system to counterbalance the exaggerated activity of the sympathetic. Disturbances of the motor system are immobility, contractions of striated muscle, etc., but all these phenomena accompanying anxiety states are secondary to the dominating disturbances of the sympathetic system. Usually the anxiety is not a continuous condition, but recurs with more or less frequency in the form of paroxysms. The author describes various cases of psychoses and psychoneuroses which may be accompanied by anxiety states. He divides the cases into two groups, those with permanent syndromes of anxiety and those in which anxiety or physical anguish occupy a secondary place. Referring to the relation of the objective manifestations to the subjective phenomena, the author, without going into the question as to which of the two elements always found associated, the mental anxiety and the exaggerated activity of the sympathetic, is the primary one (involving the problem of the peripheral or central origin of the emotions), calls attention to several noteworthy facts which have been established by recent experience, namely, that different individuals react differently to certain excitations and that the origination of anxiety states is closely connected with the existence of peculiar temperaments or disturbances of nervous equilibrium referable to various causes but essentially characterized by a predominance of the activity of the vegetative system over that of the autonomic. The sympathetic hypertonia is closely connected with certain endocrinal secretions, particularly those of the suprarenals and a hyperfunctions of these glands is present in a large number of cases of anxiety. In the author's opinion the distress in place of being a somatic condition derived from the anxiety, is, like the latter, a translation of a sympathicotonic condition. The activity of the sympathetic may be of psychic or somatic origin, but it always precedes the specific feeling. The knowledge of these parallelisms and relations is not of theoretic interest solely, but furnishes very important therapeutic indications which promise good results in the near future, in the treatment of these mental diseases.

Strohmayer, Wilhelm. SEXUALITY IN THE GENESIS OF CERTAIN COMPULSORY NEUROSES. [*Zeitschr. f. d. ges. Neurol. u. Psychiat.*, 1919, Vol. 45, p. 167.]

Defining episodic compulsory ideas and those which make their appearance periodically in cyclothemic disturbances as distinct from compulsory neurosis *sui generis*, the author discusses the sexual basis of these latter forms. Since the time that Freud called his attention to the subject he has never been able to take any other view than that the sexuality of the neurotic is the symptom-forming force. In all these disturbances it is the opposite factors, sadism and masochism, which are involved, and if the *vita sexualis* of these patients is enquired into, it will always be found that their compulsory ideas rest on phantasies or conduct determined by one or the other, sadism or masochism or a mingling of both (sometimes the information is offered unsolicited).

The author cites cases illustrating what he means by compulsory neuroses as a sadisto-masochistic equivalent. The equivalent of the sadistic urge is betrayed by thoughts of doing injury. The patient is pursued by the thoughts that he has done injury to his fellowmen, maimed them, mistreated them, struck them, etc. As masochistic equivalent are found ideas concerning the patient's own personality, fears for his own safety, indecision, with constant repetition of acts, especially repeated washing, under compulsory pressure. Discussing the manner in which the sexual perversions lead to the neuroses, the author expresses assent to the well-known theory of Freud that the neurosis is the negation of the perversion, and that the perverse psychic sexuality remains a constant source from which the neurosis is nourished, and, further, that the neurosis in its symptoms follows the character of the perversion. Concerning the therapy, the author believes that psychoanalysis will never succeed in curing these psychoneurotics because the connection between the sexuality and the neuroses is of organic character rather than of psychic. The author believes that all sexuality is primarily organic and only secondarily psychic and he sees no improbability in the view that in these perversions there is a disturbance of the inner secretions and that this dyscrasia leads to the psychic disharmony. [J.]

Springthorpe, J. W. PSYCHOLOGY AND MEDICINE. [Lancet, November 6, 1920.]

Springthorpe pleads for instruction of medical students in psychology. He deems it strange that medical education, with its high standards of requirements and constant effort after extension, remains silent and almost immovable in dealing with man from above, as well as from below—psychologically as well as physiologically. He suggests including psychology in the curriculum of each medical school, the establishment of a psychologic department in every teaching hospital, and drawing the special attention of the medical profession generally to the need for its study and practice in the interests of all concerned. [J. A. M. A.]

Hellpach, Willy. WAR NEURASTHENIA. [Zeitschr. f. d. ges. Neurol. u. Psychiat., 1919, Vol. 45, p. 177.]

As was to be anticipated, after the first outbreak of mental disease in the form of hysteria in those who were in condition to succumb to the first extraordinary experience, this form of war neurosis receded and was replaced by neurasthenia, "ordinary chronic nervous exhaustion." War neurasthenia differed in some respects from ordinary neurasthenia and may be divided into two types, the form met with in the field and that encountered behind the lines. The field neurasthenia is characterized by marked loss of memory, especially for former events, loss of interest in the environment, reduction of libido and potency, night disturbances in the sense of increase of dream phenomena, pavor noctis and somnambulism being a classical component of the syndrome of field