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.) *Klossouski, Pierre.*

A psycho-analytical investigation of de Sade demonstrates that his abnormal personality was the result of a negative œdipus 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.

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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

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