

about it the more successful, other things being equal, will his adjustments be. There are three ways in which he may fail: (1) He may be ignorant, as we all are, more or less; (2) he may be mistaken; (3) he may be prejudiced, and apt to associate feelings that are unjustified, or too intense, or both, with certain groups of new ideas, so that when the ideas come into his head the train of thought is determined by the associated feelings, as we may see among politicians who regard politicians of the opposing party as a set of scoundrels. It is this association with feelings which makes prejudice so much more persistent than ignorance or mistake. Prejudice may even grow and become complex, as we may see in many anti-vivisectionists in whom embryonic delusional systems are found.

This mechanism of prejudice is the mechanism that is operative in all true paranoia and fully accounts for the psychosis. The apparent beginning of the psychosis is usually always an episode which arouses several strongly toned affects. These affects predispose the patient to see effects where there were none, to see causality where there was only coincidence, to take possibility for probability, or even actuality, and to ignore inherent improbabilities, or even impossibilities. But this is the mechanism of prejudice.

In ordinary normal life prejudices are limited and do not tend to become elaborated or extreme. It will probably be found that there is an unbroken series of cases extending from the simple unelaborated prejudices such as we all have, through the cynic, the optimist or the pessimist; then the anti-vivisectionist and some other ardent reformers; then religious exhorters and extreme anti-Catholics; then founders of religious sects; then unrecognised paranoiacs in private life; finally those whose anti-social acts bring them into the asylum.

The more intimately personal the subject matter of the systematised delusion is, the stronger, the more durable, the more difficult to uproot.

Paranoiacs do not tend to become demented, any more than people with prejudices. Kraepelin mentions a patient *æt.* 90, who had been a paranoiac for forty-three years but was not demented. Abbot believes, however, that the delirium may continue to grow, and that the patient's judgment and reason diminish in relation to his delusional system, while remaining good in relation to other matters. His deterioration—unlike what is seen in all other dementing psychoses—is only in the line of his delusional evolution. This fact, Abbot believes, is consistent with the mechanism he has outlined. HAVELOCK ELLIS.

3. Sociology.

Criminology and Social Psychology. (*Medico-Legal Journ.*, April, 1917.)
Schroeder, T.

The author, a well-known New York lawyer, desires to promote "a genetic, synthetic, and practical criminology." It should also be a general social psychological method, but he considers that it is in a prison it may best be begun and worked out. First comes classification. On the basis of a physical examination all curable physical evils must be discovered and relieved at the outset. Then the subject is to be turned over to the psychological laboratory, and if there are any defects

which may be regarded as congenital removed for special training, and if he is morbidly inefficient, sent to a suitable psychiatric institutions. Among those now remaining in the prison will be found the important group of recidivists who are physically and mentally little below the average level. These require careful study, for they are symptomatic of general psycho-social disorder, and demand a sympathetic understanding. In dealing with them, "the newly conceived need for reforming the convict and restoring him to society replaces in our interest the older idea of punishment." The secret of the social inadequacy of these criminals is largely to be found in their emotional attitudes, and therefore Schroeder urges the importance of a psycho-analytic department in every prison laboratory. If sexual taboos and ignorances are found influential in determining the emotional imperatives which lead to anti-social conduct, it becomes necessary "to establish a technique for the conscious reconditioning of the desires, so as to make them progressively more mature; this should be a deliberate part of the working programme of a prison laboratory." Beyond this is the possibility of a higher synthesis in unifying the measures for the improvement of all our educational systems, so that we may advance to the discovery of the factors in social psychology which determine the criminal mind.

There are other methods which could be efficiently applied in prison. Thus, for instance, a technique might be developed for class instruction, aiming to discover and eliminate emotional conflicts, and to adapt the desires to more mature aims. This involves a new sort of sex education, dealing with emotions rather than with physical factors, and is a kind of hygiene also needed outside prisons. As, indeed, we approach the treatment of criminals with a larger vision, we shall find ourselves anxious to help them, not alone for their own sakes, but in a still higher degree as symptomatic products of unhealthy and infantile stages in our psycho-social development as a whole. In learning how to deal with the criminal we are learning how to deal with society. We select the criminal in the first place simply because the so-called normal psyche can best be studied in its exaggerations. The criminal must in future be studied with the desire to find out what is immature or inefficient in the human factor of his larger environment. Thus it is that criminology leads on to social psychology. We have to "understand and acknowledge the criminal tendencies in ourselves." Some day, the author believes, we may perhaps be able to eliminate from healthy members of society all those impulses to anti-social behaviour, only a small fraction of which are now penalised, and which may be manifested even in our desire to inflict punishment. In these and similar ways a prison psychological laboratory may be performing a larger social service, even while merely carrying on effectively its own special work.

HAVELOCK ELLIS.

4. Asylum Reports for 1916.

Bethlem Royal Hospital.—The report of this institution is less curtailed than most of the annual reports, and it contains much interesting reading. Bethlem is fortunate in having started life some