

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.

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*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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