

### 7. Sociology.

*The Correlation of Sexual Function with Insanity and Crime.*  
(*Scalpel*, Feb., 1900.) Macnaughton-Jones, H.

This is a report of Dr. Macnaughton-Jones' address to the British Gynæcological Society at the close of his year of office as president. The writer points out that the present state of our knowledge only admits of very tentative opinions on the relation of sexual function to psychic processes. The first point dealt with is the influence of menstruation on such processes; the magnitude of the alterations in the entire genital tract at each menstrual period is indicated, and note is taken of recent researches into the effects of ovarian secretion on general and nervous metabolism, especially as illustrated in the pathology of osteomalacia. Having touched on the various minor neuroses which appear to be reflex results of genital disorders, the author discusses briefly the relation of such disorders to the graver neuroses and to mental disease. In this connection, he refers to the published clinical evidence (chiefly by American authors) of insanity and epilepsy associated with pelvic disease and disappearing after the removal of the diseased organs. *Per contra*, however, attention is drawn to the large number of cases of insanity with pelvic disease where operation produces no good effect on the mental symptoms, and two personal observations of this nature are mentioned. The author leans to the opinion—shared by most of the leading British alienists, whom he quotes—that true sexual insanity is very rare. The experience of a number of operators on this point and on the cognate question of post-operative insanity is then summarised. The general conclusion to be drawn from the available facts would appear to be that disease of the generative organs can produce insanity only in predisposed subjects; and that it is in the same class of subjects that operative interference is likely to cause mental disorder.

The paper is an interesting review of the present state of the question treated in somewhat general terms, as is inevitable from the aim and occasion of the address.

W. C. SULLIVAN.

*Sexual Inversion [Sulla inversione sessuale].* (*Arch. di Psichiat.*,  
*vol. xxi, fasc. 3.*) Celesia, P.

Dr. Celesia opens his paper with a brief account of gynæcomastia, selecting this condition as a typical example of the inversion of somatic sexual characters. The rest of the essay is devoted to establishing an analogy between gynæcomastia and psychic inversion.

Ætiologically three varieties of gynæcomastia are to be distinguished; (a) congenital, (b) infective and traumatic, and (c) correlative. The origin of congenital gynæcomastia is discussed; the hypothesis of reversion to the type of an hermaphrodite ancestor is rejected in favour of the theory of exaggeration of the normal hereditary influence of the female parent. The condition is very much rarer in civilised than in savage races—a difference which might perhaps be explained through natural selection. With regard to acquired gynæcomastia, the temporary

enlargement of the breasts occurring sometimes in measles is mentioned as an example of the infective form, and a case of the traumatic variety is quoted from Laurent—a man of forty years old who, subsequent to a blow on the chest, developed feminine characters in the breasts coincident with testicular atrophy and loss of sexual desire; as bearing on this point, reference is made to Rörig's observation of the growth of horns on the female deer as the result of traumatism. Finally, correlative gynæcomastia is illustrated by the Mexican *mujerados*, in whom artificially induced atrophy of the testicles causes growth of the mammæ, which may even serve for lactation.

Turning to psychic inversion, the author would find in the congenital, or more properly hereditary homosexual tendency the analogy of congenital gynæcomastia, and would therefore assign such psychic inversion to excess of the hereditary influence of the parent of opposite sex. He notes that such cases may also show atavistic characters in the extreme ardour of the abnormal sexual impulse, its association with lust of cruelty, etc. Acquired psychic inversion, again, would be paralleled with acquired gynæcomastia; it would be due to the arousing, through environmental stimuli, of the homosexual tendencies existing in rudiment in all individuals, as the mammæ exist in rudiment in all males. This acquired form does not to the same extent dominate the individual; it does not even exclude always the persistence of the normal heterosexual tendencies. In the congenital inverts, on the contrary, the entire affective and æsthetic life is in harmony with the homosexual nature; this point the author develops in a discussion on homosexuality and artistic genius, suggesting that the abnormal combination of the feminine qualities of emotivity and intuition with masculine intelligence makes for genius in the sexual invert.

W. C. SULLIVAN.

*Mazoclastm* [*Mazoclastia*]. (*Arch. di Psichiat.*, vol. *xxi*, fasc. 3.)  
Mariani, C. E.

This is a reference to a recent work of De Blasio (*Inciurmatore, maghi, e streghe di Benevento*), in which that author publishes, from the judicial records of the middle of the last century, an accusation brought against a priest of imposing mutilation of the breasts by the introduction of pins as a penance on the women frequenting his confessional. Mariani supposes that the priest suffered from a form of sexual perversion compounded of sadism and fetishism, and with De Blasio suggests the name of "mazoclastia" for the condition—a somewhat superfluous addition to the technical vocabulary.

W. C. SULLIVAN.

*The Pathological Lie* [*Ueber die krankhafte Lüge*]. (*Psychiat. Wochens.*, No. 46, Feb. 10th, 1900.) Ranniger.

In this issue, Dr. Ranniger, of Sonnestein Asylum, concludes his study of the pathological lie, publishing another clinical observation bearing on the symptom. The patient, a man æt. 35, was mentally unstable from youth; at twenty-four years of age he had, apparently as a result of syphilis, an attack of apoplexy with left hemiplegia, followed by an out-