

was the same structural modification in all the cellular elements, accompanied by a hyperplasia of the peri- and intra-lobular connective tissue, so giving rise to a true sclerosis of the gland. In adult dogs there is a rapid involution of the gland.

G. W. T. H. FLEMING.

Absorption : The Influence of Acetyl Choline on the Absorption of Glucose. (Amer. Journ. of Physiol., vol. cv, p. 684, 1933.) Gellhorn, E., and Nonthup, D.

Acetyl choline in concentrations between 1 : 50,000 and 1 : 2,000,000 decreases reversibly the permeability of the intestinal wall to glucose. In more dilute solutions between 1 : 20,000,000 and 1 : 40,000,000 the permeability is increased. Thus acetyl choline and adrenalin are antagonistic in their effects on permeability, as in many other autonomic functions.

J. F. LYMAN (Chem. Abstr.).

2. Psychology and Psychopathology.

Outline of Clinical Psycho-analysis. (Psycho-analytic Quarterly, vols. i and ii, April, 1932, to April, 1933.) Fenichel, O.

I. *Hysteria (vol. i, p. 129).*

In hysteria there is primary fixation at the phallic and narcissistic stage of libido organization, the object choice of the instinctive urge being the parent or parent substitute (œdipus complex); these sexual strivings are repressed by the super-ego (unconscious castration fear, and fear of loss of love). As a result of external and internal inhibitions commencing at puberty, there is regression to the point of fixation.

The hysterical conversion symptom represents a return of the repressed in distorted form. The choice of symptom depends upon accidental occurrences in infancy and upon somatic factors, determining secondary prephallic fixation points, which are reactivated following regression. The hysterical individual is characteristically autoplasmic rather than alloplasmic, finding a vicarious satisfaction by means of genitalization of some portion or function of his body—the conversion symptom.

The chapter concludes with an analysis of some of the more specific symptoms, including seizure, dream state, motor and sensory disturbances.

II. *Anxiety Hysteria (p. 292).*

Usually classified with the compulsion neuroses, anxiety hysteria is found to be much more closely allied to conversion hysteria, having the same fixation point, ætiology and general mechanism. At present there is no certainty as to what factors determine a conversion syndrome or an anxiety reaction, though it is believed that an experience of the primal scene in reality predisposes to anxiety states. The symptom of anxiety is doubly motivated. On the one hand repressed and repellent instinctive urges (œdipal wishes) find in it distorted expression. On the other, anxiety represents the repressing forces (fear of losing love, fear of castration). Sometimes anxiety is avoided by phobia formation, *i.e.*, at the cost of a certain and usually increasing limitation of the ego's freedom. By means of the mechanism of projection the phobia transforms the instinctual conflict into a fear referred to certain definite external perceptions.

III. *Hysteriform Conditions (pp. 316 and 545).*

The following group of neuroses resemble conversion hysteria in that among the symptoms are found objective or subjective alterations in physiological function, determined in the final analysis by a psychic conflict. In other respects they differ considerably and represent transitions from hysteria to psychosis. While in hysteria object cathexis is preserved, it is characteristic of these neuroses that the charge of libido is transferred from object representations to organ representations.

Of all the actual neuroses hypochondria is the most typical, though in fact it is seldom met with alone. In this condition, impulses that were originally directed outwards are turned from external objects to the individual's own organs. On the one hand the symptom serves to express sadism turned against the self, and on the other, as a gratification of the need for punishment and of masochistic libidinal impulses.

Anxiety neurosis occurs in those suffering from a chronic disturbance of their orgasm. There is anxiety or automatic symptomatic equivalents, without ideational content. These symptoms disappear with the cessation of the causal unhealthy sexual practice.

The formula for the neurasthenic is—"I do not wish to have sexual relations. I want to use my genital organs for pregenital purposes." Their pregenital nature is due to an arrest of development and not to regression. The characteristic sexual disturbance is the severe asthenic ejaculatio præcox, of which the psychological contents are anal, urethral and sadistic impulses, and an identification with the mother and suckling. Frequently they are compulsive masturbators without gratification—an attempt to relieve pregenital tension by genital methods.

In pathoneurosis a physical cause demands that a given organ or its representation be furnished with large quantities of libido. There is consequent objective libido withdrawal. This neurosis forms the psychological sequelæ of all organic illnesses.

