NEUROSES AND PSYCHONEUROSES.


Psychopathic types with analogous causes are often different in various races. Amok is a temporary paroxysmal state with an impulse to kill. It is impossible to foresee its onset in a Malay and it suddenly appears without any known prodromata. The subject who is seized with an attack pursues and makes onslaughts upon all whom he meets, utilising any weapon within his reach. This violent outbreak is well-known to the population and as soon as it is announced that someone is “running Amok,” the tam-tam is beaten and everyone hides himself as quickly as possible. The victim of Amok spreads terror, for he is insensible to physical pain and inaccessible to any intimidation. The Malays maintain that he who runs Amok “sees the tiger” and that his excitement arises from that. It is not easy to know much of the progress and termination of the attack as European physicians seldom have the opportunity of making such observations and it is rarely that a case is admitted to an asylum. Some cases, however, have been studied by Van Loon of Batavia. Usually after some hours the patient quiets and falls into a more or less prolonged stupor from which he awakens with no memory of the attack. He appears then to be just as he was before, with no special pathological symptom. Through its characteristics, Amok has been thought possibly to be an epileptic equivalent. Among Malay epileptics, however, Amok is not specially observed and no epileptic history or signs are found in sufferers from the latter disease. In many cases, it has been proved that in the height of the attack malaria was active and in others that there was a febrile state of uncertain origin. It seems reasonable to look upon Amok as a sudden and acute confusional attack with terrifying hallucinations and comparable with an alcoholic delirium. The fact that, as local tradition has it, the victim “sees a tiger,” which is his constant natural enemy, would be some presumption in favour of visual hallucinations. It is stated, too, that those who frequent those regions where malaria is especially rife well know these confusional attacks with frequent aggressive reactions.

Latah is a state equally paroxysmal but much less dramatic. It appears in 98 per cent. of cases in women between 35 and 50. They, too, are usually not of much intelligence and live in contact with Europeans as domestic servants. The Latah victim suddenly becomes agitated and shows an irresistible impulse to copy all the gestures, however absurd, that she sees performed. ‘The attack is accompanied by a naive babble expressing desire to be like their masters in every way. Frequently obscenities and erotic gesticulations are superadded. After some hours the attack disappears, the Malay resuming her usual devoted attitude. In spite of these inconveniences the servants subject to Latah are not considered a nuisance and their services are appreciated. It is regarded
as somewhat difficult to place the disorder nosologically. We note explosive manifestations of an affect ordinarily suppressed. Often the attack appears after an erotic dream and is perhaps the attempt to live out such a dream.

C. S. R.


After a history and description of a case, that of a young woman of 19 years of age, the author concludes that there are two factors in dual personality: (1) a divided mental life, and (2) a nervous system deficient in energy. Without these two factors, we might have an abnormal manifestation, but hardly a duality. Had the young woman’s life not been of such a character as to drive her to attempt to escape from reality by imagining a happier and freer existence, there would not have been the two phases to be dissociated. On the other hand had she been in vigorous mental health with a nervous system full of energy, she might have gone on dreaming of a happier existence but never losing contact with real life. There is probably more or less of a causal connection between the two factors, for a vigorous nervous system would have enabled her to face the actual conditions with more courage, with the result that she would have more effectively controlled them and there would not have been the necessity for leading the imaginary life. It is regarded as worthy of note that the patient had unusually good intelligence. This is probably not accidental. Prince’s case of Miss Beauchamp was likewise that of a woman of high intelligence. This would seem to be essential, that there might be enough imagination to create the ideal world in which the person of secondary personality lives. One cannot conceive of a feebleminded person ever developing a dual personality.

C. S. R.


An account is given of a case of conversion hysteria treated by abreaction. The patient, a girl of 19, had three or four major hysterical fits at each menstruation, since at the age of 17 she had been pushed off a pier by a rough crowd and had been nearly drowned. She had complete amnesia for this, but the memory for it was recovered under hypnosis and caused much emotional excitement, and the suggestion was made that she would still remember it on waking. Since then she has had no more fits.

Discussing the cause of the cure, the author regards as the essential factor the abolition of the amnesia and the consequent reintegration of the patient’s mind, and denies the truth of the theory often propounded that it is the freeing of pent-up emotion, the existence of which as an energising force he regards as questionable. He emphasises the importance in his case of the patient’s mind being re integrated by her remembering the incidents at the root of the neurosis as part of her personal experience.

E. Casson,
The author discusses neurasthenia, the clinical picture of which he regards as the result of inefficient suprarenal activity added to thyroid hyperactivity. Its differential diagnosis from inverted maternal instinct is examined, where a childless woman bestows on herself and her own health all the thought, interest, and assiduous care she would have given to a child. For the latter condition he recommends the adoption of a child, as he points out that it never occurs in teachers or nurses.

E. Casson.

**PSYCHOSES.**

Among about 3,000 convicts who were placed under mental observation, there were 19 cases in which disordered states of a prison type were observed. Of these none can be said to have conformed in all respects with the conditions it seemed necessary to adopt in defining a true 'prison psychosis.' Five of them were certified insane, the remainder being discharged from the prison hospital after periods of observation varying from a few weeks to several months. The condition which has been described appears to form a connecting link between the anxiety neuroses of a traumatic origin on the one hand and systematized delusional insanity on the other, bordering on the former more especially in first offenders who have temporarily lost their capacity to realise the full responsibility for their crimes, and on the latter in recidivists whose antisocial feelings are more strongly developed, and whose facility in projecting their guilt appears to be more pronounced. The recovery from the disorder on discharge resembles in some cases the solution of a conflict in persons who have suffered from nervous symptoms as a result of an accident, when their claim for damages is settled by monetary compensation. In the more long-standing ones, however, the querulant habit may be too firmly established to permit of this solution. The development of the symptoms is not rapid as a rule, a period of six to eighteen months being usually required. The majority of the cases were in either the third or fourth decade. From a reference to the insanity and age statistics it would appear that the age at which the greatest number were found at the prison (Parkhurst) is between the 25th and 35th years, with the peak at the 30th year, rapidly rising to and falling from this point.

Proof of the existence of a specific action of prison environment on the mental condition of long-term prisoners would suggest that there should be some relation between the liability to mental disorder and the increasing length of imprisonment, and, in consequence, that the prevalence of prison psychoses would be greater in aged recidivists. This does not appear to be the case,