

graphic types with insufficiency or hyperfunction of certain of these glands. The thyroid is the gland of 'emotion' and 'rapidity' (writing very unequal, rapid, sometimes jerky, pointed and sharp) and the suprarenal is the gland of 'intensity' and of 'sustained courage' (writing firm, maintained, rather angular). With suprarenal insufficiency handwriting becomes light, soft, frequently small, sinuous, and sometimes tending to incline downwards. Hypothyroidals have slow, hesitating and round writing. Certain graphic signs are common to the functional disorders of different glands; thus, writing which shows irregular formation of the strokes in such letters as b, l, or t, has been observed in the ovarian insufficiency of puberty and the menopause and sometimes in parathyroid hypofunction.

It goes without saying that we must interpret such results with very considerable caution.

C. S. R.

## Psychopathology.

### PSYCHOLOGY.

- [151] **The effect of attitude upon feeling.**—E. FRANCIS WELLS. *Amer. Jour. Psychol.*, 1930, xlii, 571.

WHEN studying affective experience under a general instruction to describe the total, the observer's initial attitude tends to vary widely and unpredictably. Three types are described; the critical affective, the critical perceptive, and the common-sense attitude. The critical affective attitude is to react affectively to the stimulus and to observe critically the total experience. The critical perceptive attitude is to observe the stimulus-experience critically without reacting affectively to it. The common-sense attitude is that with which we take experience in everyday life as opposed to the critical laboratory set.

Experimental results show that the attitude with which one approaches an affective situation plays an important part in determining one's reaction to it. The nature of the affective reaction varies widely under different attitudes.

C. S. R.

### NEUROSES AND PSYCHONEUROSES.

- [152] **Movement and types in children.**—C. L. C. BURNS. *Psyche*, 1930, xi, 63.

AN attempt has been made to observe a certain number of nervous children, part of whose treatment consists in attending a class in Margaret Morris movement. The following main differentiation has been made:

1. In certain children all the elements of movement are disintegrated—jerky, excessive, or inco-ordinated.

2. In another type, *time* seems to be affected more than balance, and there is poor, jerky rhythm.

3. In a more common type, balance is poor, time is fair, and rhythm tends to improve with balance.

The question then arises of correlating these groups with the different types and the different forms of nervous disorder common to each. In Moscow Kretschmer's types have been used as a basis of a study in aptitudes and motor activity of children. The 'schizoid' type was found to go with literary and musical ability and a sense of graphic composition but little power of execution; the sense of rhythm tends to be sensory rather than motor, i.e., the translation into movement is inadequate; movement itself tends to be awkward and slack. In the case of 'cycloids' the aptitudes are of a concrete and realistic tendency: there is good power of movement, technical ability and power of graphic execution. In addition we have a 'hysteric' type the members of which are unstable and impressionable and have a good sense of rhythm and movement. There is finally an 'epileptoid' class whose actions are strongly instinctive and impulsive.

Gourevitch acknowledges the inadequacy of Kretschmer's categories and takes a more neurological view, classifying many types of movement by the degree of control, or lack of it, from different levels of the nervous system: cerebrum, pyramidal system, cerebellum, etc. Applying this viewpoint he finds that those of 'asthenic' type, for example, are lacking in rhythm, in the power of arrest and change of movement, and in automatic and associated movements. What is needed is a simpler division and one that is based rather on the *physiological* level. The criterion for this may be found in the degree of *posture and tone*.

The first two types of disturbed movement—those who show excessive, jerky, and inco-ordinate movements—are correlated with children who are in the main hypertonic; among these are found cases of tics, stammering, general restlessness and excitability, and also various forms of behaviour reactions such as tempers, truancy and stealing. With these can be grouped the hysterical, and some of the post-choreic forms of twitching. With the third type of movement disorder is associated the hypotonic—a character which is disturbed by lack of confidence, too much dependence on the mother; and symptoms such as general nervousness, bed-wetting, and night-terrors. The practical application lies in this: for the first—the tense, assertive, 'arhythmic' type—movements are prescribed which are on the whole relaxed, slow, and of flowing rhythm; and for the second—the hypotonic—movements with greater variety of tempo, quick change of balance, and more life.

C. S. R.

[153] **Psychology and hysteria.**—J. H. VAN DER HOOP. *Arch. of Neurol. and Psychiat.*, 1930, xxiv, 324.

FROM the study of a series of 150 cases, the author divides cases of hysteria into (a) those in which the psychism (acquired psychic mechanisms) is of chief

importance ; (b) those in which the hysterical reactions spring from a primitive form of mind ; (c) those in which there is an interaction of hysterical psychisms with extrovert adaptation ; (d) those in which there is an interaction of hysterical psychisms with introverted feeling ; and (e) those in which "one finds the expansion of the hysterical psychism by the influence of extroverted feeling." Examples of typical cases are given.

Hysterical symptoms may arise in persons of any type when external circumstances become extremely difficult, and are elicited most readily in primitive or adolescent persons. In extroverts and in those whose predominating function is feeling, hysterical manifestations tend to develop more lasting and elaborate forms than in other people.

G. DE M. R.

[154] **The pathogenesis of functional cramps** (Sur la pathogénie des crampes fonctionnelles).—FEDELE NEGRO. *Revue neurol.*, 1929, i, 948.

THE writer argues that occupational cramps or spasms are the expression of lesions of the 'extrapyramidal sympathetic system,' and that the primary disorder is localised in the globus pallidus and locus niger ; he believes it involves sensory sympathetic terminations, with reaction on spinal centres and thus on efferent sympathetic fibres destined for the innervation of sarcoplasm. He assumes a sarcoplasmic hypertonus and considers the psychical element may be entirely awaiting ; thus he places such occupational neuroses with organic nervous affections.

J. V.

### PSYCHOSES.

[155] **A new diagnostic test for introversion-extroversion.**—C. A. NEYMANN and K. D. KOHLSTEDT. *Jour. Abnorm. Psychol.*, 1929, xxiii, 482.

THE test is composed of 50 statements, to each of which the patient or subject tested answers 'yes' or 'no.' There is no implication of right or wrong in any of them, and they are to be considered merely from the viewpoint of personal like or dislike.

It has been standardized on 100 cases of schizophrenia and 100 of manic-depressive psychosis. The results coincide in no less than 93 per cent. of the cases with those obtained by prolonged clinical observation.

Similar results have been obtained by applying the test to 200 normal persons. It is given in extenso in the paper.

J. S. P.

[156] **Personality factors in alcoholism.**—H. H. HART. *Arch. of Neurol. and Psychiat.*, 1930, xxiv, 116.

A STUDY of 30 cases of alcoholism of which five were in women. The conclusions reached are that, in most instances, there is a constitutional instability