

and overestimated his woes. After an insignificant accident (he fell on his right side) he developed a right-sided hemiplegia. Physical status revealed the following: Weakness of right upper and lower extremities accompanied by anesthesia and analgesia on the same side. No marked atrophy or contractures were noticed. The face was not affected and naso-labial folds on each side were normal. The tongue deviated to the left side, due to spasm of right genio-glossus muscle. Right ptosis caused by spasm of right orbicularis muscle and not by paralysis of superior elevator palpebræ. Contracted visual fields were demonstrable. Patient could read with the right eye at the distance of 5 cm. (with the left 15 cm.). Right corneal reflex was much diminished and the pharyngeal reflex (on right side) was absent. Olfactory sense was impaired on the right side. Not infrequently patient would mistake the paralyzed side for the well one. On account of the long duration the prognosis in this case is rather poor. The diagnosis of hysterical hemiplegia is based upon physical stigmata, spasm of right orbicularis and genio-glossus muscles, and absence of facial involvement, Babinski's reflex and atrophies and contractures. It is surprising that no mention was made of the patient's general psychical reactions.

KARPAS (New York).

GENERAL PARALYSIS IN THE SENILE PERIOD, WITH A REPORT OF TWO CASES. INCLUDING POST-MORTEM EXAMINATIONS. M. J. Karpas (New York Medical Journal, 1908, January 25).

The writer reviews briefly the literature on the subject and gives in detail the clinical history and post-mortem findings of two cases observed by him. General paralysis is very rare in the extremes of life. Paresis usually occurs between the ages of thirty and fifty. Some authors doubt its occurrence after fifty-five. The mental picture of senile paresis bears a striking resemblance to dementia senilis. The onset of the psychosis is marked with intellectual enfeeblement and the delusions are relatively rare. The grandiose ideas are not prominent. The author's two patients had delusions of grandeur and in one case they were markedly accentuated. Both patients presented many features characteristic of senile dementia. Illusions and hallucinations were not observed. In one case the speech was fairly well preserved throughout the course of the disease. The duration of the mental malady is, as a rule, short, but was, however, exceptionally long in one case. The writer calls attention to the difficulty of making a diagnosis of general paralysis in the senile period. Quite often such cases are mistaken for senile dementia, and, indeed, in some instances the differential diagnosis between the two maladies is impossible without the aid of the cytological examination and necropsy.

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THE GENESIS AND NATURE OF HYSTERIA. J. W. Courtney (Boston Medical Surgical Journal, March 12, 1908).

Courtney offers a critical review of three main theories of hysteria—Freud's "Sexual Conception," Babinski's "Suggestion Hypothesis" and Janet's "Views which make Hysteria a Purely Psychic Disorder." The author has no theories of his own to propound, but he desires to express his convictions which he derived from clinical experience, and in his own words, "I believe that hysteria is the clinical expression of a simple

adynamic condition of the brain, and that in our part of the world we rarely see more than a '*form fruste*' of the classical picture. By this I mean that somnambulistic phenomena (which Janet says constitute more than half of the so-called accidents of hysteria), the complete abulias, the paralyses and contractures, even the absolute hemianesthesias and amau-roses, are genuine rarities."

KARPAS (New York).

HYSTERICAL FANCIES AND THEIR RELATIONS TO BISEXUALITY. S. Freud (Zeitschrift f. Sexualwissenschaft, January, 1908).

To those interested in the works of Freud the article "Hysterische Phantasien und ihre Beziehungen zur Bisexualität," published in the January number of the Zeitschrift f. Sexualwissenschaft, is especially gratifying and refreshing. Such a publication has for a long time been looked forward to, and this terse and lucid formulation has more than come up to expectations. When the "Histerie Studien" were first published in 1895 much had been said for and against the theories advanced in this book. On the continent it was first greeted by a storm of adverse criticism tantamount to persecution, and then a latent—silent—period followed during which everything referring to Freud, even remotely, was immediately consigned to oblivion—nay, it was verdrängt. The venerable critics not being able to refute any of Freud's ideas found it easier to act in accordance with the old adage "si tacuisses philosophus," etc. They simply kept their peace hoping thereby to prevent the universe from becoming contaminated by ideas which to them were incomprehensible and hence displeasing. This latent period lasted about ten years, when lo! there was a flaring up of the smouldering fagots. By one of those fortuitous, inexorable laws which always come to the aid of great ideas, Freud's works are now more than ever read and discussed, and it is safe to say that henceforth they will receive the just recognition so long withheld. It was by mere chance that Bleuler and Jung of the Zürich Psychiatric clinic became acquainted with Freud's works. Before discountenancing or repudiating everything, as so many others had done before them, they, as impartial and true scientists, thought it well worth while to thoroughly study and practically examine Freud's theories before expressing an opinion. The expression, "thoroughly study and practically examine," is used purposely, because it is known that before Freud's ideas gained favor in the Zürich school they were subjected to very long, painstaking and severe tests. And, indeed, in order to understand Freud and form an opinion of his works this is absolutely necessary. To interpret the most intimate psychological entities of personality a mere superficial knowledge does not suffice. A thorough training in both normal and abnormal psychology is an absolute prerequisite. The results of the aforesaid investigations are set forth in the works of Bleuler, Jung, Riklin and others. They clearly show that Freud's mechanisms are not only to be found in hysteria and the psychoneuroses but also in many "confused and delusional" asylum cases. (See the excellent works of Jung and Bleuler.)

Since 1895 Freud, despite all discouragement, has labored on and has given to the world a prodigious amount of epoch-making literature, among which may be named "Die Traumdeutung," "Drei Abhandlungen zur Sexualtheorie," and many others. He has also seen fit to modify some