often of an asthenic habit, liable to feeble connective-tissue formations and visceroptosis; they need a world of days lasting 12 hours, six for sleep: mental overstrain does not produce neurasthenia in normal people, unless sexual excess, sleeplessness, alcohol, etc., are superadded. Similarly, mental exertion does not affect metabolism.

Hysteria is a mental disorder, but of emotion rather than intellect, and still more one of will: he regards most of the war hysterics as suffering from 'dysbulia,' their will being directed wholly or partly consciously into wrong paths; he asks himself with each patient "What does he want?" But such a misdirection of will does not lead in normal people to hysterical symptoms, or at least only under hypnosis. The other requirement is the hysterical constitution. This may be recognised by physical signs; hysterics are never ugly, but usually have well formed features and physical make-up. They have either a rather expressionless face, or an exaggerated and staring look, but never a normal play of facial movement: their hands are shapely but lack expression. He does not consider that they are in any way related to sympathetic or vasotonic or vasotonic cases. Generally there is some degree of bodily infantilism or impaired development, and hereditary factors enter into their constitution.

M. R. BARKAS.


According to the author stammering is due to the employment of the same movements in attempted speech as would ordinarily be concerned in the act of suckling in infancy. Stammerers are therefore "oral erotics" who have fixated the action of suckling as a result of some psychic trauma at this period of life. The therapeutic application of this hypothesis is not clear. A "phantasy" of a stammerer as to her emotional experiences with a wet nurse is given, but, like all such narratives, when set down in cold print it fails to convey much conviction.

R. G. G.

PSYCHOSES.


The physiology of sweating is briefly discussed as well as the types of sudorific reaction and the factor of sudorific delay with the influences modifying it. From a series of experiments some correlation between the factor of sudorific delay and the mental state has been demonstrated. A routine examination of 77 individuals, consisting of five controls and 72 patients in Parkside Mental Hospital, revealed a wide variation in the factor of sudorific delay. It was made clear that dementia praecox was accompanied by a marked delay in the onset of sudoriferous activity, and that mania showed some increased rapidity.
of onset as compared both with the average figure for healthy persons and with those suffering from other mental diseases. It is of interest to note that there is little correspondence between the temporary mental state and the factor of sudorific delay; the chief factor being the permanent mental condition. In attempting to explain these findings certain generally accepted facts may give some clue: (1) marked alteration in the structure of the endocrine glands has been observed by some in varying types of mental disease—notably in dementia praecox; (2) the endocrine and sympathetic systems are closely allied and interdependent; (3) the secretion of sensible perspiration, according to Langley, is under control of the central nervous system through the sympathetic system. Thus a damping down of the activity of the sympathetic nervous system will result in impairment of response to heat of the sudoriferous glands. A possible explanation of the high sudorific delay given by primary dementia cases and the low sudorific delay given by mania is found in the sluggishness or increased activity of the sympathetic systems in these cases. An interesting analogy may be pointed out between the sudoriferous activity of the palms at rest and the body after exposure to heat in the postencephalitic states and dementia praecox. One would imagine a habit-formation to have some influence on sudoriferous activity, the maniac, on account of his restlessness, sweating much more frequently than the primary dement, and thus reacting more quickly when exposed to radiant heat. In the series of cases examined, however, the sudorific delay of the restless dement or the dement leading a fairly active life was found to differ very little from that of cases of catatonic stupor.

C. S. R.


The authors discuss fifty cases of psychoses associated with or following childbirth. The diagnoses were: manic-depressive, 18 cases; toxic-exhaustive, 17; dementia praecox, 13; general paralysis, 1; and psychoneurosis, 1.

The chief points of interest brought out in the clinical studies were that, although the occurrence of manic-depressive psychosis is not determined by childbirth, its clinical picture may be coloured by it, and there is greater likelihood of hypermanic states, disturbance of the sensorium, and hallucinosis. In dementia praecox there is a greater frequency of manic-depressive features than is usually noted, and, as in manic-depressive psychoses, the sensorium is likely to be clouded. Contrary to the usual belief, dementia praecox following childbirth does not deteriorate with unusual rapidity. The term "puerperal psychosis" does not represent a clinical entity and should not be used.

R. M. S.

A case of uræmic delirium is described fully. The patient presented certain paranoid delusions and hallucinations which she remembered and related afterwards. At no other time in her life did she have any paranoid symptoms. The delusions were subjected to a psychoanalytic interpretation on the ground that they represented release phenomena due to the poisoning of higher cortical levels.

R. G. Gordon.


Two pairs of identical twins suffering from dementia praecox are described and six others described in the literature are referred to. A case of dementia praecox in one of a pair of identical twins has not yet been reported. This is strong evidence in favour of the contention that this disease is germinal in origin.

R. G. G.


This paper, published originally in 1908, was the first psychoanalytic treatise on the subject of alcoholism, and is not otherwise accessible.

Men are more prone to alcoholic indulgence than women. Addiction to alcohol has been regarded as a token of manliness. Drinking is generally regarded as unwomanly, at least it is not the subject of boasting as it sometimes is in man. Is this difference due to a difference of sexuality? Female sexuality shows greater proneness to repression and resistance-formation. Repression of infantile activities suffers reinforcement at puberty, with resultant passive female reaction. The active male libido tends to overcome resistance.