There is no return of the repressed as a neurotic symptom in the inhibited states, *i.e.*, repression is the sole factor which influences the behaviour of the individual. Just as any organ can be the seat of a conversion symptom, so any function can be the victim of an inhibition. Psycho-analysis usually reveals unconscious phantasies of destruction. In the traumatic neuroses the specific precipitating cause plays a predominant rôle. Otherwise the illness differs little from conversion hysteria, being ultimately due to unresolved remnants of infantile conflicts.

IV. *Compulsion Neurosis* (*p.* 582).

Compulsion neurosis resembles hysteria in that it represents a futile attempt to solve a conflict between an unbridled or reanimated instinctive urge and the defences which the ego raises against it. The following are the main points of divergence: There is awareness of the many offensive instinctual impulses. Defence symptoms, expiatory and self-punitive, dominate over symptoms which bring gratification. The super-ego plays a more prominent rôle with consequent "internalization". As a result of this last mechanism the individual is afraid that some external object is threatened by a danger emanating from the patient himself. Other features are the important part played by anal sadistic impulses and the occurrence of biphasic symptoms. The former is responsible for specific character traces as a defence mechanism (orderliness, cleanliness, parsimony, exaggerated sense of kindness and justice).

V. *Pregenital Conversion Neurosis* (*vol. ii, p.* 94).

The pregenital conversion neuroses are fundamentally compulsion neuroses, with all the characteristic psychological content and mechanism; the clinical symptomatology, however, is that of a conversion hysteria. Like the latter, the symptoms express a psychic conflict between infantile sexual wishes and defence reactions against these wishes. In contra-distinction to conversion hysteria these neuroses are founded on a more definitely narcissistic basis; the sexual wishes are pregenital in nature, *i.e.*, anal sadistic or oral sadistic, and their aim is the incorporation of the object.

In the stammerer it is the antecedent erotization of speech that plays the chief rôle in the formation of the neurosis. The stammerer both wishes and does not wish to speak; he has something to conceal. Speech means something that his instinct

desires, but his ego rejects. Unconsciously it has a double meaning for him: on the one hand the utterance of obscene, especially anal words, and, on the other, an aggressive act, ultimately to kill. The pleasure in stuttering is the pleasure of playing with words, a continuation of playing with fæces; fundamentally speech is equated with defæcation. The words are held back, as in infancy the fæces were held back, to produce an auto-erotic pleasure. When stuttering is most marked during argument or in the presence of a person in authority it is found that a hostile or aggressive tendency is being concealed. Œdipus and castration complexes may also find expression in stuttering. In such cases the tongue may have a phallic significance and speech be equated with potency. Where stuttering is only evoked when speaking in public there is a strong unconscious exhibitionalistic drive, which became inhibited with the development of the symptom. There are two characteristic secondary gains from the neurosis; superficially the stuttrer arouses pity, which may be utilized for many purposes; more deeply he obtains real gratification for the aggression latent in the symptom.

The psycho-analysis of asthmatic persons with the study of their oral and anal psychological structure, as well as a wealth of ethnological material dealing with the sexualization of breathing, brings ample proof that archaic anality and orality dominate the respiratory eroticism. In asthma there is especial sexualization of the respiratory function, with repression and breaking through of the sexual wishes. These are correlated with numerous oral and anal phantasies, regressive expressions of the Œdipus complex. There is an intimate relation between respiration and anxiety. In the asthmatic the manifest fear of suffocation is a distorted expression of castration anxiety.

The term "psychogenic tic" covers a variety of phenomena forming a continuous series of links between hysteria and catatonia. The mental life of the ticqueur is dominated by well-defined anal traits and by a narcissistic make-up. In tic the anal components augment muscular eroticism a pre-requisite for this type of displacement. Tic usually proves, on analysis, to be a substitute for masturbation, which, having been repressed, is displaced from below upwards. Some tics, on the other hand, were at one stage compulsive movements used to express anal impulses, and have, in the process of time, become automatic. Still other tic-like movements are to be found in catatonic stereotypies. The prognosis of tics treated by psycho-analysis will depend upon the structure of the given case. Hysterical and compulsive forms will respond, while the catatonic case will prove refractory.

