investigation more emphatically than any other form of the psychoses. The frequent incidence between the onset of the disease and the puberty period, the obvious vasomotor disturbances, Abderhalden’s reaction, the glucose tolerance and similar symptoms, all suggest endocrine imbalance. Also, the mental symptoms in this condition are relatively uniform, the percentage of cases high in comparison to most of the other forms of psychoses. Cushing has pointed out there is a direct relationship between the activity of the anterior pituitary and the gonads; and the lowered bodily tone and retarded vegetative activities seen so predominantly in these cases suggest thyroidal hypofunction. Langfeldt’s exhaustive investigations leave little room for doubt that hebephrenic and catatonic states are caused by endocrine disturbances. Fauser found in dementia praecox, unlike the other psychoses, “a destruction of the labumen from the sex glands as well as from the cerebral gland, but not from the other glands.” Ewald and Kafka look upon “the reaction of the sex-gland albumen as being specific of dementia praecox.” Lundeval and other have found leucocytosis almost invariable in certain stages of the disease. A disturbance of metabolism—usually a lowered basal metabolism—has been found by many observers in a high percentage of early dementia praecox cases. In any event, in dementia praecox of the hebephrenic and catatonic type (the paranoid being ruled out) Langfeldt voices the opinion of many observers in recent years when he says that an endocrine disturbance acting upon a constitutional instability due to an unstable endocrine system is responsible for the mental symptoms and somatic signs of the disease.

In the writer’s psycho-endocrine clinic he has come in contact with mental disturbances in the early stages and has focussed his attention upon the conditions that suggest possible incipient dementia praecox, since the evidence of glandular disturbance in such cases is more positive than in other psychoses. The general plan of examination followed in each case has been: usual clinical observations; the basal metabolism; the blood picture; the carbohydrate and protein metabolism; the visceral and nervous system; the effects of endocrine therapy—various methods of administration, observation of the effects of the different preparations used, etc. This plan has, in general, been followed by reasonably good results.

C. S. R.

Psychopathology.

PSYCHOLOGY.


The author makes the following conclusions:

(1) The brain is necessary for emotional feeling.
(2) Emotion primarily begins centrally in the brain.
(3) Somatic or extracerebral changes are secondary to or concurrent with the cerebral reaction with its accompanying mental state.

(4) Bodily expression, skeletal or vegetative, may occur alone, be dissociated from and not accompanied by the appropriate or expected mental state.

(5) There is no evidence that reverberation from the periphery, or even from the archaic portions of the nervous system, directly induces or even augments the mental state or emotional feeling.

(6) The visceral phenomena in emotion occur not independently of but always secondarily to or concurrently with the reaction in the skeletal system.

(7) Emotion in its beginning is cortical and the reaction present takes place from the cortex downward.

C. S. R.


The author sets forth his standpoint towards psychoanalysis. Having been converted to Freud’s teaching to begin with he now finds himself in opposition. The chief point of difference is that he regards sexuality, what is normally understood by sex, as a regression and a repressed abnormality a false substitute for the primitive ‘urge’ towards reproduction. He suggests that the neurotic in his refusal to accept life as it is, may be nearer the line of development, as it ought to have been, than the so-called normal civilised man. He maintains that sexuality is identical with the impulse toward self-aggrandisement and that the whole of life as ordinarily accepted is a neurotic failure of adaptation. He blames the present practice of psychoanalysis for trying to force an objective theory on to the subjective process of living, and envisages a new development which shall pay more attention to the basal requirements of life as a subjective experience.

R. G. G.

NEUROSES AND PSYCHONEUROSES.


Callewaert considers that writer’s cramp results from the association of a bad technique with inability to relax the muscles properly such as is frequently met with in various kinds of neuroses. Education in the proper technique, associated with relaxation exercises, brings about a cure. The co-ordination required is one of free movements of the phalanges with movement of the forearm round the elbow as a pivot. There should be little or no movement of the wrist and the position of the wrist should be mid-way between flexion and extension: a position of extension is particularly to be avoided as it leads to a cramped position of the fingers. In the re-education the drawing of lines