

was able to establish a series of facts which permitted him to characterize the intellectual performances of these two groups. The weakminded showed in their definitions small command of language, this poverty of words being apparent in the failure to differentiate between the finer shades of meaning, so that the same word was used in several senses. Their construction was clumsy and their manner of expression primitive, due, partly, to lack of fluency in speech and, partly, to more profound mental defects. There was restricted formation of associations and lack of ability to concentrate. On the other hand, the author's view that there are many features of resemblance in the logical performances of the slightly feeble-minded and of normal individuals was confirmed in various ways, especially in the similarity of the quality of the ideas. This quality is the primary moment which decides the value of the definition and in this test the intellectual differences between the two classes was little apparent. Both classes used the same types of ideas for defining the social conceptions. In the definitions of the parts of the body there was less difference between the two classes than between different members of the normal class. From these circumstances certain conclusions may be drawn concerning the degree of reduction of mental capacity in the slightly weakminded, namely, that they are not wholly defective in respect to abstract conceptions, although they may make use of them to only a limited extent and in a little effective manner. There is no limitation of the intellect to a definite level of logical performances which cannot be overstepped. There is, therefore, a possibility that considerable improvement in the mental performances of slightly weakminded children might be attained by proper pedagogic and therapeutic treatment. [J.]

Tausk, V. ALCOHOLIC OCCUPATION DELIRIUM. [Internat. Zeitsc. f. aertz. Psychoanalyse, Vol. III, No. 4.]

The author here shows the advantages of the psychoanalytic approach to the study of occupation delirium. Clinical knowledge throws no light on the various forms of mental disturbance of toxic origin, because of the impossibility of correlating the chemical conditions in the central nervous system with specific mental manifestations. Psychoanalysis, however, recognizes in the alcoholic psychoses, as well as in other psychoses of toxic origin, elements which in other mental disturbances have been traced back to their connection with the early mental history of the person or to native tendencies in his disposition, and it seems very natural to study these psychoses from the point of view of their relation to these psychological conditions already known. Of the alcoholic psychoses there are two principal forms, namely, hallucinosis in all sense spheres and the characteristic occupation delirium. From a psychoanalytic point of view a lesion in the inhibitory apparatus furnishes an explanation of many features of toxic insanities. The conditions resulting from inhibitions of this nature are apparent even in ordinary alcoholic intoxications (*in vino veritas*). If as result of the lesion in the inhibitory apparatus affects are mobilized which, because a part of the higher functions

of personality remains intact, cannot or may not find their specific outlet, the affect, constantly endeavoring to make the leap into activity, is changed into anxiety. The activity of the hallucinatory mechanism is explicable as a regression in the line from idea to perception.

While all this does not explain the occupation delirium, an analogy therefor was discovered by the author in a form of dream with which he became acquainted, the occupation dream, the homosexual origin of which he was able to trace as well as its connection with impotency. The main characteristic of the occupation dream, however, is the anxiety which the dreamer has of not being able to finish his task. The person suffering from alcoholic delirium, on the contrary, shows the pottering euphoria of a man of trivial interests, and, in his delirium, goes about his work with the greatest good humor. Not until a case of abortive alcoholic delirium came to the author's attention was he able to trace the essential relationship between the dream and the delirium. This was the case of a young woman whose attention could be turned to the observation of herself in the very midst of her delirium. From her history it was learned that her life with her husband was unhappy and that as result she had become addicted to alcohol. In her delirium the patient imagined herself engaged in piling laundry in heaps. From time to time she would push the heaps back and at this moment she became visibly agitated and hurried. Of this part of the delirium the patient said that she saw great heaps of laundry before her which, it seemed, she herself had ironed and must pile up. At first the work went on very well but for some reason the laundry never grew less, hence her anxious helplessness before the resistance of the laundry piles.

Very generally it is found that in alcoholics the delirium of occupation takes place in the following manner: the patient begins his task in good humor but soon the work takes the form of an interminable task or of one beyond the patient's strength. Before the delirium reaches the degree of anxiety which in the dream wakens the dreamer, the occupation, in the delirium changes, or the patient begins his work over again. Thus the author finds justification for the view that occupation dreams and occupation deliria, not only in alcoholics, but of every origin, have the same mechanism.

The following facts are evident: Analysis of the dreams shows that they arise from the fear of impotence. The latent thought which in the dream gave rise to changes of occupation corresponds to the resistance which in waking hours prevents the dreamer from enjoying sexual intercourse. Further, dreams of this character seem a direct reaction to the lack of sexual satisfaction—phenomena of abstinence.

Attention to the psychic details of the sexual life of both alcoholic patients and those subject to occupation dreams reveal a homosexual fixation of the libido. Analysis of the temptations which lead otherwise very well conducted persons to the abuse of alcohol shows that drinking may sometimes be due to disturbances of heterosexual relations arising

from external conditions, as, for example, disappointment in the wife, loss of a sweetheart, loss of sexual power in the wife, physiological impotence with increasing age, etc.

Evidence of the homosexual origin of addiction to alcohol is the fact that it is nearly always partaken of in the company of companions of the same sex. Men are the only guests at the drinking resort sought by the husband; the wife drinks with her female neighbors. Further evidence is the fact that alcoholic hallucinosis and delirium tremens may terminate in paranoia, the latter being of known homosexual origin. The guest table at the drinking resort constitutes a form of sublimation, the paranoia is the pathological symptomatic elaboration—both from the same disturbance. An important observation for the understanding of this problem is that patients suffering from alcoholic psychoses never masturbate, a practice frequent in other psychoses, from which it may be inferred that the alcoholic patients do not regress to the autoerotic level; the libido, so far as it is set into activity, remains an object libido. Briefly, the way to concrete homosexuality is barred for the alcoholic and he does not revert to autoeroticism. The occupation delirium of these patients, whose libido is increased by the resistances, can be nothing other than a coitus wish delirium which, in analogy with the occupation dream, takes the form of impotence anxiety. [J.]

Freud, S. PARANOIA AND THE PSYCHOANALYTIC THEORY. [Intern. Zeits. f. Psychoanalyse, Vol. III, No. 6.]

Peculiar persecutory delusions of paranoid type in a young woman client having aroused the suspicions of a lawyer to whom she applied for protection, the lawyer referred the case to Freud for the latter's opinion concerning the sanity of the young woman. The case proved to be of more than diagnostic interest; it seemed to contradict the fundamental theories of psychoanalysis concerning the genesis of paranoia, in such definite manner, indeed, that the author at first hesitated to make the diagnosis of insanity and was inclined to believe that the young woman might be the victim of a real persecutor. It is maintained in psychoanalytic literature that the paranoiac is engaged in a conflict against homosexuality based on a foundation of narcissism, and that the person regarded by the patient as persecutor is the one who has been the loved object. Combining these two principles it is apparent that the persecutor must be of the same sex as the person persecuted. Under these circumstances, however, causal significance could only be attributed to homosexuality if it were found to be at the foundation of all cases of paranoia without exception. Cases have been described where the patients believed themselves persecuted by persons of the opposite sex, but a glance beneath the surface reveals the true persecutor, stripped of disguises, to be of the same sex. Neither the author nor any of his friends had ever encountered difficulty in establishing the relationship of paranoia to homosexuality. In the author's present case, however, the girl seemed simply to have