

masturbation as a normal and possibly even useful transitional stage between the diffused pleasurable stimulation of infancy and the sexual activity proper of adult life; but when it takes place in adult life it is regressive. With this group of phenomena may be associated introversion. Such introversion may be said to occur when thought is more or less satisfactorily substituted for conduct, and imagination for reality, as when a young man, instead of effectively courting his sweetheart, day-dreams about her. This is regression. "The more prominent the introversion the deeper the regression."

The prime feature in all regression is negation of effort, the return towards the child-state. The child needs no effort, because its parents care for it. Regression thus becomes a return to protection and domination, to all those influences which may have father symbols or mother symbols, including not only some forms of sexuality but also of religion, alike in what may be regarded as its normal shape as in its erotic aberrations of Mariolatry, etc. This theme is developed at considerable length. After discussing asceticism in this connection, the author passes on to masochism in the sphere of erotic reactions, following McDougall in grouping together asceticism and masochism under the instinct of self-abasement. The tendency of self-abasement is against progression and in the direction of regression. The author seems to use "progressional" as synonymous with "self-assertive." He is here open to criticism, for there are clearly limits to the "progressional" character of self-assertion, limits which seem to be overlooked when both religion and anti-militarism are regarded as always and necessarily regressive.

It can scarcely be said that this lengthy study—which, as will be seen, is mainly on Freudian lines—much advances the subject dealt with, but it remains interesting and suggestive.

HAVELOCK ELLIS.

*The Psychiatric Study of Delinquency.* (*Journ. Nerv. and Ment. Dis.*, May, 1916.) Adler, Herman.

There is a tendency to regard delinquency as a manifestation of abnormality, if not disease. But while the attitude of the community is changing, and we are more and more coming to look on delinquency as comparable to disease and therefore to be treated with sympathy and constructive remedies, the law is still chiefly concerned in searching for "responsibility." We are apt to blame the law and exalt science. The truth of the matter is, says Adler, that medicine in general and psychiatry in particular, have not yet sufficiently advanced the subject to warrant definitions of such precision that law can note them. We still have insufficient knowledge to analyse human nature. It will take psychologists and neurologists a long time to explain the phenomena, just as Ehrlich said it would take a hundred years to explain the phenomena of immunity. With this in mind and using terms simply as symbols, as was done by Ehrlich for his side-chain theory, Adler proposes the following classification of "individuals with mental and social difficulties": (1) The group of defect or inadequacy, in which intelligence is below the lowest normal level (the feeble-minded, Kraepelin's

oligophrenias, the end stages of dementia præcox, and the deteriorating psychoses); (2) the group of emotionally unstable (individuals of average or better intelligence, but showing in conduct the predominating influence of emotion); (3) the group of those with average or better intelligence and only secondary emotional disturbance, but with mistaken logical thought processes (the egocentric, the cynical, the prejudiced, the contentious, etc.). Many cases lie in the borders. A distinction must always be based on prolonged observation. The "behaviouristic psychologist" will place little emphasis on the results of a single examination but much on the history of the case. Of 100 delinquent cases (men æt. 25 to 55) at the Psychopathic Hospital, 35 belonged to the first group, 22 to the second, and 43 to the third. The main difference in the careers of these delinquents from those of average normal people consists in their apparent inability to learn by experience. Adler applies a generalisation of Weigert's to the effect that the body tends to react to injury by an over-production of defences, that is to say, the formation of habits and the acquisition of mental control. The delinquent must be encouraged to react to injuring conditions by an over-production of defences, the threshold of the reaction to be determined in each individual case. By careful training, based on analysis of the individual, it should be possible to influence future conduct. Nothing is gained by attempting to increase the intelligence of a mental defective or to change the personality of a paranoid individual. But much may be accomplished in controlling the emotional instability of the other group. What is needed is a system of mental and emotional exercises for the formation of habits, a kind of orthopsychics. Such training is more hopeful than punishment, for punishment increases the delinquent's intoxication rather than strengthens his defences, and is like administering alcohol in delirium tremens. Adler draws an analogy from immunisation, the therapy involving a building-up of the defences by training and gradually strengthening, but not overwhelming, the organism.

HAVELOCK ELLIS.

*Korsakow's Psychosis in Association with Malaria.* (*Lancet*, April 28th, 1917.) *Carlill, H.*

Loss of memory occurs as the result of shell-shock, it may be simulated to avoid uncongenial service, and it is a symptom of dementia paralytica, concussion, alcoholic psychoses, senility, and epilepsy. The form of amnesia described by Korsakow as occurring in alcoholic patients with peripheral neuritis has also been found, associated with nervous symptoms, in other illnesses, such as typhoid, diabetes, and arsenical poisoning.

The writer here describes the case of a stoker, æt. 45, with the characteristic mental symptoms of Korsakow's psychosis, which he regards, in this instance, as malarial in origin. The neuritic symptoms were confined to a loss of the ankle-jerks. General paralysis was excluded by a negative Wassermann reaction.

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