

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.

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.

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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