

## Epitome of Current Literature.

### I. Physiological Psychology.

*The Mechanism of Delusions* [Über die Mechanik der Wahnbildung].  
(Allgem. Zeits. f. Psychiat., Bd. xcvi, H. 3.) Niessl-Mayendorf,  
Eva.

Since the investigations of Th. Meynert into the anatomy and pathology of the brain in relation to psychiatry very few discoveries in this region have been made.

It is attempted in this article to trace the mechanism of the brain which goes to form certain delusions. The conclusions arrived at can only be looked upon as hypothetical; they follow a chain of deductions based on observations of the patient's mental condition.

The patient whose case is described had developed chronic delusional insanity, unaccompanied by hallucinations. The delusions were of a sexual nature. The perceptive faculties were normal, and the memory unimpaired. The patient was able to realise all associative processes. Sight, hearing and touch were normal. The same delusions arise from time to time, and are preceded and accompanied by local sensations. It may be taken as a psychological axiom that the intensity of the delusions is *in ratio* to the intensity of these sensations. The delusions are probably due to a morbid disturbance of feeling (Gefühlsleben). This, however, cannot account for the hyperæsthesia of the organs concerned, which must arise from an abnormal functional stimulation of those centres through which the perceptions emerge into consciousness. Perhaps this stimulation itself causes lack of nourishment in a certain part of the cortex, and on account of this the remaining cortex is functionally depressed. It is not of great importance whether the cause is due to lack of nourishment or to a primary and perhaps chemical change of the cortical ganglia, or to chronic inflammation of a light nature which does not disturb the ganglionic bodies, but only influences and changes their metabolism. Or perhaps there is an inherent abnormal innervation of the arterial arborisation which increases with later changes in the vessel walls—in so far as the cortical arterial stimulative hyperæmia of each perception causes antagonistically spasms of the annular muscles and contractions, which increase of themselves, in the vicinity of the blood-vessels of the remaining cortex, and so prevents the oxidation of the remaining cortical ganglia.

Meynert, in discussing the functional opposition of the root ganglia to the cortex of the cerebrum, describes the antagonism between a pathological surplus of nutrient and functional material of the lower sensory centres and reduced cortical ability. He explains it by the special arrangement and form of the arterial arborisation for the nourishment of the blood. Thus Meynert's theory is that the root ganglia and the cortex are in functional opposition, while the author ascribes the condition to the cortical seat of the sensory disease process being in a state of regular functional antagonism to the remaining cortex.

HAMILTON MARR.

*Conception during Intoxication* [*Die Zeugung im Rausche und ihre Schädlichen Folgen*]. [*Zt. f. d. gesamte Neurol. u. Psychiat., Heft 1 and 2, Bd. xi, 1912.*] Näcke.

Some years ago Prof. Näcke discussed this question, and came to the conclusion that there is no reason to believe that the alleged evil effects on the offspring of conception during intoxication have ever been demonstrated. Since then the question has been discussed and investigated from various points of view, and Näcke now returns to it in order to ascertain whether there is any ground for modifying the conclusion previously reached.

The difficulties and fallacies surrounding the subject still remain. It is necessary to be reasonably certain that acute alcoholic poisoning (of which the usual but not necessary indication is intoxication) really existed at the time of coitus, that there was no other act of coitus, that both parties were hereditarily sound, and that no other temporary source of disturbance or exhaustion was present at the time. Näcke finds that among alleged cases recently reported only Holitscher's make any serious attempt to fulfil the conditions, and even these cases are too summarily reported, and leave many loopholes for doubt. Arguments based on group phenomena, without individual investigation, are obviously of no value. This is notably the case as regards Bezzola's oft-quoted statement that in Switzerland most imbeciles are conceived at popular festivals, especially those in connection with the wine industry, when drunkenness is common; it is quite clear that at such periods the unbalanced elements in the population will be specially prompted to sexual indulgence and will find special opportunity for such indulgence. Statistical associations of this kind are never decisive; they can at most present a possibility.

Difficulty and doubt, also, still surround the experimental attempts to demonstrate the action of alcohol on the generative elements. The experiments of Nicloux and Renaut, tending to show that alcohol speedily reaches the testicular fluids, are contradicted by others which indicate a special resistance of the testicle to toxic influences, and Kayserling states that there is still no evidence that alcohol can penetrate the spermatozoa themselves. Artificial fecundation in mammals with alcoholised semen has yielded very contradictory results, Ivanoff finding, indeed, that the semen is peculiarly refractory to alcohol. Féré's results with the alcoholic injection of eggs are certainly very interesting, but we do not know what bearing they have on man or other mammals.

