

scientific value of the pathological work which has been produced cannot be estimated merely by the recovery-rate, which obviously depends on a number of factors. It is certainly the case, as Dr. Weatherly states, that there has been a striking neglect of "individual study of the living patient," and it is a good thing to see this point emphasised; it is to be hoped, furthermore, that in the future a much more intensive study of patients and a search for the psychogenetic factors of the psychoses will be possible, but the fact that one aspect of insanity has been neglected does not diminish the value of work in other directions which has received more adequate attention.

With the central purpose of this volume all psychiatrists will be in sympathy, and it is hoped that it will have a wide circulation amongst those for whom it is intended, since it cannot fail to exert an influence upon those who read it, and it will thus help to bring about those reforms which all who are interested in the treatment of mental disorder so earnestly desire.

A sympathetic foreword to the book is provided by Dr. Theo. B. Hyslop.
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Part III.—Epitome of Current Literature.

A Form of Pseudo-hermaphroditism in the Insane [Certain Pluriglandular Anomalous Functions Associated with Psychopathic Sexual Interests]. (Fourn. Nerv. and Ment. Dis., July, 1918.) O'Malley, Mary.

The exact nature of the disturbance of endocrine function behind pseudo-hermaphroditism—whether somatic, psychic, or mixed—has not yet been ascertained. The evidence tends to show an inter-relation of functioning in the pluriglandular system, the hormone of one gland being related to those of all the others, with definite syndromes due to physiological or pathological changes producing hyperfunction, hypofunction, or dysfunction of these glands. The secondary sex characters are known to depend upon the gonads, and abnormalities of the sex attributes, whether in the generative or secondary sex domain, are evidence of disturbance of these glands, and hence of the endocrine system. In a broad sense the term "pseudo-hermaphroditism" may be applied to cases in which there are no evident somatic deviations in the essential sex apparatus, but the abnormalities are limited to the secondary sexual characters or to the individual's psychic character, such psychic deviations sometimes being evident only when by the development of a psychosis "the unconscious is given free expression in the dissociation of the personality," and the sexual demands, whether heterosexual or homosexual, dominate conduct. It is as understood in this wider sense that the author—who is Clinical Director of the Washington Government Hospital of St. Elizabeth—seeks to study this syndrome by the examination of eleven insane women. This series of

cases is selected from a large group of women showing decided variations in anatomical growth and development, as well as in mental development, in the direction of external hermaphroditism and hermaphroditic behaviour. There are extremely few anomalous conditions of the primary generative organs. Usually the bodily development seems to have been normal up to puberty, when male secondary sexual characteristics increased at the expense of female. Cases in which this syndrome only appeared after the menopause are excluded.

The eleven cases are separately described in detail, the chief symptomatology being alteration of the secondary sex-characters during the developmental period in the hermaphroditic direction. It is remarked that the patients conform to the classic type called Leonardesque, and especially illustrated by Vinci's "Monna Lisa," with the same facies and the same gracile hands. It can, however, by no means be said that the photographs of cases, whether nude or clothed, here reproduced, bear out this contention.

The most important symptoms in this syndrome are summed up under five heads: (1) Faulty skeletal development, male *habitus*, narrow pelvis, angularity, symmetrical but atypical features, the most striking deviation being, however, in the shape of the hands and feet, which are usually small, delicate, and well-formed, with tapering fingers—a type associated with pituitary disease. (2) Other abnormalities in general body contour, due to coarse skin, often vigorous musculature, and especially to obesity—one of the most prominent and frequent symptoms, sometimes beginning to appear even in infancy, and ascribed to under-functioning of the hypophysis, thyroid, and genital glands. (3) Disturbance of the pilous system, with excessive development of strong, coarse hair, where ordinarily there is only a light down, imitating in distribution that on the male face and body, a similar hereditary disposition being sometimes traceable, and several of the endocrinal glands probably involved. (4) Genital disturbance, with widely varying irregularities of menstruation, sometimes arrest, but few somatic anomalies of primary sex-organs beyond an infantile uterus and a few trifling external anomalies. (5) Disturbances of psycho-sexual development, with periodic reversals to a predominating homosexuality, sometimes, apparently, especially where there are manic-depressive reactions, on a bisexual foundation, the sexual inclination changing with change in the mood of the psychosis, but there is no definite mental reaction type associated with the endocrinopathies.

While regarding the traits of this pseudo-hermaphroditic group as constituting a polyglandular syndrome, the author makes no attempt to interpret it, considering as still a subject for discussion whether it is due to glandular insufficiencies or over-activities. There is here, she concludes, a great unexplored field for further research.

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