

in greeting a person. Ernst Grosse supports Westermarck when he affirms that ornament antedates clothing. The fact that the covering of the pudenda is not universal and not adequate, together with the further fact that our children have no natural shame, seems to him proof that the theory commonly accepted by anthropologists is false. Both Lotze and Selenka dwell upon the developing effect of ornamentation upon the wearer, enhancing his self-feeling, influencing his moods, and modifying his behaviour. One motive for the initial assumption of clothing is suggested by the fact that savages knock out, file, blacken their teeth, on the testimony of many investigators, in order to distinguish themselves as sharply as possible from certain lower animals. Painting the body and dressing the hair may have a similar impulse. An objection to this is that some savages tattoo themselves and otherwise endeavour to assimilate themselves to their own totemic animals. Clothing for the modern man aims to be practical and for the male has largely ceased to be æsthetic. Woman is also tending in this direction.

C. S. R.

[34] **An experimental study of a repetitive process.**—S. WYATT. *Brit. Jour. of Psychol.*, 1927, xvii, 192.

IN connection with an investigation on repetition work carried out in a soap factory, an attempt was made to determine the degree of dependence between working efficiency and the amount of intelligence possessed by the operatives. The results obtained from the particular group of workers considered here show that : (1) the amount of intelligence possessed by an operative is practically no indication of his or her efficiency as a worker in a simple repetitive process ; (2) the results of manual tests involving speed and dexterity of movement fail to give any correlation with efficiency in soap wrapping ; (3) the experience of boredom appears to be slightly dependent upon the degree of intelligence possessed by the operatives ; (4) variations in the rate of working are most noticeable in the case of the more intelligent operatives ; (5) in general, variety in the form of activity and posture is preferred to uniformity in the industrial process ; (6) operatives are able to adapt themselves with a fair degree of success to repetitive conditions which, at the outset, may be productive of boredom and strain.

C. S. R.

NEUROSES AND PSYCHONEUROSES.

[35] **An anomaly of mood producing invalidism** (Eine invalidisierende Stimmungsanomalie ; Psychopathia tristo-morosa).—CARL JORGENSEN. *Allg. Zeits. f. Psychiat.*, 1927, lxxxvi, 66.

THIS is the history of a woman who for twenty years has suffered from a mental illness rendering her an invalid and dependent on the community, in which the degree of incapacity has seemed out of proportion to the severity of the

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mental symptoms. At no time had she ever any delusions, hallucinations, or stuporose states, her intelligence is normal, and no serious physical illness has occurred, yet she has had a combination of trifling symptoms which, taken as a whole, have made her incapable of independent existence. Up to the age of 19 she was normal, bright and hard-working. At this time her fiancé went abroad, and she became very depressed and made an attempt at suicide. She was in a mental hospital for two-and-a-half years, diagnosed as a case of hysterical psychosis, but details of her illness are not known. She then spent one-and-a-half years with relatives, always under treatment, and finally was found to be too much trouble and was again sent to a hospital. There she would sit about all day, never occupy herself, but did as she was told and was quite clear and orientated, and slept and ate well. She remained there three years. When she was to be sent to a mental hospital her relatives again took her home. She had at times a hysterical inability to walk and used crutches, and later would lie in bed all day, do no work, and was so helpless that she was sent to a home for invalids. After two years here she was sent away as behaving badly, capable of light work but unwilling, apathetic but not seriously depressed. A hysterical paraplegia had soon cleared up. Since 1917 she has been in the hospital, with occasional removal to a mental ward when troublesome or restless and noisy. Usually she remains in the section for better patients who do a little work and have parole, but she does little. At times she spends a few months in the invalid section, with occasional complaints of a hysterical type. She shows a slight degree of physical disability, slightly enlarged heart, general asthenia, labile pulse, and a tendency to colds, but nothing sufficient to make her incapable of normal life. Her complaints are chiefly headache, pains and tingling sensations, and a feeling of fatigue. She is sensitive, irritable, easily upset and depressed, and has made several attempts at suicide; she has a tendency to magnify trifles, and her over-sensitivity to slights and depression are greatest just before her menstrual periods. She is irritable and flies into tempers, at times scratching and biting, and resents control and authority. She is constantly complaining of her treatment or lack thereof, as the case may be: will spit out her medicine if she does not want it, says she is a martyr to the ignorance and brutality of the doctors, and quarrels with the other patients. Anger and depression are the emotions which are provoked in her with unusual ease, and her occasional ideas of persecution have shown no tendency to become systematised nor have they really amounted to delusions. No schizophrenic tendencies have been shown.

Thus without showing any definite psychosis, her exceptional emotional constitution explains her invalidism. She reacts excessively with anger or depression to trifling traumata which normal people can endure, but which call up in her such effects as to incapacitate her for normal life. She is in no sense feeble-minded, her thought processes are not inconsequent, but she is emotionally uncontrolled. In many cases chance decides whether such characters land in a mental hospital or a prison. She is not really psychotic,

and in spite of her occasional depression she has never shown retardation. It is as though she had never recovered from her first psychogenic depression, but fallen into an apathetic, dependent, injured attitude which has become her habitual mental outlook. The author does not regard her as a case of hysterical psychosis, for her hysterical symptoms have been transient and easily cured, while her emotional instability is, in the author's view, rather the development of a constitutional psychopathic degeneration, which he would call psychopathia tristo-morosa.

M. R. B.

[33] **A study of the personality make-up and social settings of fifty jealous children.**—SYBIL FOSTER. *Mental Hygiene*, 1927, xi, 53.

THE author concludes from her data that the jealous child is more often a girl between three and four, frequently the eldest child. In make-up she is likely to be independent and selfish, pugnacious, demanding of attention and resorting to various means to obtain it. Often she shows undue attachment to one parent and is subject to mild neurotic fears. She is seldom a day dreamer, is frequently troubled by disturbances of sleep, food capriciousness, and enuresis, and often destructive and hyperactive, leading playmates in some instances, with play opportunities generally limited and little chance for social relationships. The usual environment seems to be a fair home, lacking in training and discipline, often showing favouritism and neurotic parents. Physical punishment is used in an effort to obtain discipline, and the child is not infrequently subjected to teasing. The author thinks that the average child in the clinic is of extraverted 'make-up,' and that the jealous child has the same 'make-up,' but accentuated and exaggerated. With this active domineering child placed in an environment that offers little in the way of intelligent training and guidance and limited play opportunities, often thrust aside in the family group by the advent of another child, with little attempt made to help him meet this situation, there is no cause for wonder when jealousy arises.

Between the ages of one and five a passing jealousy is probably a normal thing. The little child craves attention, and on the advent of a younger one, the parents' love has to be shared. The adjustment should, however, soon be made, as the child finds that the new brother or sister does not deprive him of the mother's love. Frequently the passing jealousy may, through accidental or deliberate fostering, become fixed; if so, the child is headed for difficulty. We are led to feel that jealousy is not an 'inborn' trait, but is in general the natural product of the environmental situation in which it is the child's misfortune to be placed.

C. S. R.

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