The difficulties in the way of scientific proof are thus "colossal." We must content ourselves with probabilities in carefully investigated individual cases. It would appear that only in rare and exceptional cases is conception during intoxication attended with evil results to the offspring. Even as regards these exceptional cases we have no certainty, only a probability.

HAVELOCK ELLIS.

*A Psycho-analyst's Impressions of London* [*Eindrücke eines Psychoanalytiker von einem Aufenthalt in London*]. (*Imago*, 1912.)  
Maeder, S.

Dr. Maeder, of Zürich, who is a distinguished adherent of the Freudian school, has been spending two months in London diligently studying the English soul, and now records his results in Prof. Freud's new journal, *Imago*. The paper may be read with profit, sometimes touched with amusement, and some of the facts recorded will be new to most Londoners. Psycho-analytically, this was to be expected.

The author seems to have been chiefly impressed by the English woman. "She is the centre around which everything revolves." She exists in two extreme types—the masculine type and the doll. The first type is most numerous represented, with somewhat angular and coarse features, a rather unpleasantly decided and energetic bearing, and a pronounced aggressive temperament. In general the Englishwoman feels an intense need to play the leading and ruling part; her mode of thought is very ego-centric, and her emotional disposition is egoistic. She over-dresses, wears many jewels, and always says "He loves me," never "I love him." A general impression of defective womanliness is received everywhere. Even the ballet is in England athletic. Very significant is the English ideal of beauty with its emphasis of straight lines. The Englishwoman's ideal is the undeveloped girl, and even at fifty she tries to be youthful. This insistence on the girl ideal indicates the strong sexual suppression which characterises modern England. It signifies an arrest of development at the pre-sexual stage. The fully developed woman is regarded as "disgusting"—an attitude familiar to the psychoanalyst. Flirting, again, is not regarded as a prelude to love, but as an end in itself. The picture thus presented corresponds closely to the picture of sexual repression revealed by psychological investigation of the individual.

Entirely concordant with this view is the prudery which rules in England. Maeder, who seems to have moved in puritanic circles, had daily occasion to note the close connection between religion and sexuality. Strauss's "Salome" took five years to reach London. No well-bred Englishman may use the words "hell," "devil," "adultery," or "trousers"; he may be permitted to refer to a gentlemen's "lavatory," but if for ladies it must only be a "cloak-room." Maeder was shown some preparations by a microscopist in the presence of the latter's daughter, a university graduate of twenty-eight; when the section was from a human foetus it was described in a whisper—and not shown to the daughter.

English stiffness, hyper-correctness and etiquette are also regarded as instructive symptoms, as is English self-government, which Maeder found equally notable in London streets and London asylums.

To turn from suppression to another psycho-analytic question—the compensatory channels of the suppressed libido. The chief of these are the devotion to sport and to dancing and the extravagance of *décolleté* more pronounced in London than in any other great city of Europe. Suppressed emotional expression also leads to introversion,

as shown by the pronounced self-complacency of the Englishman, both individual and national. (Many symptoms of anal eroticism are also noted in this connection, even apart from "the immense luxury of the English closet.") Suppressed libido turned in on the ego is also to be traced in the Englishman's extreme care of the person and attention to dressing. So also with English love of animals. "Domestic pets are in England the lightning-conductors of libido."

An advantageous result of the kind of suppression that prevails in England is that by placing women on a lofty pedestal and making love difficult it spurs men to great achievements, arousing ambition and the impulse to produce one's best. In Germany it is impossible, even in a dream, to imagine a social democrat becoming a cabinet minister, or a man of science like Darwin finding his grave among national heroes.

There is evidently a rich field for the psycho-analyst in London. But Maeder is careful to point out in conclusion that he does not wish to make out that the Englishman is neurotic. He regards him as a gigantically capable person who has not suffered unduly from the suppression to which he has been subjected. HAVELOCK ELLIS.

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*Emotional Dream-state.* (*Journ. Nerv. and Ment. Dis.*, June, 1912.)  
Powers, W. J. S.

It is held by many that "emotional dream-state" always depends to a large extent on pre-existing conditions of the organism, and that the traumatic shock of sudden emotion will not always suffice to produce it. This is questioned by Powers, who illustrates his argument by four cases which he observed, under Ziehen, at the Psychiatric Department of the Charité Hospital in Berlin. Of these the most decisive, and, indeed, the most exceptional, is the first case.

