"The idea, I know, is neither new nor strange; but meanwhile it seems to me that it may be the fundamental point of the question, that it creates a true psychological contrast between the survivor from an earthquake and the soldier in a war. It is the pathogenesis itself of hysteria which offers us the explanation of the phenomenon."

"Each one of us possesses two personalities which, in normal conditions, co-operate harmoniously in our conservation and in our well-being—consciousness and subconsciousness. In hysteria the second sometimes usurps authority over the first, and causes the well-known morbid manifestations, which may succeed in encumbering the life of the patient. But when the actual existence of the patient is menaced, the two personalities recover themselves and unite their energies in common defence. We all know that hysterical symptoms, previously rebellious to every form of treatment, disappear in the moment of peril; the paralytic recovers the movement of his limbs, the dumb regains his speech, the blind his sight, etc."

"But if these morbid manifestations, which previously constituted an obstacle to the free activity of the patient, can become, in some contingency, useful and beneficial to him, the subconsciousness does not hesitate to reproduce them, feigning, I might almost say, for its own sake, a set of morbid symptoms, which may be the only means of saving the individual by removing him from the place of peril."

"Then the conclusion to which we must come, will be, I believe, rather different from that at which Babinski and Dagnan-Bouveret have arrived; that is to say, it is not so much the intensity or the quality of the emotion which determines the appearance of the symptoms of hysteria as the conditions in which the emotion is produced, and the utility, more or less, which the individual may derive from the neurosis which his subconsciousness charges itself with placing on the scene."

The paper is illustrated with reports of a few cases in which hysterical symptoms manifested themselves among wounded soldiers. Dr. D'Onghia explains the paucity of the cases because, being attached to a field hospital, few such came under his care, as patients suffering from nervous and mental diseases are removed as soon as possible to hospitals in the second line. J. BARFIELD ADAMS.

The Mechanism of Paranoia (*Journ. of Nerv. and Ment. Dis. April*, 1917.) *Abbot, E. Stanley.*

The author points out that cases diagnosed as paranoia have rapidly diminished during the past half century. Before that period the mere presence of delusions was often considered sufficient justification for the application of this label. But in 1904 Kraepelin estimated the proportion of cases of paranoia as only 1 *per cent.*, and by 1915 had still further reduced it. Abbot believes, however, that there will remain an irreducible minimum of cases showing elaborated delusions with the absence of all other symptoms except such as are wholly secondary. After describing such a case in detail he considers the mechanism of such cases generally.

Man has to adapt himself to the variations of his environment. To do this he must reason about it. The more accurately he reasons

about it the more successful, other things being equal, will his adjustments be. There are three ways in which he may fail: (1) He may be ignorant, as we all are, more or less; (2) he may be mistaken; (3) he may be prejudiced, and apt to associate feelings that are unjustified, or too intense, or both, with certain groups of new ideas, so that when the ideas come into his head the train of thought is determined by the associated feelings, as we may see among politicians who regard politicians of the opposing party as a set of scoundrels. It is this association with feelings which makes prejudice so much more persistent than ignorance or mistake. Prejudice may even grow and become complex, as we may see in many anti-vivisectionists in whom embryonic delusional systems are found.

This mechanism of prejudice is the mechanism that is operative in all true paranoia and fully accounts for the psychosis. The apparent beginning of the psychosis is usually always an episode which arouses several strongly toned affects. These affects predispose the patient to see effects where there were none, to see causality where there was only coincidence, to take possibility for probability, or even actuality, and to ignore inherent improbabilities, or even impossibilities. But this is the mechanism of prejudice.

In ordinary normal life prejudices are limited and do not tend to become elaborated or extreme. It will probably be found that there is an unbroken series of cases extending from the simple unelaborated prejudices such as we all have, through the cynic, the optimist or the pessimist; then the anti-vivisectionist and some other ardent reformers; then religious exhorters and extreme anti-Catholics; then founders of religious sects; then unrecognised paranoiacs in private life; finally those whose anti-social acts bring them into the asylum.

The more intimately personal the subject matter of the systematised delusion is, the stronger, the more durable, the more difficult to uproot.

Paranoiacs do not tend to become demented, any more than people with prejudices. Kraepelin mentions a patient æt. 90, who had been a paranoiac for forty-three years but was not demented. Abbot believes, however, that the delirium may continue to grow, and that the patient's judgment and reason diminish in relation to his delusional system, while remaining good in relation to other matters. His deterioration—unlike what is seen in all other dementing psychoses—is only in the line of his delusional evolution. This fact, Abbot believes, is consistent with the mechanism he has outlined. HAVELOCK ELLIS.

3. Sociology.

Criminology and Social Psychology. (*Medico-Legal Journ., April*, 1917.) *Schroeder, T.*

The author, a well-known New York lawyer, desires to promote "a genetic, synthetic, and practical criminology." It should also be a general social psychological method, but he considers that it is in a prison it may best be begun and worked out. First comes classification. On the basis of a physical examination all curable physical evils must be discovered and relieved at the outset. Then the subject is to be turned over to the psychological laboratory, and if there are any defects