

more elaborate and socialized, but remains peculiarly sacred. When failure of adaptation occurs the sadistic tendency emerges, to the surprise and horror of the patient, and because it appears as a new and unexpected development it holds the compulsive force relatively of its original form.

Treatment is difficult; the patient does not lack intelligence, but he cannot accept that change of outlook which involves change of personality, because treatment resuscitates the old panic reaction. Insight is present only for symptoms and not for defects of character. This type of mental constitution probably occurs in many people of intellectual vigour who never develop compulsive symptoms.

G. W. T. H. FLEMING.

*Personal and Character Tests.* (*Psychol. Bull.*, July, 1926.) May and Hartshorne.

This paper is a bibliography on these tests for the years 1920–25. 196 Books and papers are referred to.

W. D. CHAMBERS.

*Educational Psychology.* (*Psychol. Bull.*, July, 1926.) Henmon and Melrose.

A short review of this subject, accompanied by a comprehensive bibliography of 240 books and papers.

W. D. CHAMBERS.

*Intelligence Tests.* (*Psychol. Bull.*, July, 1926.) Pintner, R.

This paper is a short review of the work done on intelligence tests, with a complete bibliography.

W. D. CHAMBERS.

*Educational Tests.* (*Psychol. Bull.*, July, 1926.) Jones and McCall.

The various educational tests in use and the further development of this method are discussed shortly. A plea is made for uniformity in the tests. Reference is made to 42 books and papers on the subject.

W. D. CHAMBERS.

*Individual Predispositions and Affective Psychoses* [*Prédispositions Individuelles et Psychoses Affectives*]. (*Gaz. des Hôp.*, July 28, 1926.) Claude, H., and Robin, G.

The sub-title of this important paper reads: "The hereditary constitution and the acquired constitution in the light of psychotherapy." The authors deplore the rigidity of outlook and diminution of therapeutic endeavour inflicted upon psychiatry by theories of morbid congenital predispositions, though admitting the value of these theories in the past. In their view, what is apparently a congenital predisposition may in reality be an acquired one, due to morbid intellectual habits, etc., and even a classical case of dementia præcox may have started in a schizomania of affective origin. They urge that the possibility of successful therapeutic