VI. *The Sexual Perversions* (p. 260).

In perversion, a highly complex developmental anomaly, the component instincts, instead of being subordinate to the primary of the genital, become organized under that of some other component instinct, hypertrophied at the expense of the rest. Discounting a minority of cases, in which sexual infantilism, *i.e.*, an arrest of sexual development, is responsible for this, it is through regression that sexuality acquires its perverse (infantile) forms. If the ego approves of this distorted sexuality it breaks through and a perversion develops. Besides the repressions common to all, certain specific "partial repressions" are of crucial ætiological importance and characteristic of the condition. The ego accepts and obtains gratification, not from the reawakened infantile sexuality *in toto*, but only a definite part, the perverse component impulse. The new sexual aim is determined, on the one hand, by the presence of a strong pregenital fixation and, on the other, by the suitability of this new sexual aim for expressly denying castration danger, the factor which inhibits œdipal gratification. For these individuals normal sexuality unconsciously means incest, and is experienced as entailing the danger of castration. Sexuality, then, is supplanted by a perversion, the form of which is determined by the level of pregenital fixation, and which has as one of its functions the maintenance in repression of those excitations which appear dangerous.

On the surface the clinical picture of homo-sexuality is determined solely by

the sex of the love partner, neither the Œdipus nor the castration complex being in evidence, though analysis proves that the suppression of both these constellations is of paramount importance aetiologically. Two types of homosexuals are recognized: the narcissistic, who, identifying himself with the mother, behaves as he wished his mother to behave towards him; hence this type will turn towards love objects that are most like himself; and the anal erotic, in whom the identification with the mother is extended on to the gratification itself; in this latter type the father becomes the love object, and the individual strives to submit himself to the father or father-substitute genitally (anally).

Pre-psycho-analytic literature described fetishism as arising by a kind of conditioned reflex following some sexual traumatic event in childhood, as a result of which there was displacement of sexual excitement on to some accidentally associated circumstance. Psycho-analysis evaluates these traumatic experiences as if they were screen memories. In foot-fetishism the screen memory is made clear by the symbolic equation of foot with penis. The other fetish objects met clinically are all phallic symbols. Fetishism for female underwear, for example, is explained as an aversion for female nudity; as long as it is worn it serves to conceal the absent organ.

Other perversions are dealt with more shortly. Exhibitionistic behaviour represents an eternal denial of castration. In the woman exhibitionism as a perversion is non-existent. In the unconscious of voyeurs the same tendencies are found. Coprophilia is a regression to the pregenital and sadistic level of libido organization that serves as a defence against genital wishes. Regarding fellatio and cunnilingus, it is pointed out that preference for the oral zone as a thorough-going perversion to the exclusion of other sexual aims seldom occurs. However, the mouth may become a substitute for the genital, if genital activity is inhibited by castration fear.

Sadism can be traced back to the destructive tendencies of the late oral stage, while masochism represents a secondary turning of sadistic impulses against the self. The formulation for both is as follows: All active sexuality has become so intimately connected with castration anxiety, that the sole remaining sexual aim is the wish to be castrated.

STANLEY M. COLEMAN.

Psycho-analytic Aspects of Suicide. (*Int. Journ. of Psycho-analysis*, vol. xiv, p. 376, July, 1933.) *Menninger, K. A.*

The conception of self-destruction as a flight from reality, from ill-health, disgrace, poverty and the like lends itself to the drawing of parallels between suicide and other regressions, and is seductive because of its simplicity. Its essential fallacy is one of incompleteness; it lies in the implied assumption that the forces impelling the regression come wholly from without. From the standpoint of analytical psychology the ego is driven by more powerful forces than external reality. It is maintained that suicide is a gratification of self-destructive tendencies, which, upon analysis, appear to be composed of at least two elements: an aggressive element—the wish to kill—and a submissive element—the wish to be killed. In addition, it is postulated that a wish to die may be present to a variable degree, for which, however, no definite psychological evidence can be offered. The three components are derived respectively from the ego, the super-ego and the id. From the clinical material studied it is shown that the proportionate strength of these three components varies considerably in various instances.

STANLEY M. COLEMAN.

The Jewish Phylacteries and Other Jewish Ritual Observances. (*Int. Journ. of Psycho-analysis*, vol. xiv, p. 341, July, 1933.) *Eder, M. D.*

Phantasies and dreams obtained from Jewish male patients exemplify the sexual symbolic nature of certain Jewish ornaments and practices. The writer's investigations lead him to support the findings of other psycho-analysts, who see in these