inattention to life. The individual ceases to will, gives way to imagination, with the result that normal automatic rejection of what is unhealthy will cease. Treatment should consist in hospitalization, occupational therapy, and the elimination of fear. The insufficiency symptoms and hypochondriasis often encountered may be benefited by the administration of pituitary. Attention, of course, has to be paid to general health and hygiene.

G. W. T. H. FLEMING.

Studies on Suicide: II. Some Comments on the Biological Aspects of Suicide. (*Psycho-analytic Review, vol. xxi, p.* 146, *April,* 1934.) *Lewis, N. D. C.*

Every biological activity, including pathological processes, is in some way an attempt at adaptation. In the pathological process a competitive situation is created between the forces attempting to maintain a certain level of adjustment and those acting in a destructive manner, the latter, the regressive elements, tending to bring the organism to a lower level of adjustment. A complete victory for the regressive elements produces a total failure in adaptation.

Suicide comes under the category of profound pathological situations in which the regressive parts totally destroy the adaptation, and this translated into terms of psychiatry indicates that those who commit or attempt suicide are in a pathological mental state of the dimensions of psychosis. It is not logical to assume the absence of a psychosis in any case of suicide because there have been no obvious classical symptoms of mental disorder.

Accidental suicidal acts, complete or aborted, carried out by psycho-neurotic persons with no intention of ending life, have their own psychogenic determinants and should not be classified with genuine suicide. Acts of self-destruction by "custom", such as the Japanese "hara-kiri", should also be excluded, since there is no choice in the matter of life or death. Lastly the relationship of mass suicide to genuine suicide has not yet been accurately determined, but psychologically the former appears more closely related to mob-delirium.

STANLEY M. COLEMAN.

The Psychogenesis and Prognostic Value of Cotard's Syndrome [*Sobre la psicogénesis y el valor pronóstico del sindrome de Cotard*]. (*La Semana Méd., vol. xli, p.* 1172, *April* 19, 1934.) *Loudet, O., and Dalke, L. M.*

Cotard's syndrome consists of systematized ideas of negation, with a collection of other secondary elements, and is met with only in cases of "anxious" melancholia and of chronic hypochondriasis. It must be distinguished from the isolated ideas of negation which occur in other psychotic conditions. Cotard's syndrome is constituted by a complex of symptoms which are well defined and are logically bound together. It is not a mere collection of ideas, without nosological or prognostic value, but is a true secondary systematization. The occurrence of the syndrome is always of grave import, but it does not invariably involve a prognosis of chronicity. It may present itself in acute or chronic form. It is suceptible of cure in certain cases of melancholia and when it occurs in relatively young subjects.

M. HAMBLIN SMITH.

A Case of Stupor of Twelve Years' Duration with Complete Amnesia for Ten Years. (*Amer. Journ. Psychiat., vol. xiii, p.* 1272, *May,* 1934.) *Munn, C.*

The woman whose case is described was "dead to the world" for ten years. This psychological death was the logical culmination of a process of regression beginning with her mother's death, hastened by a proposal of marriage and completed by an attack of influenza. Improvement commenced after an attack of Vincent's angina. Recovery was accompanied by a complete amnesia for ten of the twelve years of the stuporose period. It is of interest to note that both the precipitating and the ameliorating factors were acute febrile conditions. Little or no blunting of intelligence was found on emergence from the stupor. The literature on the subject is reviewed.

M. HAMBLIN SMITH.