

Paranoia among Brazilian Negroes [La Paranoia chez les Nègres].
(*Arch. d'Anth. Crim., Sept. and Nov., 1903.*) *Nina-Rodrigues.*

Dr. Nina-Rodrigues, the professor of legal medicine at Bahia, and one of the best known of Brazilian alienists, brings forward in these papers a full and detailed study of the various forms of paranoia as exhibited in Brazilian negroes, illustrating his cases with photographs. The fundamental manifestations are, he finds, the same in blacks and in whites, but certain differences may be noted. There is thus a special prevalence of motor and psychomotor hallucinations, and the author associates this with the normal prevalence of the verbal motor type in negroes, as shown by the frequency with which both in Africa and America they talk aloud to themselves. The contents of the delusion may be complex, but the mental level of the negro is normally so much lower than that of the white that a thoroughly well systematised and chronic delusion, such as is fairly common among whites, is extremely rare in the opinion of all Brazilian alienists, and when found, the author asserts, always indicates either that the subject belongs to one of the higher African races or else that he has a trace of white blood. The subject of the delusion is nearly always connected with sorcery, and the author thinks it necessary to explain that this is not due to atavism, but that an underlying belief in sorcery is still common to most negroes, though it is covered by a thin veneer of civilisation.

HAVELOCK ELLIS.

On Hallucinatory Insanity following Affections of the Ear [Ueber haurinatorisches Irresein bei Affektionen des Gehörorgans]. (*Monats. f. Psychiat. u. Neurol., Sept., 1903.*) *Bechterew.*

Dr. Bechterew has made an extensive survey of the literature bearing on the subject, as well as a careful clinical study of patients in whom affections of one or other of the senses appear to have been the starting-point of insanity. This is especially the case with diseases of the ear. Subjective sounds pass into definite illusions ending in insanity with hallucinations and delusions. In these cases, it is assumed that there was a predisposition to mental derangement. In the beginning the patient interprets the sounds into voices, which are generally unpleasant. They reproach, insult, or threaten him. He is terrified or excited. Then begins a struggle between the sane understanding and the suggestive illusions. Sometimes one or more of the senses are involved; sometimes the sounds or voices are confined to one ear. If the voices or spectra overpower his reasoning faculties, he begins to answer the appearances or act as if they were real. Then there will be times in which he doubts the reality of these illusions. If his mental powers are unstable, he ends by assuming that they come from something without, acts upon this belief, and allows his fancy to construct a whole set of hallucinations and delusions. Insanity of this kind is sometimes obstinate. The intensity and renewal of the delusions is favoured by each exacerbation of the disease of the sensory organ affected. Indulgence in drink may increase the liveliness of the sensory illusions.