given.

In some analyses the compensating thought does not form part of the train of associations, but in some such cases one can discover that it did arise in consciousness and was repressed. On questioning it may appear in the form of an excuse. It is not absent in cases of neurosis, and would explain the removal of repression after the patient has told the analyst 'a bit of his mind.' The resistance may be overcome at a single blow if the analyst suggests the compensating thought at the appropriate time.

In therapeutic psychoanalysis we see clearly the discounting of the motive of repression when the patient gives expression to the most distressing and dangerous ideas unaccompanied by any affect; this is of no value to the analysis. There are two definite pathological types; in one there is no compensation of any sort, in the second the compensating thoughts are of a megalomaniac nature. To the former belong the paraphrenic group (Freud). Dementia praecox patients exhaust themselves in a frenzy of symbolic action and thought accompanied by violent disturbance, yet reveal the true meaning
of the symbolism with an extraordinary calm. The affect is displaced on to the symbol. The paranoiac, on the other hand, protects himself against the painful unconscious idea by opposing to it a compensating idea of a megalomaniac nature. In both cases it is the patient's narcissism that has to be defended.


The author contends that sufficient attention has not been given by psychoanalysts to the interpretation of graphic productions. The same technique is used in the analysis of graphic art productions as that employed in dream interpretation, and the same mechanisms, viz., condensation, displacement, dramatization, secondary elaboration, etc., are found in both. Nearly all types of neurotic patients can be persuaded to draw some sort of picture. Resistance may cause the production to stop short, may inhibit it altogether, or cause it to be destroyed. The manifest content of pictures is usually exhibited in labels, titles, or free descriptions. The latent content obtained by psychoanalytic technique reveals the presence of repressed impulses and emotions. The pictures may also reveal the present state of the transference. Periodic pictures bring out the progress of the analysis. The drawings often show a striking resemblance to the artistic attempts of primitive man, and they are rich in ancient symbolism. They thus offer a fruitful field for the study of the collective unconscious. The productions of graphic art serve in the important process of objectification, and in the socialization of conflicts. Pfister conceives that an artistic work acts in a solution of the conflict, counteracts introversion and prevents the individual from being swallowed up by the ego. These imaginative solutions may fail, or so much pleasure be derived from them that the artist prefers them to reality.


A REMARKABLE custom on Marken is that till they reach their seventh year the boys wear girls' clothes. What is the unconscious motive for this custom? It would humiliate any normal boy in any other country. It makes him equal to the girls. We might call it symbolic castration inflicted by the father, who fears the boy's growing sexual potency. At the age of seven the boys are given clothes like the men, whom they now accompany to the sea, and so are withdrawn from the society of their mothers and sisters. The strange custom is yet another manifestation of the Oedipus complex.


In an interesting paper in which the history of trial by jury is outlined, the author refers to the proposal to take the issue of insanity out of the hands of the jury and to have it decided by a commission of experts. His concluding
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remarks are worth quoting in full. "We already have so many commissions that we are in some danger of becoming a government by commissions. It is now proposed to extend this method, or something like it, to the courts, for the courts, too, are the objects of reconstruction. But before we lend ourselves to the advocacy of any substitute for the old-fashioned trial by jury, we should stop, look and listen. That system of trial is the result of long process of evolution and reflects the wisdom of the ages. It is its abuse in this country, and not its inherent defects, that calls for remedy. Among these abuses is the abuse of expert testimony, for which some experts are not irresponsible. Therefore, if the medical profession, with its long tradition of conservatism, would serve the public, it would probably best do so, not by attempting to reform the courts, but by using its best thought and its best influence to reform some of the experts."

R. M. S.

PROGNOSIS AND TREATMENT.


Probably the bulk of patients in ordinary practice present some disorder, however slight, of mind, conduct, or feeling. Failure to deal with these minor disorders by the physician may account for some of the vogue of Christian Science, and other forms of irregular practice. The multiplicity of the causes, hereditary, environmental, physical and purely mental or psychological, complicates the problem of prevention. The influence of heredity in genius, crime, and insanity is recognized, and examples are cited, such as the Jakes family, in which the 540 legitimate and 169 illegitimate descendants of the original Max Jakes (born ? 1730) provides the most striking proof of the heredity of crime and of its relation to prostitution and mental diseases.

The influence of hereditary factors necessarily involves consideration of eugenic measures as methods of prevention. Without being reactionary, we may wisely hesitate before advocating strict eugenic measures, for if the inborn tendency to variation which is responsible both for mental weakness and for intellectual ability were removed, a dead level of standardized men like 'Robots' might conceivably result. Exaggeration of the influence of heredity has had a fatalistic and stifling effect on research. What is so often assumed to be hereditary may be really acquired in early youth, as a result of family environment.

A tendency may remain latent until some stress is brought to bear, and this stress may act in virtue of psychopathic predisposition; an absolutely normal person would be capable of reacting satisfactorily to the stress, and would escape. But mental disorder may occur in the absence of hereditary influence.

Hereditary taint appears to manifest itself earlier in life than do mental disorders due solely to stresses.

Chronic infective foci and the resulting toxaemia constitute an important factor, disposing to and even determining mental disturbance by diminishing the resistance of the body and by producing degenerative changes in the