wicked and supreme in evil, is used in the play as the dramatic representation of morbid passion. He is not an actual human personage, but he represents the projection of the insane thoughts and impulses of Othello; he is the dramatic device for showing the growth of diseased passion in the mind. The gross sexual imagery in the speeches of Iago are those which express the condition of a jealous lunatic. Just as Hamlet's hatred is crystallised by the confirming voice of the Ghost, and the subconscious stirring of ambitions in the soul of Macbeth are dramatically presented in the prophecies of the witches, so the growth of morbid jealousy in Othello expresses itself in gross sexual thoughts of hallucinatory intensity projected into the inhuman figure of Iago.

H. DEVINE.

2. Clinical Psychiatry.

General Paralysis among the Jews [*Die Paralyse der Juden in Sexuologischer Beleuchtung*]. (*Zt. f. Sexualwiss., June*, 1919.) *Sichel, M.*

Until recent times general paralysis has been rare among Jews. Then it rapidly increased until it affected a fifth of the Jewish inmates of asylums. In the last decade this proportion has slightly fallen, but the fall appears to be apparent rather than real, as Sichel here explains.

What are the causes of this sudden development of general paralysis among Jews? Zollschen believes that syphilis works more virulently on Jews because they were previously so free from it. Sichel finds difficulties in this explanation, and attaches more importance to the growth of large cities and the confinement of Jews in such cities, with the manifold opportunities for sexual excesses thus opened to them. In nearly all large cities there is a special prevalence of general paralysis among Jews as compared with the general population. Sichel quotes figures for Vienna, London, and Frankfort. In rural districts, on the other hand, general paralysis is extremely rare among Jews. The spread of the disease is evidently dependent on urban life, and it is suggested that the results of the war, which have led to the cry of "Back to the plough!" even among Jews, will in this respect be beneficial.

The author remarks that his thesis concerning the connection between the Jewish attraction to urban life and the special prevalence of general paralysis may seem to be shaken by what is witnessed in Russia. There the Jews are exclusively town-dwellers, for they had not been allowed to be anything else, yet general paralysis is very rare amongst them. This Sichel attributes to the thorough manner in which the eastern Jews still exercise their traditional rites and customs. The unfavourable political conditions which have led to their doing this have been one of those forces which "willed evil and produced good." The eastern Jews have been enabled to retain their vital energy uncontaminated, and as we pass from east to west we find an ever-decreasing neglect of traditional observances, and, concomitantly, an ever-increasing prevalence of general paralysis.

This result has, however, been powerfully aided by the custom of early marriage among the eastern Jews—a custom which has decayed in

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the west owing to the increasing difficulties of living. We may expect that, in this respect also, the war will be influential. The care with which Jewish families surround young girls has been largely maintained in the west, and that is probably the reason why the prevalence of general paralysis is only among men, Jewish women being remarkably free from it.

A further factor is found in the increasing abuse of alcohol among the Jews, who formerly tended to be abstemious. Sichel finds that in his own observations 17 out of 127 Jewish general paralytics had had alcoholic tendencies, though the abuse of alcohol had been rare among some 840 other Jewish asylum inmates; "there is a certain connection between alcohol and general paralysis."

It is also noted that Jewish general paralytics in the great majority belong to the commercial class, and in their daily life had many opportunities for acquiring syphilis. Of late, however, it is found that general paralysis is extending to other Jewish social circles, and that it is no longer rare among artisans. HAVELOCK ELLIS.

A Proposed New Classification. (The Mechanistic Classification of Neuroses and Psychoses produced by Distortion of Autonomic Functions). (*Journ. Nerv. and Ment. Dis., August,* 1919.) *Kempf, E. J.*

The author, who is Clinical Psychiatrist at St. Elizabeth's Hospital, Washington, here proposes a new classification of the psychoses and neuroses based on the view that "the same forces which build up a personality when harmoniously integrated cause its deterioration when unadjustable conflicts occur." Modern psychiatry, he believes, needs an elastic adaptable hypothesis, a direct terminology, a simple comprehensive method of classifying cases. The Kraepelinian system fails because it is fundamentally on a static basis, emphasising symptoms and prognosis. Symptoms are grouped into circumscribed entities of disease, despite the fact that in a large proportion of cases the symptoms are classifiable into two, three, or even more groups, such as neurasthenia, manic-depressive or dementia præcox types, while about half the cases are, at one period or other, atypical. There is thus nothing to do but dogmatically to force the most suitable diagnostic term on to the case for statistical purposes.