The patient was a man, æt. 30, married, with five healthy children, robust, well-developed, normal (except for slight strabismus), good heredity, always healthy, very moderate in alcohol and tobacco, of quiet, retiring nature, not easily excited, but very energetic, a hard worker and absolutely trustworthy. He worked an electric crane in a foundry. The day before admission he was working the crane as usual when the machine suddenly stopped. He at once shut off power. Stepping back to view the machinery he saw the body of a man jammed between the crane and a beam. He screamed, and after that was unconscious of anything that happened. His foreman stated that he seemed about to leap down from his elevated position; he was brought down with some difficulty, sobbing bitterly and trembling so violently that he could scarcely walk. He lay down for an hour, weeping and muttering incoherently, and was then taken to the hospital in an ambulance. On admission he was able to walk with support, but had no ideas of place, time and persons. A fine static and motor tremor was noticed; knee reflexes symmetrically exaggerated, patellar clonus, excessive sensitiveness to the lightest prick of a pin-point. He lay quietly in bed muttering, and with spells of violent weeping, breathing slowly and deeply. Ten hours later his wife visited him, and for the first time he showed conscious interest, recognised her, and told her that he had constantly before his eyes the man's body jammed between

the crane and the beam. An hour later he was again unable to recognise his surroundings. He was transferred to the Psychiatric Department, and in the morning was able to ask questions, and except for nervous restlessness seemed normal. He was able to recall his wife's visit, but the ten hours before her visit and the twelve hours after remained permanently a blank to him. He still had always before his eyes the vision of the man's jammed body, but though advised to stay longer in hospital he insisted on returning home. In a few days he returned to work, the restlessness decreased, and the vision became less persistent and distressing. At his own wish he resumed working the crane. The condition is regarded as dream-state due to emotional shock. There was not the slightest indication of hysteria or epilepsy, and the patient had been in the habit of drinking only a pint of beer daily; the commonest predisposing causes of emotional shock were thus eliminated. Similar cases were observed by Stierlin during the earthquake at Messina. In these emotional shock resembles severe mechanical shock. In all probability the emotional dream-state is brought about by vaso-motor disturbance.

HAVELOCK ELLIS.

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*Two Psycho-analytic Theories [Zwei psychoanalytische Theorien]. (Zt. 1. Psychother., Bd. iv, Heft. 2, 1912.) Wexberg.*

Freud's psycho-analytic doctrines are now generally known in their main outlines, and they have adherents all over the world. It was inevitable that among the Viennese master's able and vigorous disciples some should eventually develop along individual lines and reach entirely independent standpoints of their own. This process has most notably occurred in the case of Dr. Alfred Adler, the author of a recent remarkable book, *Ueber den Nervösen Charakter*, and founder, in 1911, of the Union for Free Psycho-analytic Investigation, which is preparing to issue a lengthy series of publications. This society has been formally declared to be heterodox by the Freudian Psycho-analytic Society, which forbids its members to belong to both societies.

Wexberg, who himself belongs to Adler's school, here describes the two psycho-analytic theories, with the object of bringing out clearly the distinctive character of Adler's position.

This position is, on the whole, so distinct that Adler might dispense altogether with Freud's theories, although not with his method. Adler starts with the conception of defective or inadequately developed organisms. It is on the organic basis of such *Minderwertigkeit*, he holds, that a neurosis is built up. Freud, on the other hand, may be said, on the organic side, to start with the assumption of erogenous zones with an infantile irritability. It may be, however, Wexberg suggests, that this opposition can be bridged over if we suppose that the functionally inadequate organs furnish the ground on which the irritable erogenous zones develop. But in any case this conception of organic *Minderwertigkeit* must be firmly held in mind, for it is the basis of Adler's theory. It is because the subject feels that his organically defective organ must be fortified that he is apt to lay upon it an undue emotional stress, and so constructs a fiction which may develop into a morbid state.

The first psychic reaction, according to Freud's theory, is the wish assuming a primary auto-erotic form. The auto-erotic wish is represented in Adler's theory by the emotional over-valuation which follows on the realisation of functional inadequacy. This is a process of compensation, like the hypertrophy which may follow cardiac inadequacy. It leads to an intellectual effort of assurance in which the subject seeks to support his over-valuation by proofs. He exercises foresight in assuring and protecting himself and building up defences around his weak points. But he has also a second and more aggressive line of action which Adler terms "the masculine protest"; by this he seeks to make himself felt, to become powerful, to be at top. The contrast between this over-compensation and the constantly recurring uncertainty largely determines the neurotic's part in life. Between this action and reaction arises a functional refinement of the psychic apparatus, an intellectualisation of the psychic life which experimentally works with ideas before it actually strikes into real life. In this way the neurotic creates fictions, the idea that he possesses the force he desires to possess being, indeed, itself a fiction. By the development of his fictions he achieves on the psychic side the necessary compensation. But in relation to the existing forms of society and civilisation the compensation is inadequate and the conception of disease thus empirically arises. This reaction of compensation, showing itself in protection and masculine protest, may be said to correspond to Freud's doctrine of the reaction to auto-erotism manifested in the mechanism of the suppression of impulses. The two conceptions, though they cannot be amalgamated, are parallel, dealing with the same problem from different sides. But the idea of suppression has no part in the Adlerian doctrine. Nor, it may be added, is Freud's conception of the immensely extended sphere of sexuality accepted by Adler.

