

*Pre-psychotic Personality of Manic-depressive Patients.* (*Psychiat. Quart.*, vol. viii, p. 129, Jan., 1934.) Smalldon, J. L.

The author studied a group of 75 cases, consisting of 25 each of manic, depressive and circular types. The proportion of male to female was 1 : 2. Forty-six of the group approximated to the pyknic type and 29 to the asthenic type. Fifty were extraverted, 9 introverted and 16 equally balanced. There was a comparatively high proportion of cases showing impracticability, vagueness in regard to plans for a career, 66% were talkative, and more than this were active and energetic. Rather more than half were inclined to over-activity or inactivity by fits and starts. Nearly half of the cases were sensitive and easily offended, inclined to see slights where none were intended. Touchiness, grumbling and fault-finding were prominent symptoms occurring in nearly 64%. The pyknic constitution does not appear to be so typical of depressed types. In concluding, the author points out that a considerable number of individuals prone to develop manic-depressive psychosis have a life-history of behaviour deviation predisposing to the type of abnormality developed.

G. W. T. H. FLEMING.

*Trend Situations in Manic-depressive Psychoses and Their Interpretation.* (*Psychiat. Quart.*, vol. viii, p. 111, Jan., 1934.) Boltz, O. H.

The author summarizes his experiences over a number of years with manic-depressives. He finds that prolonged renunciation or frustration of Eros may, in some individuals, lead to attacks of depression, mania or mixed manic-depressive reactions. Strangulation of Eros automatically releases death or destruction impulses. Depression represents a tendency to negate life; it is a "living death", or may actually lead to death itself. The manic reaction in the manic-depressive psychosis represents an "as if", forced, artificial affirmation of life, behind which lurks a strong death or destruction impulse. In depression the death or destruction impulse is usually inhibited in its satisfaction upon an external object, and becomes transformed into an impulse towards self-destruction.

G. W. T. H. FLEMING.

*Juvenile Regression and Sexual Inversion from Hyper-endocrinia in Mania and Cyclothymia* [*Régression juvénile, inversion sexuelle par hyper-endocrinie dans la manie et le cyclothymie*]. (*Ann. Méd. Psych.*, vol. xiv (ii), p. 289, Oct., 1933) Petit, G.

Observations made on twelve cases of cyclothymia demonstrated bisexual or homosexual tendencies during the maniacal phase. Perverted or excessive eroticism frequently occurs in maniacal states, and is believed to be associated with hyper-function of the gonads, part of a generalized over-activity of the internal secretory glands. A comparison drawn between the behaviour in mania and hypomania on one side and of the infant and adolescent on the other favours the theory of regression to the juvenile state in mania, where also there is to be found hyper-action of the endocrines.

S. M. COLEMAN.

*On the Origin of the "Influencing Machine" in Schizophrenia.* (*Psycho-analytic Quarterly*, vol. ii, p. 519, July, 1933.) Toussk, V.

Investigation based upon the analysis of one case, a woman, æt. 31, who averred that she had been under the influence of an electrical machine for 6½ years. The man who utilized the machine to persecute the patient was her rejected suitor. According to her he was prompted by jealousy, and only used the machine when his attempts to influence her from a distance by suggestion had failed. A singular feature of the machine was that, as first described by the patient, it was a replica of her own body, and manipulation of the machine produced corresponding bodily sensations. Only subsequently did the apparatus undergo progressive distortion. Eventually it lost all human characteristics, becoming the typical, unintelligible influencing machine of the schizophrenic.

The writer finds three principal stages in the evolution of the "influencing machine". In the first stage there is a sense of inner change, the result of libido fixation upon an organ or organs (hypochondria). In the second phase there is a feeling of estrangement. This is produced by rejection, the libidinally invested organs being denied and eliminated as something alien to the ego. In the third stage the sense of persecution arises, as a result of projection of the morbid experiences. On the one hand, the morbid experiences are attributed to a foreign hostile power, and on the other an influencing machine is constructed, representing a summation of some or all the libidinally charged organs projected outwards.

It is suggested that in the schizophrenic, as a result of stress, there is withdrawal of libido from the environment and regression to a libido position corresponding to the end of foetal existence and the beginning of extra-uterine life. At this stage the individual is isolated from the outer world, there is no knowledge of ego boundaries, and libido is fixated upon the body (primary narcissism). Projection of the body as a whole and progressive distortion are the means whereby the ego attempts to deal with a return to this situation.

Machine dreams in the normal are found on analysis to represent the dreamer's own genital. In the machine delusion of the schizophrenic, however, in whom there has been a regression to the pregenital epoch, the whole body is conceived as a diffuse sexual being, and the genital as a machine independent of the aim of the ego and subordinate to a foreign will.

S. M. COLEMAN.

*Folie à Deux.* (*Int. Journ. of Psycho-anal.*, vol. xv, p. 14, Jan., 1934.) Oberndorf, C. P.

Report of an induced neurosis, concerning a husband and wife, who had been subjected to psycho-analytical investigation for two years. Prior to treatment both had been virtually prisoners in their home for about two years, she on account of a sensation of whirling whenever she left home, he also from whirling and a fear of slipping. She was frigid; he was impotent, alcoholic and neglected. Together they practised an unusual sexual perversion, a compulsion which involved the plunging of the wife fully dressed into a bath-tub of water.

Analysis revealed that in the origin of the symptoms both identified themselves with a lost object, he his mother, she a male identification (presumably the father). The identification, therefore, complemented each other. It is suggested that in *folie à deux* the mechanism of identification plays the important rôle. Proximity, constitutional predisposition or familial tendency are subsidiary factors.

S. M. COLEMAN.

*Hallucinatory Paraphrenia.* (*L'Encéphale*, vol. xxviii, p. 601, Sept.-Oct., 1933.) Halberstadt, G.

Some space is devoted to the history of the development of the concept of paraphrenia as a nosological entity, and the subsequent confusion and disagreement as to its actual relation to the schizophrenias. Kraepelin and Kleist are quoted in detail. The paper is based on the description of four cases observed over a considerable period of time—up to ten years.

The prodromal features are sadness, preoccupation, suspiciousness. Then appear ideas of persecution, and finally the hallucinatory features develop. Stereotyped and manneristic behaviour is not seen.

The point which seems of the most importance to the author, as to Kraepelin himself, is the absence of any personality dilapidation to the extent seen in schizophrenia.

The condition is summed up as being one where the auditory hallucinations are florid and luxuriant, dominating the picture with only slight disorders of other sensory systems; a minimal development of any delusional formation without system and dependent on the hallucinations, no schizophrenic features whatever, incurability, but without any intellectual deterioration except as a final end-result.

W. MC. HARROWES.