It seems to Dr. Kempf, therefore, more practical to classify psychopaths according to the nature of their autonomic-affective difficulties and their attitude towards them, because this keeps the dynamic factors directly in psychiatric attention and permits of revision as the symptoms change. The system of terminology here proposed relates to the essential mechanistic factors that make a case curable or incurable, and an important distinction is made between *benign* and *pernicious*. "Benign" means that there is "a tendency to accept the personal source of the wishes or cravings which cause the distress or psychosis"; "pernicious" means that there is a tendency to refuse to accept the personal source of the wish or craving, to hate those who attribute a personal source, and to blame some external or impersonal source.

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There are five groups in the system: (1) *Suppression neuroses*, with clear to vague consciousness of the ungratifiable nature of the affective cravings, and distressing hyper-tensions or hypo-tensions of autonomic (visceral) segments. (2) *Repression neuroses*, with vague to total unconsciousness of the nature of the influence, and the symptoms of the first group, augmented by functional distortion of the projecting apparatus and changed reactivity to sense-organs. (3) *Compensatory neuroses*, with persistent striving to develop power and control and win esteem due to the fear of losing them, usually accompanied by some of the same symptoms found in the previous groups, with additional compulsions and inspirations to strive for favourable conditions, resulting in all sorts of eccentric attitudes, and on the physical side increased muscular tension, high blood-pressure, tachycardia, exophthalmic tension, hyperactive thyroid, adrenals, etc., glycosuria. These three groups are benign; the next two are pernicious. (4) *Regression neuroses*, with failure to compensate, but return to an earlier more comfortable irresponsible level, permitting wish fulfilling fancies, postures, and indulgences—together with persistence of attitudes belonging to the child stage and general inefficiency and depression. Lastly (5) *Dissociation neuroses*, where uncontrollable cravings dominate the personality and there are distressing visceral tensions and all kinds of sensory and social derangements.

The author fits the old diagnostic terms into this new framework in ways that can usually be guessed, but the commonest of the current types—manic-depression, dementia præcox, hysteria, etc.—fall into two or more of the groups. It will be seen that the term "psychosis" is dropped altogether, on the ground that "the sensory phenomena which we are conscious of as thoughts and wishes are the result of integrative physiological processes, and the term 'neurosis' is more consistent with the integrative functions of the nervous system." No reference is made to the psycho-analytic school of thought, or to the work of Sherrington, Cannon, and Crile, but the inspiration of this classification is sufficiently obvious. The author observes that it is only to be considered "experimental and suggestive," but he has himself found it useful.

HAVELOCK ELLIS.

Concerning "Constitutional Cœnæsthopaths" [*A proposito di "Cenestopatici Constituzionali"*]. (*Arch. di Anthrop. Criminale, vol. xxxix, fasc.* 3–4, 1918–1919.) *Lattes Leone.*

The term "constitutional cœnæsthopathy" was suggested by Prof. Buscaino (*Revista di Patol. Nerv. e Mentale*, 1918), as a useful denomination for a group of symptoms of emotional origin met with in patients who came under his observation in military practice, especially in connection with acts of misconduct—desertion, insubordination, impulsive assaults, attempts at suicide and self-mutilation. Buscaino observed that the majority of these individuals complained of anomalous sensations referred to the viscera, and that they also presented objective signs of disordered functioning of the sympathetic system, notably exaggerated reaction of the pulse to change of position, and disturbances of the oculo-cardiac reflex. In the present paper Lattes, while not

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disputing the facts adduced by Buscaino, criticises, from the medico-legal point of view, his conception of constitutional cœnæsthopathy on the ground that the disorders referred to are of frequent occurrence in moral defectives and congenital criminals, and that in fact the military offenders presenting these symptoms belong for the most part to the category of the instinctive delinquent, and should not, therefore, be allowed to escape the penal consequences of their acts on the plea of being the subjects of nervous disease.

The point appears of rather academic interest except as illustrating the greater prominence which the experience of the war has given to the problem of the neurotic and border-line criminal.

