Delay and Precocity in the Development of the Child between Two and Four Years of Age. [*Le développement de l'enfant. Retard simple essentiel et précocité de l'enfant de deux à quatre ans.*] (*Revue Philosophique, May*, 1916.), *Collin, Dr. André.*

On account of the imperfection of the nervous system at birth, a child is not only unable to execute certain movements, walking for example, of which most animals are capable, but it reveals a number of physical signs, such as exaggerated tendon reflexes, Babinski's sign, etc., which Dr. Collin has united under the name *syndrome infantile.*

Under normal conditions this syndrome breaks up about the age of two and a half years, each of the symptoms which compose it disappearing at different epochs. It is on the early or late disappearance of these symptoms that Dr. Collin believes a prognosis can be founded of the mental and motor future of the child.

"Delay and precocity," says Dr. Collin, "are branches of the same trunk." A slight delay in mental or motor development may be a good prognostic, but a flattering precocity is suspicious.

Here are two patients: one, suffering now from dementia præcox, walked at seven months, and at two years astonished friends and neighbours by his intelligence; the other, capable only of rough work on the land, did not walk until he was four years old, did not speak until five, and suffered from enuresis until he was fifteen years of age.

There are, as has been suggested above, certain cases of delay, which are not very serious in themselves, and are due rather to ethnological and family causes than to toxic or infectious conditions, and which develop normally later on. But backward children often remain more or less abnormal, and among them Dr. Collin recognises three principal clinical types.

(1) The weak-minded child with his modalities of intellectual debility, backwardness at school, moral debility, and debility of will.

(2) The child with motor debility, more or less marked, extending from confirmed awkwardness and the impossibility of performing corporal exercises, to slight motor deficiencies, which can hardly be observed. One may meet with mental and motor debility united in the same patient.

(3) The child subject to hysterical manifestation, suggestibility in all its forms being only too likely to produce accidents among children whose mental and motor development has followed an abnormal course. More serious consequences may develop in the adult age, and symptoms of a precocious dementia may manifest themselves. "The nerve cell, which has already given evidence of insufficiency and fragility, may, by forced marches, destroy itself precociously."

The essential cause of delay or backwardness (and, one presumes, of precocity) is weakness of the nerve cell, injured in the place of least resistance by unfavourable circumstances during embryonic development. The nerve cell more evidently than any other embryonic element bears the impress of heredity. The injuring causes may be neuropathic heredity, the intoxications and infections of the parents, such as syphilis, tuberculosis, alcoholism, etc., the accidents of pregnancy and delivery, premature birth, and infantile diseases.

One fully agrees with Dr. Collin that precocity in a child is more suspicious than slight backwardness, and one only wishes that parents and particularly schoolmasters were of the same opinion.

From one's own observation one would be inclined to say that in many normal children, that is to say in children in whom there was no suspicion of precocity, the *syndrome infantile* commences to break up at an earlier age than two and a half years. J. BARFIELD ADAMS.

Movement Cenæsthesia and the Mind. (*Psychological Review, May,* 1916.) *Dearborn, George Van Ness.*

The importance of cenæsthesia from the physiological standpoint has long been admitted; its deep significance with reference to psychology is only beginning to be adequately realised, is probably scarcely realised at all by a great body of psychologists. That a study of it in its more comprehensive aspects is likely to be of supreme value, and is destined to throw a flood of light on our psychical organisation, is made abundantly evident in Dr. Dearborn's paper.

The relation between mind and body is a well-worn theme. It has furnished material for the pens of many writers. It constitutes one of the riddles of the universe which is still unsolved. No will-o'-the-wisp is more elusive than this problem of problems. The writer of this paper is of opinion that there has been an excessive use of the deductive method in psychology, which in its descriptive phases and in the abnormal aspects as well as the normal "has most often not been wisely based, not founded 'flat on the nether springs' of universal bodily movement and function." This concept of *universal motion* is the key to the situation, and the failure to explain mind, whether from the dualistic or monistic standpoint, "seems largely dependent on the presumptuous and dogmatic refusal of many to admit this category, spacial dislocation, motion, into their explanations, and almost into their psychology at all." The tendency of modern physical research is to show that matter is in essence really motion, and motion is the source of all forms of energy. It is in the light of this fact, probably, that Dr. Dearborn argues that "now, all the while and everywhere, the conceptual bounds between mind and energy, before assumed impassable, are felt to disappear like fog as we advance into the clear daylight of understanding." This great central truth that the *organism is in universal movement* must never be lost sight of. It is absolutely indispensable if we are to form any adequate conception of what constitutes Life and Mind. Moreover, this universal movement of the body must mean something in the personality; it must be represented in the concomitant mental aspect of the individual.

A moment's consideration is sufficient to enable us to realise this universality of movement. *Muscular tonus* prevails throughout the entire muscular system. It is constant and spacially general, ranging in various degrees from catalepsy through cramp, exertion, waking activity, lassitude, sleep, coma, and paralysis to death itself, where its zero is reached. In addition to this the *necessity of maintaining equilibrium* is another universal need in the organism; the *reciprocal innervation of functional antagonists* (*e.g.*, flexors and extensors, pronators