

of one and paramour of the other. Both men showed a preponderance of early and late ambivalent anal qualities, and a few early oral traits. The married brother's conflicts were centred about auto-eroticism, with associated feelings of inferiority. His brother, more markedly maladapted, was found to be fixed in auto-eroticism, homo-sexuality and incest. He took as love-objects a series of mother-substitutes, including two of his sisters-in-law. An analysis of all three persons concerned, extending over two years, resulted in a satisfactory readjustment.

S. M. COLEMAN.

Basis for a Psycho-analytical Study on the Marquis de Sade [Éléments d'une étude psychanalytique sur le Marquis de Sade]. (Rev. Franç. de Psychanal., vol. vi, p. 458, 1933.) Klossowski, Pierre.

A psycho-analytical investigation of de Sade demonstrates that his abnormal personality was the result of a negative oedipus complex. Instead of inhibition of the incest motive as a result of castration fear, there is regret for ever having desired to sacrifice the father for the mother. In phantasy and in conduct de Sade identifies himself with the father, in order to turn all his aggressive impulses upon the mother.

S. M. COLEMAN.

The Anal Component in Persecutory Delusions. (Psycho-analytic Review, vol. xxi, p. 75, Jan., 1934.) Bender, L.

Observations on two women suffering from paranoid delusions, with ideas of being attacked from behind, support the view that the persecutor may be a symbolization of parts of the individual's own body. It seems that it is especially the anal region and fæces that lend themselves most readily to separation from the other parts of the body, but some narcissistic attachment always remains, the persecutor never being completely divided from the body of the persecuted.

S. M. COLEMAN.

3. Psychiatry.

Hallucinations [Über Halluzinationen]. (Der Nervenarzt, vol. vi, p. 561, Nov., 1933.) Schröder, P.

The author stresses the fact that direct stimulation of the cortex of the brain gives rise to sensations which are entirely different from the hallucinations of psychotic patients. He denies that we have any reason to assume a connection between some areas of the cortex and hallucinations. He thinks that much mischief is done by collecting a group of different phenomena under the one heading of hallucinations, and attempting to find one mechanism for all of them.

The author proposes the following classification of clinical "complexes with hallucinatory phenomena" after having omitted the cortical sensory symptoms in brain diseases (e.g. photoma): (1) The hallucinations of the delirious, together with dreams and day-dreams, etc.; (2) the *illusions*, due to delusions of reference, and connected with the misunderstanding and the misinterpreting of the normal; (3) the *hallucinations* proper, as the hearing of voices in cases of "Gedankenlautwerden" (thoughts becoming audible); this should be considered as forming either a part or a result of the psychotic symptom. His thoughts and acts seem extraneous to the patient. (4) The phantasy formation ("Phantasieren") in paraphrenia phantastica and similar paranoid diseases.

The combination of several of these complexes is of common occurrence, e.g., the combination of (1) and (3) in alcoholic delirium.

S. L. LAST.

Some Psychiatric Aspects of Suicide. (Psychiat. Quart., vol. vii, p. 211, April, 1933.) Jameison, G. R., and Wall, J. H.

The authors give notes on twenty-five institutional suicides in their own experience. They point out that the frequent contact of the physician with his patient

in the hospital becomes an important deterrent so far as suicide is concerned. Many suicides have talked about it, or already made an abortive attempt. The dangerous hours appear to be between 5 and 7 a.m. The authors found the following essential features consistently present in their group of suicides: (1) Severe hypochondriacal and nihilistic ideas, with veiled death wishes in the trend; (2) insomnia—not the actual sleeplessness itself, but the apprehension and agony concerning its possible effects; (3) persistent belief in losing control of oneself, of “going insane” and analogous ideas; (4) sense of guilt with persistent belief and concern about punishment, especially by torture of one kind or another; (5) evidence of aggressiveness, as indicated by surly, impatient and irritable attitudes with assaultive tendencies. As danger-signs should be noted sudden improvement in a depressed, hopeless and perhaps deluded patient, and previous attempts.

G. W. T. H. FLEMING.

Eugenic Problems in Practical Psychiatry [*Die eugenischen Aufgaben der praktischen Psychiatrie*]. (*Zeits. f. psych. Hyg.*, vol. vi, p. 97, 1933.) Roemer, H.

According to the author the duties of the eugenist are of three kinds: (1) To advise in eugenic matters and issue certificates; (2) to help in the eugenic education of the public; (3) to prosecute research on heredity.

In private practice, advice on the suitability of marriages is given with the help of doctors in mental hospitals. Germany has 49 “marriage advisory bureaux” (Eheberatungsstellen), 29 of which offer medical advice. Their advice covers matrimonial and sexual problems, and is not strictly confined to eugenic questions. With regard to education of the public, the author warns us not to stress the physical side too much, but to consider the moral importance of eugenics as well. Research in this direction is being carried out by means of keeping careful clinical records and co-operation with the genealogical department of the German Institute for Psychiatric Research in Munich.

S. L. LAST.

Hereditary and Environmental Factors in the Causations of Dementia Præcox and Manic-depressive Psychoses. Chapter I: Family Stock of Manic-depressive Patients. (*Psychiat. Quart.*, vol. viii, p. 76, Jan., 1934.) Pollock, H. M., Malzberg, B., and Fuller, R. G.

The authors investigated 155 cases of manic-depressive insanity in Utica State Hospital. Sixty were male and 95 female—the usual proportions. The occupational classification of the men corresponded with the economic status of the majority of the patients. 61.3% of the whole group were married, compared with 39.7% for all first admissions.

The statistical results, as regards the parents, etc., were not impressive. When, however, the siblings were considered, the results were of greater significance. There was a preponderance of mental disorders over that expected in a random sample. The female siblings have a relatively higher rate of mental disease than the males. The rate of incidence of manic-depressive psychoses among the relatives was considerably higher than the expected rate. The authors conclude that the sex element enters into the transmission of manic-depressive psychoses, although how it works is not understood.

G. W. T. H. FLEMING.

The Family Constellation as a Predisposing Factor in Psychosis. (*Psychiat. Quart.*, vol. viii, p. 121, Jan., 1934.) Katz, S. E.

From an examination of the histories of 194 successive admissions at the Hudson River State Hospital, the author concludes that (1) the size of the family does not appear to be correlated with the incidence of psychoses; (2) the order of birth of the siblings seems to bear no relation to the incidence of psychoses; (3) a preponderance of older sisters in the family is suggested as a predisposing factor in male dementia præcox.

G. W. T. H. FLEMING.