W. C. SULLIVAN.

Dream-state due to Acute Exhaustion, with Psycho-analytic Note [*Stato Sognante vero da esaurimento Acuto, con indagine Psico-Analitica*]. (*Arch. di Anthrop. Criminale, vol. xxxix, fasc.* 3–4, 1918–1919.) *Marro, Giovanni.*

This paper is a detailed report of a rather remarkable case of oniric delirium. The patient, a man, æt. 32, was an Austrian official, lodging with an Italian family in Alessandria, and subject as an alien enemy to the usual measures of supervision.

On February 18th, 1916, as the result of a prolonged bout of sexual excess, he got into a condition of pronounced nervous exhaustion with rise of temperature, profuse sweatings, and absolute inability to take food. These symptoms continued till February 25th, when he suddenly got up, left his lodgings, and made his way to Turin, where he engaged rooms and reported himself to the police authorities, telling a circumstantial story to the effect that he had killed two persons at Alessandria who had attempted his life for motives of vengeance because he defeated their projects of usurious exploitation, that the judicial inquiry had exonerated him on the ground that he had acted in self-defence, but he had been advised to leave the town. The Turin officials telephoned to Alessandria, and found that no such incidents had occurred, and the patient was accordingly, in spite of his vehement protests, sent to the asylum for observation. There he maintained the truth of his story, and asserted further that shortly after his admission to the asylum he was visited by his parents, who were enabled to come to see him because peace had been made between Austria and Italy. In three days his temperature fell to normal, the sweatings ceased, and he became more reconciled to his detention. And after two days more he suddenly announced that he had dreamt the whole affair.

At Marro's request the patient wrote out a minute account of his imaginary experiences, and from this document, supplemented by the results of interrogation, it was established that the fantasies arose in a series of connected dreams beginning on February 24th, and having their apparent starting-point in a proposal, really made to him on that date, to advance him a sum of money. Marro's analysis satisfied him of the existence of a painful emotional state due to the patient's unpleasant position as an alien enemy, to his financial difficulties, and to his self-reproaches at being obliged to be a non-combatant at a

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moment of crisis for his country. The imagined acts of violence symbolised his repressed wishes to fill a more bellicose *rôle*, and were associated also with a disagreeable and very lively memory of youthful indiscretions with moneylenders. W. C. SULLIVAN.

3. Pathology of Insanity.

The Pathogenesis of Chronic Alcoholism [*Sobra la pathogenesis de la intoxicacion alcoholica*]. (*Rev. de Criminol., Psiquiatria, y Med. legale, Anno V, No.* 26, 1918; *reference in Arch. di Anthrop. Criminale, vol. xxxix, fasc.* 3–4, 1918.) *Ducceschi and Barilari.*

From a clinical study of 121 subjects, including abstainers as controls, and from a series of experimental researches, the authors state that continued intoxication with ethylic alcohol in man and in animals determines a manifest increase of cholesterin in the blood, which in their view explains the generalised organic lesions met with in chronic alcoholism. W. C. SULLIVAN.

The Blood Urea Nitrogen in Katatonia. (*Journ. Nerv. and Ment. Dis., February*, 1919.) *Rappleye, W. C.*

Examinations of the blood were made before, during and after semi-stuporose phases of katatonia. The cases chosen were mild ones who ate during the period of examination, and the blood was taken before breakfast, about twelve hours after a previous meal, so that the food factor was eliminated as far as possible. Controls were carried out on other patients having similar diet, and the efficiency of the renal function was ascertained in every case. The blood urea nitrogen values showed a 50 *per cent.* or more drop from normal during the semi-stuporose katatonic phase. The significance of this finding is considered as probably due to lowered endogenous metabolism with vasomotor hypotonia. Renal stimulation and incomplete protein absorption from the intestines are considered as unlikely causative or associated factors. F. E. STOKES.

4. Treatment of Insanity.

Modified Psycho-analysis in Borderland Neuroses and Psychoses. (*Psycho-anal. Rev., July*, 1919.) *Clark, Pierce.*

For some seven years the author has made use of psycho-analytic methods in borderland cases. He here briefly summarises results which will later be set forth in full detail.

Seven manic-depressive cases came under consideration. In all it was found advantageous to go carefully over the conscious and foreconscious settings of the patient's difficulties, especially those which seemed to precipitate the periodic depressions. Dream production was mostly found to have quite adult settings and not even latently sexual in interpretation. Nor could analysis be pushed rapidly or completely as in the hysteric neuroses, but dream interpretations had to be, as it were, distilled. These periodic depressants seemed to demand mostly a

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