Thus Freud may be said to start from a "plus" (over-erogenous organs) which needs to be compensated by a "minus" (suppression). Adler starts from a "minus" (inadequately functioning organs) which needs to be compensated by a "plus" (the tendency to protection and the masculine protest). Suppression leads to sublimation, the protective tendency to intellectual refinements, these two being the same. Freud, however, regards much in individual development as normal which Adler regards as neurotic. Freud, moreover, explains psychic processes from the emotional side, Adler from the functional side. Both methods are legitimate. Therefore, Wexberg concludes, the two theories are necessarily related to each other, though which lends itself better to therapeutic psycho-analysis experience alone can decide.

HAVELOCK ELLIS.

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*On the Nature of Hysteria [Sulla natura dell' isterismo]. (Riv. Sper. d. Freniat., vol. xxxviii, Fasc I.) Morselli, A.*

The author passes in review various theories as to the nature and origin of hysteria which have held sway in the past and have their supporters to-day. Over fifty hypotheses, arranged in nine principal groups, are exposed and criticised. Not one of them really succeeds in defining the essence of the condition. They are almost all founded

on one-sided and restricted views, and deal more with the hysterical manifestations than with the particular constitutional condition of the hysterical subject, which is the foundation upon which the symptoms are produced. The peculiar features of the hysterical personality, the reason why the malady appears in some and not in all individuals, the cause of the persistence of determined psychic states, capable of producing the most diverse phenomena, the influence of different causes in the production of hysteria are essential questions which some have not even attempted to answer. From amongst the discord of theories two points emerge with regard to which there is a fairly general agreement: the seat of the malady, and the principal disorder which would give rise to all the morbid phenomena. All the scientific theories embody the fundamental conception that hysteria is a *psychosis*, or rather a cerebrosis of the pallium and the basilar nuclei. Next, the majority of the hypotheses ascribe the cause of the morbid manifestations to particular states of the cortical, transcortical, and subcortical reflectivity. Thus, various authors speak of disturbances in the cortical or subcortical reflexes (Raymond); of paradoxical psychic reactions (Tanzi); short circuit (Jelgersma); of suspension, exaggeration, or perversion of the function of one or more cerebral centres (Tamburini, Tonnini, Ferrari); of dysrhythmia (Organski and Joire); of polygonal activity (Grasset); dissociation of the personality (Janet); hyperactivity (Crocq), etc., all of which disorders must have their seat in the grey matter of the cerebrum. The hysterical personality would be associated with this disorder and manifest itself by an altered reactivity, *i.e.*, the transformation of an image into an idea or a movement, in either a rapid and repeated, or a slow manner, a suggestibility differing from other forms of suggestibility in its tendency towards a ready translation into action, and a mentality generally infantile. The hysterical personality is a degenerate one, a *minus valor* from both a biological and a social point of view, inasmuch as it loses and does not acquire dominion over certain psychic reflexes, especially those of an inhibitory nature. To arrive at a definition of hysteria it would be necessary to separate all hysterical states which are symptomatic of other morbid forms from the group of cases, perhaps not at all numerous, in which we find the full development of those symptoms which we call hysterical, the *grande hysteric* of Charcot. Perhaps it is only to the latter that the name of hysteria will in the future remain, while all the other states will be regarded as syndromes.

J. H. MACDONALD.

## 2. Clinical Psychiatry.

*Hallucinations of Hearing in Diseases of the Ear* [*Gehörstäuschungen bei Ohrenkrankungen*]. (*Allgem. Zeitschr. f. Psych.*, vol. xcvi, No. 3.) Kleineberger, O.

Three examples of cases of marked hallucinations of hearing are given, in each of which there was found a condition of double chronic middle-ear catarrh. In the first case there is no mention of treatment. In the other two the hallucinations were diminished by treatment of the ear disease.

It is pointed out that the peripheral condition alone does not produce