
As the results of experiments the writer concludes that:—

1. So-called ‘mental’ out-put is generally decreased during a long fast.
2. A fast of more than a week’s duration definitely increases steadiness of hand.
3. A subject fatigues more rapidly during a fast than normally, when the task is of considerable length and homogeneity.
4. Performance at some tasks after a long fast is much more efficient than normally, an effect which can hardly be attributed to practice alone.
5. In casual observations it was noticed (a) that smell sensitivity is greatly increased during a long fast; and (b) that sex feelings in males are considerably accentuated when eating is resumed after a long fast.

C. S. R.

NEUROSES AND PSYCHONEUROSES.


The patients coming to an out-patient department for “nerves” complain of many sensations for which our methods of examination show no organic cause. It is, however, probable, from the very uniformity of their complaints, that these may be evidence of dysfunction which is quite real, and fresh methods of investigation might enable us to understand the causes of the subjective symptoms, if we take them seriously and do not merely attribute them to excess of attention given by the patient to normal processes.

If we try to classify these complaints we find some prominent—palpitation, dyspnoea, giddiness, praecordial pain and vague anxiety—which point to circulatory disturbance; these are brought on by exertion, alcoholism, emotional stress, etc., and suggest that the patient has a circulatory system which is not equal to standing stress. Physical signs found are rarely more than a slight irregularity of the pulse, occasionally tachycardia, and respiratory arrhythmia. Looking at the patient as a whole we find other associated signs, such as congestion of the face, damp and cyanosed extremities, transient erythema, cutis marmorata, and dermatographia of varying degree up to urticaria factitia; also arteries unduly hard for the patient’s age, increased mechanical irritability of muscles, and in most cases occasional rises of temperature. These symptoms have been accounted for in a variety of ways, but not satisfactorily—they have been attributed to tubercular vascular effects, sometimes to the thyroid gland, and generally to a vague disorder of the autonomic system. Whatever be the real cause, there is evidently in these cases a circulatory
disorder affecting various localities, and probably also influencing tissue chemistry and respiratory exchange.

Neurotics have an inherited constitutional defect. It has been found that untreated cretins and other imbeciles show a high degree of failure in development of the normal form of the capillary network, while some degree of such failure is often present in other children; parallel with this defect run others, such as persistence of infantile hair, late joining of epiphyses, and mental and physical maldevelopments generally. Where such defects of capillary development are found in adults, they are often associated with neurotic and arteriorenal disorders, and these are most frequent in regions of endemic goitre. Jaensch describes a parallel development defect of the capillary system and the organism in general. This view is supported by the benefit derived mentally as well as physically from the administration of thyroid and iodine in such cases.

It is probable that the defect in capillary development is due to the same ubiquitous toxic agency which makes goitre endemic, and it can be readily understood that people with an imperfect vascular system are more susceptible than others to stresses, whether mental or physical. The exhibition of thyroid and iodine is often beneficial, and as it relieves the anxiety as well as the bodily symptoms, it would seem that neurotic anxiety is largely based on physical sensations and may be a sort of external representation of a tissue-hunger for oxygen. It may be that the widespread use of iodine in many disorders is based on its beneficial effect on such circulatory disturbances in a variety of conditions.

If we look at neurotics thus, not as imaginary invalids having “nothing the matter,” but as suffering from obscure disorders of metabolism and development which we should investigate, and try to put right, we shall no longer be content to administer a placebo and suggestion, but apply psychotherapy and physiotherapy alike with increased understanding and better results.

M. R. B.

PSYCHOSES.


Adler’s psychology which was originally developed in the treatment of the neuroses is here applied in order to arrive at an interpretation of psychosis and an understanding of the psychotic personality. Psychosis is a method of living, the mode of expression of a feverish ambition and unrealizable expectations on the part of a tremendously discouraged individual, the pessimistic response to the demands of the given real situation, in greater or lesser degree a lack of affirmation of life. This viewpoint alone, that of seeing the total individual in relationship to the totality of life, renders possible an understanding of the psychotic personality, of the meaning and significance of all