He makes the tentative suggestion that morphia is taken to combat discomfort of mind or body from disorders of the vegetative system, and it lessens the tone of the sympathetic, thyroid and adrenal systems; the organism tries to re-establish its autonomic-endocrine balance. A larger dose is needed next time to produce the same effects, and its withdrawal leaves the antagonistic system overacting. The psychopaths and neurotics who form the bulk of the drug *habitués* suffer from disorders of the autonomic system, on which morphia has its specific action.

This view explains why other hypnotics are unsatisfactory to combat the abstinence symptoms, since these act on the cortex rather than on the vegetative centres; hence the weaker analgesics, such as aspirin, are actually more effective. Further investigation of endocrine therapy may afford still more useful remedies. Such experiments are also being made with cholin, the antagonist of adrenalin. The individual's endocrine balance should be considered in each case. M. R. BARKAS.

A New Theory of Hysteria [*Eine neue Theorie der Hysterie*]. (*Münch. med. Woch., January* 16, 1925.) *Engelen, Dr.*

It is now becoming evident, in the light of the post-encephalitic syndromes, that hysteria produces states which have only recently been discovered to have an anatomical foundation. Thus the motility of Parkinsonian cases varies under emotional and external stimulation, and Liepmann's apraxia and Wernicke's tactile agnosia are other organic conditions closely simulated by hysteria holds sway over anatomical and physiological mechanisms, whose organic basis and localization we are only beginning to understand.

Sahli (*Schweiz. med. Woch.*, 1923, No. 1) has suggested that the physical symptoms of hysteria are based on dysfunction in regions capable of anatomical localization, and that these regions are the intercentral "system" of association cells and tracts which link up the sensory and motor projection systems with consciousness. Examples of organic lesions of such regions are found in aphasia and apraxia—conditions comparable with the dysfunction in hysterical astasia-abasia and aphonia; in both the projection systems are intact, but cannot be utilized for normal purposes. Anæsthesia is seldom perceived by the hysterical patient, since the sensory system functions normally in unconscious adaptation to environment; hence lesions are not sustained unawares, as in syringo-myelia. Yet the sensations are not at the disposal of consciousness. The apparent purposiveness of the motor symptoms, such as hysterical contractures, tremors, fits, attacks of laughing and crying, etc., is explained by their having become automatic after a preliminary conscious stage, and thus able to function in hysteria in a state of detachment from conscious control. He suggests the term "schizoneurosis" instead of "hysteria" as describing the condition of splitting-off from conscious control.

Strümpell pointed out that specific hysterical symptoms arise on a foundation of a psychopathic disposition, which he regards as

being a definite physical disorder of the relations between consciousness and the functioning of the nervous system. Sahli considers the psychopathic tendencies to be a chance admixture or an added reaction of the mind to the disordered physical relationships. Similarly he holds that the so-called hysterical temperament is not an essential part of the disorder. He also rejects the theory that hysteria consists of a pathological volitional manifestation, since hysterical œdema, pseudo-tumours, anorexia and many other symptoms are quite beyond the power of the will to produce. Hypnosis and suggestion can also produce these, and they also depend on the capacity of the intercentral system to respond to influences. Most people can experience in dreams such "hysterical" symptoms as aphasia when trying to call for help, or abasia in trying to run away.

Sahli thinks the probable mechanism for the production of hysterical symptoms is "localized morbid alterations of responsiveness in the intercentral system, probably of the nature of a colloid change, which produce, according to their nature, manifestations of stimulation or inhibition." Lead, alcohol, tobacco, morphine, typhoid, scarlet fever, influenza, syphilis, diabetes are among the somatic factors which favour the arising of hysterical symptoms. The author adds his own observation that organic bromine compounds, such as promtropon, are more effective than potassium bromide, since in the former the anion bromine, acts on the colloidal parts of the cell without the antagonistic action of the kation. Zondek showed that kations act like a parasympathetic stimulation.

He sums up that we must thus regard hysteria as an organic disease only partly conditioned by pyschical processes, and amenable to psychotherapy only in so far as this acts on its physical basis.

M. R. BARKAS.

Cocainism and Homosexuality [*Cocainismus und Homosexualität*]. (*Zeits. für die ges. Neur. und Psychiat., March*, 1925.) *Hartmann, H.*

After briefly discussing some of the older literature on the psychotic and sexual manifestations of cocainism, Hartmann points out that it is only in quite recent work from various countries that reference has been made to the great predominance of sexual inversion and of persecutory delusions in the effects of cocainism, and that it is doubtful whether the assumption of a loss of sexual desire or potency is an adequate explanation for these abnormalities. He then quotes in some detail the histories of twenty cases observed by himself at the Wagner-Jauregg clinic during the past two years, leaving out eight further cases taken in but not under his own care. All entered either voluntarily or were brought by the police because of psychotic manifestations, many in a state of delirium, and all were suddenly deprived of the drug after taking from 2 to 10 grs. daily, no ill-effects being produced by the sudden withdrawal. He gives the warning that it is not easy to gain the confidence of these patients, who tend to be suspicious and untruthful, and are also very