

Jung says that the object of analysis is the patient's moral autonomy. In view of the preceding discussion, if it be deemed wise to attempt to achieve such a result—a proceeding fraught with danger—in the majority of patients, no good can come from the employment of honorific terms in psychiatry. Until the field of social pathology has been explored further by psychiatrists, to attempt to lead the mentally disturbed to take a moral position denied not only to, but by, the majority of the normal population would be to invite disaster.

JOHN D. W. PEARCE.

*The Vestibular Apparatus in Neurosis and Psychosis.* (*Journ. of Nerv. and Ment. Dis.*, vol. lxxvii, pp. 1 and 137, July and Aug., 1933.) Schilder, P.

The author gives a very lengthy and complete survey of the vestibular apparatus. He points out that the symptoms which occur in organic lesions of the vestibular apparatus are :

1. A vestibular influence on the visual field—darkening of the visual field, narrowing of the visual field and scintillation. There is a difference between peripheral and central lesions.
2. There is a multiplicity of apparent movements which are only partially dependent on the nystactic movements of the eyes.
3. The perception of direction can be changed by vestibular lesions, and transformations from one plane to another may take place.
4. Micropsia, polyopia may occur. These changes can be unilateral in central lesions, and are homolateral to the side of the lesion.
5. The haptic sphere is changed by vestibular lesions.
6. Homolateral weakness, homolateral impairment of sensibility and changes in tone and in reaction movements.
7. Under vestibular influence a part of the substance of the body may be dissociated from the rest of the body.
8. Changes in the vegetative system and in consciousness.

Optic images, tactile images, tactile and optic eidetic pictures can be influenced by vestibular irritation in a similar way as after-images. In hallucinations vestibular influences change the appearance and add movements to the picture. Multiplicity of hallucinations, macropsia, micropsia and dysmetamorphopsia indicate a vestibular influence on hallucinations. The author describes a case of barbital intoxication and a case of eclamptic psychosis.

Dysfunction of the vestibular apparatus is very often the expression of two conflicting psychic tendencies. Dizziness may occur in almost any neurosis.

G. W. T. H. FLEMING.

*The Investigation of a Specific Amnesia.* (*Brit. Journ. of Med. Psychol.*, vol. xiii, p. 143, Sept., 1933.) Erickson, Milton H.

In this paper a full account is given of the possible methods of investigating a specific amnesia without any accessory information. The following techniques were used: free association, hypnosis, automatic writing, crystal gazing and dream analysis. A hypothetical third level of consciousness was reached, and whilst in this state automatic writing was obtained, leading to the discovery of the forgotten material. This did not give the subject of the investigation full relief, until an underlying emotional conflict was dealt with.

F. H. HEALEY.

*Mensuration in the Psychoses.* (*Amer. Journ. Psychiat.*, vol. xiii, p. 151, July, 1933.) Cameron, D. E.

Six cases of depression were investigated over a period of 56 days, being tested every second day. At the end of the first eight days veronal was administered for 16 days, followed by a clear period of 8 days, and then 16 days, during which

thyroid was given. The tests at the level of mentation were three in number: the simple reaction time, the giving of as many nouns beginning with a stated letter as possible in one minute, and the sorting of parti-coloured cards. Indirect methods of measurement were also used, *i.e.*, the recording of the weight, temperature, blood-pressure, etc. The tests at the level of mentation gave the best correlations with the behaviour chart. The indirect tests gave less close correlation, the results being influenced by the drug.

M. HAMBLIN SMITH.

*Intelligence Tests for General Paralytics* [*L'Examen du fonds mental des paralytiques généraux par la méthode des tests*]. (*Ann. Méd. Psych.*, vol. xiv (ii), p. 173, July, 1933.) Claude, M., et Masquin, P.

The writers are convinced of the importance of gauging more accurately the degree of intellectual recuperation following malarial therapy. With this idea in mind they have elaborated a series of intelligence tests to be used in conjunction with the usual clinical examination of paralytics before and after treatment. These tests take about forty minutes to perform, are easily workable, and impersonal; it is stated that they are not rendered inaccurate by the educational culture or profession of the subject. The writers prefer to study successively the different faculties rather than to speak of regression to such or such an age.

STANLEY M. COLEMAN.

*Familial Presenile Dementia with Spastic Paralysis.* (*Journ. of Neur. and Psychopathol.*, vol. xiv, p. 27, July, 1933.) Worster-Drought, C., Hill, T. R., and McMenemey, W. H.

The author describes a case which resembled Pick's disease, but in which there was a definite and extensive family history. It also differed from Pick's disease in the early development of spasticity of the limbs and the degree of dysarthria. In the actual patient described there was muscular rigidity of an extrapyramidal type, and in the relatives the paralysis affected all four limbs. The case described also could be said to resemble Jakob's pseudo-sclerosis in the muscular rigidity, dysarthria and mental changes, but differed from this latter disorder in the absence of tremor and spontaneous movements.

G. W. T. H. FLEMING.

*Regression in Manic-Depressive Reactions.* (*Psychiat. Quart.*, vol. vii, p. 386, July, 1933.) Witzel, A. E.

The general goal of regression is towards a negation of life-death in the depressed, and towards a beginning of life anew in the manic. In many of these states there is a regression to a state of narcissism. The writer emphasizes that no patient should be regarded as hopeless because of the apparent profundity of the regression. The presence of marked preoccupation with somatic complaints and the free use of the mechanism of projection carry with them a guarded prognosis. Where suicidal attempts occur as the result of alleged persecutions the adjustment, if any, which takes place is usually an unstable one. In the age-periods 50-60 the apparent lack of incentive to get well seems more marked. In some cases the marital state appeared to be an obstacle which could not be satisfactorily dealt with.

G. W. T. H. FLEMING.

*Precipitating Factors in Manic-Depressive Psychoses.* (*Psychiat. Quart.*, vol. vii, p. 411, July, 1933.) Travis, J. H.

The author reviews a series of 70 cases, 53 female and 17 male. He found that the precipitating factor was closely related to marital maladjustment in some form in a great majority of the cases, and that in most there were ever present inflammable complexes in the unconscious waiting to be ignited by the proper precipitating factor.

G. W. T. H. FLEMING.