suggestible; hence leading questions were carefully avoided, and the discussion of their sexual lives was undertaken only when their confidence had been gradually won. Hence he points out that his high proportion of positive findings of homosexuality is, if anything, probably lower than the real one.

Of his 12 female and 8 male cases, 7 women and 4 men were manifest homosexuals; of the remaining 9 only 3 state that cocainism did not affect their sexual life, while the rest had lost or never felt heterosexual desire and satisfaction, and 3 had perverse leanings while taking cocaine (viewing, sadism, etc.). In some cases manifest perversions or homosexuality had existed before taking cocaine; in others a definite change in this direction had occurred under the influence of the drug, either during intoxication with it or since it had become a habit. A few retained heterosexual feeling and potency; most did not. The patients had for the most part lived among circles where drug-taking was usual, and reported that a great proportion of cocaine *habitués* were also inverts or perverts. All but one took it by sniffing; the one who injected it alone had aural hallucinations; the rest had all similar visual hallucinations and ideas of persecution.

Hartmann does not agree with the view of Marx, that the findings are accounted for by a simple removal of inhibitions, even if a predisposing factor is introduced to account for the special form of the manifestations. Nor is the inversion simply the result of a loss of potency. He believes that such drug effects open the way to research into the physiology of libido, which is simply the energy taking origin from the sexual instinct. Instinct forms the borderline between mind and body. We have learnt to investigate the developments of instinct from the mental aspect; in the specific effects of drugs we find alterations of organic states, such as the diversion of instinct from its normal goal. On the other hand, it is probable that here, just as in alcoholism, there is from the start an unusually strong proportion of homosexuality in the individual's disposition, giving both a special vulnerability of the normal heterosexual trends to the action of the drug on the one hand, and a special disposition to seek the pleasure or relief given by the drug on the other hand.

The paranoid form taken by the delusions produced by cocaine is explained by this homosexual latent or manifest tendency; ideas of persecution are found usually to be referable to homosexual wishes projected on the persecutor with the substitution of hate for love. Alcoholic paranoia shows a similar mechanism.

M. R. BARKAS.

Morbid Alterations of Personality [*Ueber krankhafte Persönlichkeitsveränderungen*]. (*Münch. med. Woch.*, *August* 22, 1924.) *Bostroem, A.*

After discussing at length what we mean by personality the author considers its relation to psychoses.

Personality is shown by the manner in which the life of instinct and emotion, rather than the intellect, manifests itself in an individual's

reaction to his environment. Hence a disturbance of the normal interplay of emotion and volition is the most delicate indicator of an alteration of personality, intellect being less important. The great difficulty of determining morbid change lies in the fact that any personality is complex and not easily grasped, and varies to some extent through life under the teaching of experience; even the patient's assertion that he feels a change may not be a true indication of the existence of such change.

Physiological processes involving a change of personality occur, such as those of puberty, which may be sudden, and those of growth (Jaspers), which are gradual. Senile changes vary—the personality may remain intact when memory for recent events is weak.

For a real pathological alteration the change must be permanent, and must appear as new and foreign to the previous personality, not explicable by its previous manifestations. It consists of the loss of essential qualities, but new character traits may also appear; most often the individual fails in the spontaneous utilizing of his knowledge and capacities, lacks the former urge to thought or action, and fails in control of instinct. It is often difficult to trace the onset of such a change, and to determine whether it is merely a development of pre-formed tendencies or really a new process.

Changes caused by exogenous factors are most easily seen, such as chronic alcoholism; the first defect is in emotion and volition —loss of will-power, sinking to a lower social status, defective emotional control, while intellect is later affected. These changes persist even after the drug is discontinued. But here, as with all drug-takers, a psychopathic personality may be responsible both for the habit and for its results. Changes occurring in epilepsy may be only the progress of an underlying tendency. In general paralysis a change in personality may be masked by rapidly progressing dementia. Lesions of the frontal lobe of the brain seem to affect the personality to a great extent.

In dementia præcox there is a peculiar and characteristic change of personality which, with the disorder of thinking, form the chief criteria for diagnosis; the personality change has here a definite nature, so that it may be described as a disintegration of the personality, a splitting into disjointed parts rather than a complete alteration; discordant elements cease to be united into a central ego, and their manifestations give the impression of belonging to a series of unrelated and irresponsible entities. Even if the intellect is unimpaired, in the absence of a unified guiding ego it lacks energy to carry on its functions. In cases of dementia simplex there is a more general change of the individuality with progressive loss of energy and spontaneous interest, so that the patients sink to a lower mental and social level without noticing the fact. Paraphrenia differs in that this disintegration of the personality does not occur; this may be due to the fact that a process, possibly the same in both cases, acts in the one on an immature, in the other on a mature, brain. Encephalitis shows similar variations in the effects produced on the personality at different ages, the most marked being those in childhood.

Generally, then, changes of personality depend on the nature of what causes the change; on the innate and acquired qualities of the nervous system and the body generally, especially their susceptibility to toxins, disease, etc.; and on the structure of the personality of the individual affected. In studying constitution we must include the constitution of the personality.

M. R. BARKAS.

The Attitude of the Patient towards his Illness [*Die Einstellung des Kranken zu seiner Krankheit*]. (*Münch. med. Woch., February* 13, 1925.) *Stern, Erich.*

Life, and especially the activity of the mind, is a resultant of the meeting of the individual and his environment; the stimuli from the latter may evoke in the former either innately pre-formed mechanisms or a fine adaptation to the particular stimulus, this latter being the higher form of reaction. The environment may be divided into that of nature, that of society, and that of culture; the body is a part of nature, and its processes act on consciousness in much the same way as do those of external nature. Organic physical happenings, it normal, give rise simply to a "sense of being alive," while disorders of their function may at first produce merely a general sense of uneasiness before definite symptoms arise. While the body is well consciousness is directed to the external world, and our activities in it. We do not observe the bodily processes until their disorder makes us "feel ill," and we then take up some attitude or other towards that illness, varying with the nature and severity of the disorder and with our individual disposition. The Nancy school have shown how greatly bodily functions can be influenced by mental processes; hence it is no wonder if the mental attitude of the patient towards his disease plays an important part in its manifestation, course and cure.

The term "experience" is used with a double meaning: on the one hand, all the actual and potential content of consciousness; on the other, anything which assails the centre of the personality, whether as furthering or as hindering our life purpose; the latter narrower sense may be spoken of as "central-experience" (Erleben). The experience of illness may fall into either group—a simple skin eruption may be simply noticed as existing, or may, by causing disfiguration, injure self-esteem or the esteem of others. The present remarks will deal only with illness as a central experience. Anything which breaks into our life or endangers it will become such a central experience, containing intellectual, emotional, and volitional components; bodily illness obviously comes into this category.

On the intellectual side the patient's experience of illness is primarily that of individual symptoms which enter his consciousness, and which he tries to localize in some definite organ; he ignores the fact that an organ may be gravely diseased without causing symptoms, while localized symptoms may have a psychogenic origin; he demands of the doctor a definite diagnosis, and tries to make one himself by comparison with former illnesses, and with