

Psychology has worked hard to get away from such methods involving personal skill. But with those who have the training in accuracy we must after all encourage the use of skilled judgment in the application of these methods, which in their very nature must be individualized and cannot be machine-made. The rehabilitation of such methods as truly scientific ones, will depend on the habit of test and counter-test, and its complexity is to be regarded as inevitable, but not as forbidding.

Some of us will have to admit frankly that our mind is less adapted to this type of work than Jung's. The same difference exists in the use of hypnosis and possibly other lines of activity. In these respects it would be foolish to be sensitive about admissions of personal differences, and as soon as we admit this, we can judge with much less prejudice on the merits of results offered. In the interpretation of an association experiment the psychology of the subject experimented with will in each instance have to be supplemented by the psychology of the experimenter; *i. e.*, we admit the complexity of the interpretation of the experiment, in addition to the complexity of the experiment itself. But, as I said, it will be wise not to consider the difficulty as *necessarily* forbidding.

The gain of the method will remain undisputed even if we find that occasionally a case proves sterile or another case too profusely overlaid with complexes. It is so far the nearest approach of an experimental test to the combination of a qualitative and quantitative inquiry into the stream of mental activity and its most frequent disturbers.

#### INTERPRETATION OF OBSESSIONS.

*Bruchstück einer Hysterie-Analyse.* S. FREUD. Monatsschrift f. Psychiatrie u. Neurol., XVIII., 285-308, 408-466.

*Drei Abhandlungen zur Sexualtheorie.* S. FREUD. Leipzig und Wien, F. Deuticke, 1905.

*The Pathogenesis of Some Impulsions.* P. JANET. Journal of Abnormal Psychol., I., 1-17.

*Recent Experiences in the Study and Treatment of Hysteria at the Massachusetts General Hospital, with Remarks on Freud's Method of Treatment by Psycho-Analysis.* J. J. PUTNAM. Ibid., pp. 26-41.

Sigmund Freud finds the cause of the hysterical disorders in the intimate spheres of the psycho-sexual life and he sees in the hysterical

symptoms the expression of the most secret and 'displaced' or 'converted' desires or wishes. These facts naturally make the communication of the records of cases a rather difficult matter, partly because it is not fair to the patient to divulge the secrets, partly because the material is of the kind concerning which the great social compact of ethics has created an anomalous sensitiveness.

Freud communicates the record of one case in which he felt able to sufficiently dissimulate the identity of the persons involved to give the facts without offense. Foreseeing the criticism from those who object to relieving science of the laws of convention as to what shall be matters not to be spoken of, he quotes from Richard Schmidt a passage of regret over the fact that a scientific work should have to bow to an undignified censureship with excuses which might look like an acknowledgment of incriminations.

It is not my purpose to furnish an abstract of the history and details of the case. In type, the facts are equivalent with those in Riklin's case (*PSYCH. BULL.*, Vol., II., p. 253), and without a perusal of the complete material it is impossible to form a real idea of the complexity of the mental life of these victims of disposition and circumstances. The record contains two good instances of the use of dreams in the tracing of under-currents, and throughout many instances of that which makes so many doubt the justification of Freud's claims. The great tendency of the patient to furnish superficial sham explanations which would side-track anyone who had not the instinct of the prosecuting-attorney and the talent of constructive imagination, referred to in my review of Jung's work.

In a systematic presentation of his experience with the sexual life of patients, Freud has opened the eyes of the physician to an extension of human biology which differs very favorably from the sensational curiosity-shop of the literature on perversions, and is especially illuminating on account of the pedagogically important study of the infantile period. The book itself is so concise that a review would have to be a translation for which this *BULLETIN* is hardly the place. Freud's work is an absolutely essential though less documentary supplement to such presentations as Stanley Hall's in his work on Adolescence, and is to the psycho-pathologist as important as the study of dietetics to the general physician. Unfortunately the two topics have in common that there is as a rule more confidence in the rules that grandmother made than in any direct experience and experimentation.

In order to supplement Freud's psycho-analytical studies, the psychologist will do well to give well deserved consideration to two

studies which appeared in the first number of the *Journal of Abnormal Psychology*.