The sex instinct is very complex, and as the primacy of the heterosexual component is attained the other component instincts are repressed and sublimated in the form of social activities. Alcohol dispels resistance and injures or destroys these sublimations. This is exemplified in the release of homosexual activities in men under the influence of alcohol, both in their behaviour to each other and in the circulation of obscene jokes (Freud has termed this mental denudation). Under the influence of alcohol flirtations assume brutal and repulsive forms. Alcohol also lets loose sadistic and masochistic tendencies. This can be seen in student drinking customs. The incest barrier is not always respected by alcohol, e.g. the case of Lot’s daughters.
Alcohol releases sexual activity and stimulates the masculine complex. The inhibitions removed by alcohol are the products of the sublimation of sexual energy. Alcohol gives rise to a feeling of sexual capacity.

When we drink a man’s health we signify the desire that the vivifying properties of the wine will benefit him. Respect for prowess in drinking is bound up with respect for sexual prowess. The man who does not drink is considered a weakling. Bragging of drinking exploits is characteristic of early manhood, and in later years alcohol is sometimes sought after on account of decreasing potency. Alcohol flatters a man’s sense of manhood. Woman’s appeal to man lies in her resistances. Alcohol would remove these resistances and so rob her of her charm; thus it does not appeal to her with the same force. Under observation women addicts reveal homosexual tendencies.

There is an analogy between alcoholism and sexual perversion. The pervert is fixated at a preliminary sexual goal; alcohol produces sexual excitement; to the alcoholic this becomes the end, not the means. Further, the alcoholic, like the pervert and the neurotic, wards off any attack on his symptom because it is an attack on his sexuality. The well-known jealousy of drunkards is the result of diminishing sexual potency. He uses alcohol as a source of effortless sexual gratification. The misuse of drugs seems to be explicable in the same way as alcoholism.

David Matthew.


Investigation has indicated that there is no demonstrable relation between acidosis and personality disorders, but the possibility that conditions of alkali excess or carbon dioxide deficit may have some relation to states of mental tension is suggested by observations of the development of tetany and convulsions in conditions of alkalosis. Henry and Ebeling made calcium determinations on specimens from 88 patients, eleven of whom presented no personality disorder. Phosphorus determinations were made on specimens from 68 persons, seven of whom presented no personality disorder. The calcium and phosphorus content of the blood in personality disorders was found to be within normal limits, but in manic states there was a relative increase in the calcium and phosphorus content. In tense agitated, depressed states there was a relative decrease, while in both acute and chronic dementia praecox the content was unchanged. In this disease the calcium content is lowest in the catatonic type. Ultra-violet radiation, although clinically of value in personality disorders, had no effect on the blood calcium and blood phosphorus. The authors conclude by stating that there appears to be a rational basis for calcium and phosphorus therapy in tense, agitated, depressed states.

R. M. S.

The influence of mental processes on metabolism is most striking in pathological mental states, normal variations being relatively slight and little being known about the interaction of mind and body under normal conditions. Grafe has recently shown in the case of a patient who was under prolonged experimental investigation of his metabolism and had long been in equilibrium, how the chance incidence of seriously distressing news, affecting himself and his family, caused him to lose two kilogrammes in weight in a few days while taking the same food and living the same mode of life. Experiments on the effect of intellectual effort on metabolism have so far yielded no decisive results, but emotional stimuli under hypnosis have been shown by Grafe to give in a certain number of cases, though not all, a rise in the metabolic rate; in another experiment Heyer and Grote found that persons given lasting post-hypnotic suggestions of emotionally stirring kinds, showed a considerable increase of excretion of phosphorus as compared with their output during other control periods, and in some cases this was combined with increased calcium excretion.

The author's experiments consisted in taking the basal metabolism in the usual way, resting and awake, then in hypnotic sleep, and then in emotional states produced in hypnosis and under hypnotic suggestion, letting these states alternate to imitate the variability of mood of the neurotic. The nature of the suggestions given was such as to touch on the special unconscious complexes of the person on whom the experiment was made, so as to produce the maximal emotional response and development of anxiety: the reason for this was that the author believes that organic disorders produced by emotions are usually due to those the source of which is not consciously known to the patient. Hence the experiments were further extended to include posthypnotic periods in which the emotion suggested was maintained, while the causal thought remained unknown to the now conscious patient. Under hypnosis an idea causing anxiety was suggested, and associated with the sight of a handkerchief in such a way that on waking the presentation of the handkerchief held up would arouse the emotion, but not the memory of its cause, while the dropping of the handkerchief would stimulate the complete memory to come into the normal consciousness. Throughout the metabolism experiments complete motor rest was maintained, and control basal metabolic rates were also taken on the previous day. The frequency of pulse and respiration was also noted in the various phases; after the experiment the emotional upset was removed by suggestion in hypnosis, and after a period of rest a final determination of the metabolic rate was taken.
Three cases are given in detail in which the complete series of tests was made; in others tried, the subjects either did not remain in hypnosis or failed to go under while keeping the apparatus in the mouth. These three had all been hypnotised frequently before in the course of treatment of various neurotic disorders— one for asthma, one for hysterical heart symptoms, and one was a hyperthyroid case with vasomotor disturbances. The first case showed no material change from the B.M.R. during hypnotic sleep and suggested emotional stimulus (being back at home and searching for his father with the fear he had been injured); suggestion of calm and rest after this reduced the rate by 3.5 per cent., but after waking the restoration of the emotion at the sight of the raised handkerchief caused a rise of the pulse rate to 102 (from a normal 92) and a rise in the metabolic rate of +18.1 per cent., with a subjective sensation of anxiety, though according to previous suggestion there was no increase of muscle tension and no movement. The patient's normal B.M.R. was that proper to his age and size.

