

with the constitutional predisposition. On the other hand, chronic lead-poisoning facilitates an epileptic state in those so predisposed. Large doses of the exogenous factor, on the contrary, give rise to reactions and states that are, up to a point, extra-constitutional.

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*The Construction of Depression.* (*Int. Journ. of Psycho-Analysis*, vol. xvii, p. 423, Oct., 1936.) Gerö, G.

Following a detailed analysis of two cases of depression it is concluded that oral erotism is the favourite fixation-point in the depressive. After the breakdown of infantile genitality the libido regresses to the oral stage under the pressure of the œdipus situation. In these cases oral functions are sexualized, and the sexuality is bound principally to oral conceptions. Oral wishes and feelings of aggression form an upper layer, which must be repressed in order to suppress the whole sadistically tinged sexuality attached to the œdipus situation. The solution of the oral fixation is attained by making the patient experience the repressed oral impulses, for this experience does not stop at the oral aims, but activates the genital object relation of the œdipus situation.

Next to the solution of oral fixation the most essential technical question is the making conscious of the aggression. There are with regard to acts of aggression many layers, many interpretations. It is the task of the analysis to make conscious that centre of the feelings of aggression to which the feeling of guilt is most attached. This is always the aggressive impulse originating from the central conflicts of the œdipus-situation.

In the first case studied it was necessary to analyse the obsessional character, the great reserve and rigidity, before the repressed anal-sadistic impulses and especially the oral-sadistic impulses became conscious, which represented here the kernel of œdipal aggression. In the second case the loosening of the harsh super-ego, the disclosing of the sadistic intentions perceptible beneath the manifest masochistic attitude, led at first to diffuse outbreaks of rage, and only after the solution of the oral fixation did the phallic-sadistic impulses appear which had formed the central stratum of the repressed aggression.

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#### 4. Neurology.

*Syncope and Convulsions due to a Hyperactive Carotid Sinus Reflex.* (*Arch. Int. Med.*, vol. lviii, p. 407, Sept., 1936.) Weiss, S., et al.

The writers point out that a hyperactive state of the carotid sinus reflex can cause syncope and convulsions resulting from one of the following three mechanisms: (1) cardiac slowing; (2) primary depression of the blood-pressure, and (3) a central reflex to the brain. Attacks can be induced by mechanical stimulation of the carotid sinus. The sinus reflex mechanism is sensitized by digitalis and various morbid states. Both the vagal and depressor type of reaction can be controlled by ephedrine and epinephrine. Atropine abolishes the vagal type but has no effect on the depressor type. The cerebral type is not benefited by these drugs. Surgical denervation of the carotid sinus abolishes spontaneous and induced attacks in suitable cases, but does not influence any of the unrelated accompanying symptoms. Of 10 patients with the cerebral type who were treated by surgical denervation, 8 remained free from attacks. Operation is contra-indicated in patients with severe widespread neurosis associated with a low basal metabolic rate.

It is interesting to note that the response of the carotid sinus in patients suffering from epileptic seizures is normal, and that there is no relation between the behaviour of the carotid sinus reflex and postural hypotension.

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