

accompanies grief; (c) *Pathology of the intellectual element*: laughter due to morbid logic or morbid perception, obsessions, etc.

(III) *Clinical classification of hysterical laughter*.—It may be divided into two groups according as it occurs: (1) as an epiphenomenon of the convulsive attack; (2) as the sole phenomenon. In the first group, the laugh may occur as an aura, as a complication of the fit, or as a symptom of its involution. In the second group, the laugh may alternate with convulsive attacks, or may altogether replace them.

(IV) *Differential diagnosis*.—One frequently encounters forms of laughter in degenerates, neurasthenics, and psychasthenics, which may cause some diagnostic difficulties. The distinguishing features of hysterical laughter are its irresistible and uncontrollable nature, the fact that the disturbance is limited to one functional centre, independently of the rest of the personality, the subsequent existence of amnesia, and the presence of other hysterical symptoms.

(V) *Treatment by hypnotic suggestion*.—The author describes an illustrative case in detail. After the induction of hypnosis it was suggested to the patient that an attack would be produced by pressure on the temples, and inhibited by grasping the wrist. This was completely successful, and, by a further suggestion, the patient was induced to voluntarily seize her own wrist, and thereby abort the attack. After hypnosis had passed off the same suggestions were repeated in the waking state. Under this treatment the attacks gradually diminished in number, and finally ceased.

BERNARD HART.

Mental Diseases in Tropical Climates [*Les Maladies Mentales dans les Climats Tropicaux*]. (XV^e Congrès International de Médecine, Lisbourne, 1906.) *Moreira, J., and Peixoto, A.*

Medical geography has lost much of the significance which was at one time ascribed to it. Formerly, each region of the earth was supposed to possess diseases peculiar to itself, but this view has been largely dissipated by a better clinical and etiological knowledge. There are, therefore, no essentially tropical mental diseases—we are only entitled to assume the existence of clinical varieties.

In the present paper, tropical regions are understood to be those intervening between the isotherms of 20° C. north and 20° C. south. Most of the observations referred to have been carried out in Brazil.

Esquirol thought that insanity was less frequent in hot climates than in the temperate zones. The authors do not agree with this, nor have they been able to substantiate the view that, in a given district, changes in temperature and in weather produce definite effects in the insane.

As regards idiocy, degeneracy of various kinds, and the senile psychoses, the cases do not differ, either in frequency or in form, from those occurring in Europe. The number of imbeciles amongst the descendants of individuals suffering from ankylostomiasis is very noteworthy. Hysteria is frequent in Brazil, but not more so than in Europe. Occasional epidemics of astasia-abasia have been described. Epilepsy is widespread, and the authors have noted the frequency of alcoholism in the parents. Paranoia, taken in the limited sense employed by

Kraepelin, accounts for 1.1 *per cent.* of the total cases, while alcoholic forms include 28 *per cent.*—a frequency comparable to that of Paris. The cases assigned to manic-depressive insanity (6.6 *per cent.*) differ from the European statistics in that rather more women are affected than men, and in the generally later age of onset. Dementia præcox is common, 12 *per cent.*, as compared with Kraepelin's estimate of 14 to 15 *per cent.*

General paralysis is comparatively rare, but is becoming more prevalent. Very few cases were observed in women. The authors consider its frequency to depend on the state of civilisation and not on climatic or ethnological conditions. Syphilis is widespread, but seems to tend to relatively benign skin lesions, and to spare the nervous system. It was present as an antecedent condition in 80 *per cent.* of the general paralytics.

Latah and amok are not really distinct morbid entities, nor are they peculiar to tropical climates. Latah is a variety of hysteria, and similar manifestations occur in European countries. The term "amok" is vaguely employed for any form of impulsive violence followed by amnesia. In most cases it is to be regarded as a manifestation of epilepsy.

As regards the influence of the tropics upon emigrants, the authors consider that the health of an individual is mainly dependent upon adherence to the rules of life necessitated by the climatic conditions. They have not observed the frequency of insomnia described by Daubler and Rasch.

BERNARD HART.

4. Sociology.

On the Belief in Demonic Possession [Über den Glauben an die Besessenheit]. (Allgem. Zeits. f. Psychiat., Bd. lxxiii, H. 1.) Behr.

Dr. Albert Behr has a learned paper of forty pages upon the medical, religious, and metaphysical aspect of this ancient belief. The influence of bad spirits upon men's minds was unknown to the Greeks and Romans. It came from the East, and was accepted by the Christian church. Dr. Behr considers that such a notion is no essential part of Christianity, in which he follows Schleiermacher. The belief that bad spirits can affect the minds of men is, however, accepted both by the Catholic and Protestant churches. Exorcism is still practised in the Catholic church. Behr mentions a case in Austria where a layman was employed to drive demons out of a woman at the rate of two-pence-half-penny for each devil. In the year 1896, a person believed to be possessed was fettered and the exorcists knelt upon the unfortunate, chanting loud prayers till death released him. In 1848, near Dantzic, a witch was thrown into the sea and drowned, and in Mexico, as late as 1874, a sorcerer was burned.

The belief in Satan, and the mischief which he works, still holds good in Protestant Germany, especially amongst the countrypeople. Demonic possession has been defended by some modern theologians. Behr cites a book by P. Oern, in which the author, who is not unacquainted with