

HYSTERIA AND THE REDUCTION METHODS OF DUBOIS. Smith Ely Jelliffe (New York Medical Journal, May 16, 1908).

Jelliffe does not consider hysteria as a malady due to a specific disease process. He regards it "rather as a collection, in an individual, of primitive traits of psychological response to psychopsychical factors." Briefly stated the psychical characters of hysteria are as follows: Instability, marked influence of suggestion, negativism and egocentric nature; and the last may lead to a number of secondary attributes—romantic accusations, sensational confabulations, self-mutilation, criminal propensities, etc. The physical stigmata result from suggestibility. Hysterical manifestation may appear in connection with functional and organic nervous and mental diseases. Hysteria "represents a break in the development of the mentality" and therefore it is a reaction of the young. It is uncommon in those whose mentality has reached maturity, its reappearance in the involution epoch is quite evident. Dwellers in rural districts and workmen of the proletariat are prone to be affected with this diseased reaction. Jelliffe agrees with Hellpach who says: "Hysteria is the ordinary response to the exigencies of life in all those people whose roots have been torn up, or who have been disenchanted with their ideas, but who still present the simplicity of the psychic reaction of a child." Hysteria diminishes in frequency with the progress of civilization. "I believe that the era," Jelliffe writes, "of the grand manifestations of collective hysteria may be considered as closed. Man possesses to-day in the face of causes of intellectual, political and social oppressions to false ideals means of reaction which he did not formerly possess. The liberty of the press, democratic political institutions, workmen's organizations permit him to manifest his discontent otherwise than by hysteria." The treatment of hysteria must necessarily be carried along the lines suggested by Dubois which consists in reconstruction of mental synthesis on good logic.

KARPAS (New York).

APROPOS OF PECULIAR PUPILLARY PHENOMENON; AT THE SAME TIME A CONTRIBUTION TO THE QUESTION OF THE HYSTERICAL PUPILLARY IMMOBILITY. Emil Reich (Deutsche med. Woch., February 20, 1908).

The patient, 33 years of age, suffered for a number of years from hysterical seizures, which were accompanied by active bodily movements and without loss of consciousness. While in this state her pupils were widely dilated and did not respond to light. With the disappearance of the seizures her pupils became normal. However, when the patient was allowed to scream loudly or indulge in strong muscular activity, then the pupils became wildly dilated and did not react to light. Reich discusses the various theories which may explain this phenomenon, and finally concludes that severe muscular exercise causes dilatation of the pupils and their inefficient response to light, while convergence reaction remains intact. This condition is brought about by active stimulation of the sympathetic and in many cases voluntary dilatation is due to this similar mechanism.

KARPAS (New York).

APROPOS OF HYSTERICAL HEMIPLEGIA. Ernst Schultze (Deutsche med. Woch., March 26, 1908).

Schultze reports a case of hemiplegia of a psychogenic nature. His patient, 65 years of age, was always psychically abnormal, egocentric,