The second patient had a B.M.R. 13.9 per cent. above that calculated for him; this decreased by 8.9 per cent. in deep hypnotic sleep; suggestion of playing football raised it to 7.8 per cent. above the resting value before hypnosis, and then suggestion of complete rest lowered it to 13.6 per cent. below the original resting value. During the football suggestion some leg movements occurred. Next came a suggestion of a tram accident in which he was vainly seeking his mother; his pulse rose from 72 to 100, and he became acutely anxious to the point of collapse, his pulse thready and running, face pale, and general trembling, so that he had to be brought round. The metabolic rate taken just before the trembling began, had sunk to 26.6 per cent. below the resting value. All memory and ill effects were removed by further suggestion. The surprising lowering, instead of raising, of the rate with emotional stress is ascribed to a lowering from shock of the vascular tone and accumulation of blood in the splanchnic area, with cerebral anaemia. During the period following, when normal resting conditions were restored, the metabolic rate returned to its normal value, the reproduction of the emotion at the sight of the handkerchief raised the metabolism 6.6 per cent. only.

The third case had a basal metabolic rate of +29.8 per cent., the patient was an excitable hyperthyroidal woman, with a pulse rate of 104-112; neither the pulse rate nor the B.M.R. could be lowered by hypnosis and sleep suggestions; the hypnotic suggestion that she was lost in a wood in a storm and lost sight of her mother produced only 6.1 rise in metabolic rate, but this persisted for a considerable time despite suggestions of calm, and also when the emotion was revived by showing the handkerchief after awakening from hypnosis; when, however, the handkerchief was dropped, and the conscious posthypnotic memory of the imaginary experience returned, an acute anxiety reaction occurred with a thready pulse of 116 and collapse; here again the metabolic rate fell to 14.2 per cent. below the original value.
Thus the author claims that these experiments show that emotional experiences, whether their cause be conscious or unconscious, may cause alterations of the metabolic rate, and he believes that this is the first time it has been shown that shock from acute anxiety will produce a sudden and considerable fall in the metabolic rate.

M. R. Barkas.

PSYCHOPATHOLOGY.


A circulatory rating test was used during the war to aid in detecting aviators who were unstable, and therefore were not in condition to fly at that time. In applying this test to a group of psychotic cases it was found that 82.61 per cent. of the hebephrenic and catatonic types of dementia praecox patients rated low and that only 26.9 per cent. of the paranoid types rated low. Also only 11.2 per cent. of the manic-depressive patients rated low. In 4,800 necropsies reported by Lewis he found that 71.55 per cent. of the hebephrenic and catatonic types had a small aplastic heart, the incomplete development involving also the capillary system. Furthermore 75.5 per cent. of these had hearts of less than average weight, while only 7.8 per cent. of the paranoids had such. A revised test was applied to 100 adolescent children and 15 were found to have a low rating; the principal of the school stated that all of them were 'problem children,' and the histories obtained from both the teachers and the pupils revealed the existence of many neurotic symptoms. On testing 100 adolescent feebleminded children, only two graded low. One of them had an organic heart disease, both were of the familial type of feebleminded, and neither was syphilitic. As a group, the mental defects graded high in the circulatory rating test. In reading the literature on the pathology of mental defect one finds very little concerning the cardiovascular system. The circulatory test seems a valuable instrument for detecting a certain type of individual.

C. S. R.

[114] Intestinal hepatic and renal lesions in cases of amentia (Lesioni intestinali, epatiche e renali in casi di amenza).—C. Mazzanti. Riv. di pat. nerv. e ment., 1926, xxxi, 160.

Of twelve cases of mental confusion which came to post-mortem examination, eight showed macroscopic lesions of a hemorrhagic, congestive and degenerative type in the digestive tract. In another case of mental confusion which did not show macroscopic lesions the patient had suffered from intestinal derangement which continued till death. Three cases studied microscopically showed scattered degenerative lesions of the mucosa of the intestine and also in the liver and kidney.

These lesions suggest that in confusional states there is absorption of intestinal toxins and that the liver and kidney, essentially defensive organs, may facilitate the intoxication by concomitant acute lesions (probably secondary for the most part) and by chronic lesions of long standing which interfere with their functional equilibrium.

R. G. G.