that "there is little . . . to support the view that disseminated sclerosis is due to a primary degeneration dependent on congenital hereditary influences." WM. MCWILLIAM.

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2. Psychology and Psycho-Pathology.

The Approach to the Study of Hysteria. (*Journ. of Neur. and Psychopath., January* 1931.) *Wilson, S. A. K.*

The author considers that the defective inhibition of antagonists which occurs in hysterical paralysis is of cortical origin. The shunting of innervation to other groups of muscles than the desired one also shows that impairment of cortical function is coupled with defective inhibition. Tremor is an escape phenomenon of infra-cortical level. The physiological character of some hysterical fits may be taken as evidence of transient decortication or decerebration. Glove-and-stocking anæsthesia is not so valuable in differential diagnosis as was formerly thought, for it appears in syringomyelia. Allocheiria, which was formerly considered diagnostic of hysteria, occurs characteristically in disseminated sclerosis. Sphincter disturbances are by no means uncommon in hysteria. The author points out that if diminution of the abdominal reflex is looked on as an early organic sign in frontal tumours, disseminated sclerosis and pyramidal lesions generally, it should bear the same significance in hysterical conditions.

Hysterical symptoms may be either inhibitions or release phenomena. Hysterical individuals are "born, not made"; there is an unstable constitutional background.

G. W. T. H. FLEMING.

Social Adjustment. (*Journ. of Neur. and Psychopath., January,* 1931.) *Gordon, R. G.*

The author regards social adjustment as based on a well-defined sentiment which itself is founded on herd instinct, suggestion, sympathy and imitation, and sex, together with other less constant contributory factors. These may all be present, as happens in the mental defective, without the subject being able to achieve social adjustment, owing to deficiency in cortical tissue. The cortical functions of control, integration and discrimination are essential if social adjustment is to be achieved. The absence of social adjustment may be a sign of amentia, apart from intellectual defect. Even in defectives this function of adjustment may go on developing in late adolescence; hence an individual should not be regarded as hopelessly asocial too early in life. This absence of social adjustment may be associated with idiopathic epilepsy. The author regards epilepsy as essentially a sign of some sort of functional defect of the cortex. The "social ament" may be apparently intelligent, because one capacity has been developed at the expense of others. G. W. T. H. FLEMING.