

page 147), where it is described as a type of paranoia. Schneider subsequently studied the case at Emmendingen Asylum, and this paper details the results. The history and symptoms are described in very full detail, and then follow considerations as to the nature and origin of paranoia. The author, who keeps closely to the classificatory views of Kraepelin, dwells upon a certain clouding of judgment (*Urtheilstrübung*) as being a necessary antecedent to the formation of paranoia. The writer of this notice has insisted upon the weakening of judgment which is involved in the acceptance of delusion in his article on delusional insanity in Clifford Allbutt's *System of Medicine*. The recognition of this failure of judgment, the highest quality of the mind, in paranoia is, in fact, the reason why all modern authors reject the notion of monomania. Schneider questions how this impairment of judgment comes about. One origin is increased action of the affective side of the mind, an unstable emotional state occurring in persons of degenerative predisposition, in psychopaths. That this is merely placing the elephant on the tortoise Schneider seems to see, for he tells us that where we say the judgment is obscured because the emotional state is heightened, we introduce a causal nexus where we are only entitled to speak of co-ordination. He points out that the delusion of jealousy of the alcoholic is a true paranoia. As the passion of jealousy cannot be said to cause the delusion, or *vice versa*, inasmuch as they are both dependent on a common cause, the poisonous effect of alcohol upon the nerve-cells, so in other forms of paranoia a deeper and truer cause underlies in common the emotional and the delusive states. However, it is important to distinguish this condition arising in psychopaths, which is curable, from the second form of the disease, which arises from weak-mindedness, the product of a more acute affection that has run its course, leaving a certain defect. This primary trouble is most often precocious dementia. The second form of paranoia thus brought about is, of course, incurable. On the whole, Schneider seems to be of opinion that we should relinquish paranoia altogether as a primary condition, placing some of its varieties among the psychopathic degenerative states, and others among the sequelæ of precocious dementia, just as alcoholic delusional insanity has long found its proper place under the head of alcohol, and not under the head of paranoia. [Of course, the justice of this judgment depends upon whether the psychopathic degenerative states on the one hand, and precocious dementia on the other, are distinct diseases, as alcoholism is.]

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*Stirner's Ideas in a System of Paranoiac Delusion* [*Stirner'sche Ideen in einem paranoischen Wahnsystem*]. (*Arch. f. Psychiat.*, Band xxxvi, S. 793.) *Schultze, E.*

The author of this paper tells us that the metaphysician, Max Stirner, who flourished in the beginning of the last century, has become popular within the last few years because Reclam has brought him out in a cheap edition, because he suits the Nietzsche fashion of to-day, and because he likewise tones in with anarchism, a cult which has a certain following. The best of these reasons is no doubt the first, yet it might

stagger humanity to think what would happen if Reclam began to publish in twopenny volumes the writings of all the minor German metaphysicians, of the mediæval schoolmen, or of the English divines of the seventeenth and eighteenth centuries. Dr. Schultze has mercifully summarised his very long extracts from Max Stirner, thus:—"Stirner teaches egoism in its extremest form. He is the representative of the utmost individualism. What Stirner can do, that he may do; for him the place of the conception of 'right' is occupied by that of 'might,' and he recognises only rights, no duties. Political laws, ecclesiastical ordinances, moral rules, are for him mere idle phantasms, mere imagination; no authority binds him. What he wishes to-day he can recall to-morrow if it suits him and seems advantageous. He may encroach upon the rights of others as far and as much as he has the power, and their acts are correct to him as long as they do not interfere with his interests."

Schultze gives a very full history of a female patient who came under his care too late in the case to enable him, indeed, to study the genesis and growth of her delusions, but who presented exquisitely the ideas which Stirner has formulated. Patient's father was epileptic, her mother weak-minded. Patient learned well, but was always odd. Fire-lifting, domestic quarrels, and attempts at suicide preceded the appearance of overt insanity. In her confirmed condition she was a self-contained, retiring, and somewhat depressive person, yet entertained ideas thus expressed:—"If I lie or steal or murder or commit adultery, or strip myself partially or entirely naked, I am yet not consequently a liar, a thief, a murderer, an adulteress, and a vulgar and improper person, but I remain honourable and proper. If, on the other hand, I am compelled to act thus by others and against my will, it is entirely wrong," etc. Her standpoint is briefly set out by Schultze in three propositions: (1) what I will is right; (2) I only do what I will, therefore commit no wrong; (3) what I do against my will, compelled by others, or by necessity or fear, is wrong. Essentially the patient's doctrine is Stirner's with this difference, that Stirner applied the egoism of the logician to all the race, whose state would therefore be that of perpetual and lawless struggle; the patient applied the egoism of the lunatic only to herself—she would be supreme, and all the world her slaves. For Stirner there is neither right nor wrong in the abstract; for the patient right is what she wills, wrong what anybody else wills. She maintains this position with perfect consistency of speech, and with the calm close reasoning of the paranoiac.

Schultze discusses the possibility of his patient having been directly influenced by Stirner—that is, by reading his books or hearing of his views,—but any influence of this kind appears in the highest degree improbable. He also considers the question of whether Stirner himself was not insane, but concludes that there is not sufficient evidence to form a judgment.

Does not Schultze's patient show a variety of insanity of negation? That this latter condition may be associated with extreme self-esteem is shown in cases of general paralysis; that it may be partial is also well known; it would be interesting if we found it only in the moral field.

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