the student to seek further information on the subject which, after all, cannot adequately be dealt with in a book of this character and purpose.

Alfred Carver.


This manual, which originally appeared in 1905 as a translation of the French Manuel de psychiatrie of de Fursac, has established itself as one of the most succinct, readable, and practical works on the subject of mental disorders. Dr. Rosanoff explains that, in view of the special demands of American students, it has been necessary to make many changes and additions; so the name of the author of the original French version does not now appear so prominently. Perhaps the additions to our knowledge justify the increasing enbonpoint which begins to characterize this and other text-books of psychiatry; but it does seem a pity that the unfortunate student should have to absorb so much literary adiposity before he can possess himself of the meat of sound doctrine. What he will have to wrestle with in the days to come one trembles to opine. Perchance by then, however, the narrow of the subject may consist in the application of a few well-chosen psycho-analytic formulae, which will serve to elucidate and to dissipate mental disorders in the incipient stage.

Meantime Dr. Rosanoff and his associates have succeeded in compressing a remarkable amount of information into this volume. New chapters, sections, or appendices, dealing with the following subjects have been added: Applications of psychology in psychiatry, psycho-analysis, applications of sociology in psychiatry, extramural psychiatry, psycho-neuroses, hyperthyroidism, and so on. In doing this, the original character of the book has not been lost sight of, and the method of presentation of the new matter conforms to that which has already rendered the manual readable and easy to consult. What has greatly added to its bulk are the huge appendices, one on the Stanford revision of the Binet-Simon intelligence scale, and a second giving the Kent-Rosanoff free-association test. These together take up some hundred and fifty pages. Possibly they would be better published separately; and if this had been done the volume that remained would more certainly have approximated to one's conception of a 'manual'.

One interesting and valuable component is the collation of the references. This will prove of inestimable value to the student in enabling him to turn at once to the standard literature of the various subjects which have to be dealt with briefly in a single volume such as this. It may be remarked, however, that in the chapter on dementia praecox no notice is taken of the work of Mott and of John Turner; nor is the question of treatment of this condition by means of nuclein and of nucleinates discussed. Dr. Rosanoff takes a very sombre view of the hysterical personality. He considers that it is in close relation to the criminal, but that there is one
distinguishing trait "which is foreign to many criminals: indolence".
Also he is of opinion that "the particular method of therapy is a matter of comparatively little importance in the cure of hysterical manifestations". All who have knowledge of the historical aspect of the subject, or who have had experience of the ways of the hysterie, will probably endorse this dictum.

HUBERT J. NORMAN.

The Psychology of the Special Senses and their Functional Disorders.

This book is founded on the Croonian Lectures for 1920. Dr. Hurst defines hysteria as a condition in which symptoms are present which have resulted from suggestion and are curable by psychotherapy. This implies that he considers such symptoms may occur in anyone and not necessarily in hysterical subjects, and that physical stigmata are not present in the patient till looked for. With regard to the mental stigma of suggestibility the author points out that this is an innate characteristic of everyone and given a sufficiently strong suggestion, a hysterical symptom may be produced in a person of normal suggestibility.

Dealing with the senses in order, the author first discusses touch. He recognizes anaesthesia due to: (1) Heterosuggestion by the examining physician looking for stigmata; (2) Perpetuation of the anaesthesia accompanying stupor, especially when the suggestion is accentuated by the neurological examinations of the physician; (3) Perpetuation of organic anaesthesia, (a) due to injury of peripheral nerves after the effects of the injury have passed off, or (b) similarly due to temporary injuries to brain and spinal cord; (4) Perpetuation of anaesthesia due to peripheral anæmia resulting from disuse or injury to vessels.

The explanation given of all these forms is the withdrawal of attention from the area of skin involved; moreover, the fact that in extreme cases of hysterical anaesthesia the superficial reflexes may be lost points to an increased resistance somewhere in the reflex arc, presumably at the synaptic junctions. The direction of attention to the afferent synapses, the result of persuasive treatment, presumably reduces this resistance.

Hysterical cutaneous hyperaesthesia is produced by suggestion in the same way as anaesthesia, and is due to the concentration of the patient's attention on a particular area of the body, and this may be intensified by the presence of real pain in this area. So readily is hyperaesthesia induced by suggestion that Hurst regards Head's areas of hyperæsthesia, which were supposed to be due to visceral disease, as essentially unreliable. The perpetuation of pain as a hysterical symptom is of frequent occurrence, since attention is particularly liable to be directed to a painful part, thus lowering the resistance at the afferent synapses.

Hysterical deafness may result from a persistence of concussion deafness, or of that due to temporary meningeal involvement of the eighth