Janet, in his well-known charming presentation of his cases and of what he has to say about them, described first a case of dipsomania, a case of bulimia (a caricature of the therapeutic over-feeding), one of dromomania (a caricature of 'exercise'), one of impulsive epilation, and another of self-torture. In all these cases he demonstrates as the underlying factor the 'feeling of incompleteness,' a state of uneasiness which expressed itself in one by an intolerable feeling of total loss of interest and of the satisfaction of having emotion, of déjà vu, and of having a mere boiling mass of ideas in the head; in the second case, attacks of depression with weak spells and dread of fainting and empty sensation; in the third, a smothered feeling with confusion and fear of insanity; in the fourth a feeling of hopelessness and weakness, and in the last case a feeling of depersonalization (of acting like a mere machine, dominated by another force, etc.)—hence the infliction of pain to awaken herself. In each of the cases the impulsions figure as a means of relief, and the misfortune is that the subject is unable to conceive a variety of remedies for a condition which does not change. Therapeutically the point of attack is the depression or condition precipitating the crises of uneasiness, and the other issue is to help the patient to realize that a great many other methods of relief will do as well.

Dr. Putnam renders in a very lucid review the essentials of Freud's theories and methods. He contrasts with Freud's cathartic method that of the Bernese neurologist, Dubois, of Janet and the late Russell Sturgis, that of substituting sounder associations, and suggests with a number of examples that the situations which precipitated psychogenic troubles are frequently easily accessible in his New England patients, and therefore open to a 'substitutive' method, and he adduces some reasons why he considers even Freud's 'psycho-analytic' and cathartic method to be in principle substitutive. The 'uncompleted emotion' which by reason of its lack of completion was causing mischief as an under-current should not be looked upon as a permanent entity. Our memories and experiences are not possessions like books in our libraries; even in the subconscious realm we 'live ever a new day'; their importance lies in principle rather than in details, and the *principle* can be side-tracked without a rehearsal of the frequently revolting detail. The article deserves careful and repeated reading. In fairness to Freud it may, however, be said that while this method of substitution is the only one practicable in the hands and minds of

most of us, cases resisting it should not be deprived of the trial of Freud's catharsis by some one temperamentally and by training prepared to carry it out. Empiricism in the best hands will alone decide on Freud's contention, and it might be easy to obliterate much needed avenues of help by an early judgment. Temperamentally, I fully agree with Dr. Putnam; but I also see a welcome tendency towards experience with the concrete events in Freud's hypothesis, and on general principles I should encourage those who have the proper combination of tact and talent to continue on the difficult road of search.

### THERAPEUTIC LETTERS.

*Psychotherapeutische Briefe.* H. OPPENHEIM. Berlin, S. Karger, 1906.

It is gratifying to see the common-sense activity of the physician drawn into the sphere of what is thought and communicated. The letters of Oppenheim to patients are very interesting and represent what a man of experience has to offer in the way of direction in practical philosophy of conduct and adjustment. The first letter is an explanation of the psychogenic nature of certain hypochondriacal anticipations and complaints and the practical consequences; the second one deals with the gradual education of a similar case to rational views; the third with a grave neurasthenia, etc. The whole is a series of heart-to-heart talks on mental and nervous hygiene covering the essential topics excellently.

### SEXUAL PATHOLOGY.

*Die Sexuelle Frage.* AUGUST FOREL. 16th-25th thousand. Munich, Ernst Rheinhardt, 1906.

This volume, dedicated to the author's wife, is one of the most serious products of the growing feeling of responsibility of physicians towards the education of the race.

No topic is at once so delicate and so overwhelmingly important as the one here taken up by Forel. The various races will of course have their special ways of coping with the problem. But the psychologist who as a rule can be expected to have cosmopolitan interests will readily be willing to ignore boundary lines created by his racial traditions and see how one of the most serious-minded men attacks one of the most fundamental topics of psychology and sociology.

In his work on Adolescence, G. Stanley Hall has brought a mass of facts which cannot help but awaken a hunger for data in the later