

to relieve the tension of unconscious strivings. This system of sympathetic magic does not influence the environment as primitive man believed, but only the processes of animate nature within the individual, causing increased comfort, coordination and happiness. The cultivation of taboo was developed at the same time to avoid decoordination and anxiety. This sympathetic influence through the medium of conditioned cerebro-spinal and autonomic reflexes, affects (a) the association of ideas and coordination of skilful movements in the inhibition of ideas and decoordination of movements; (b) the genesis of affectivity, formation and neutralization of wishes; and (c) the stimulation or depression of organs which produce the vital energy for the struggle of carrying out the idea and fulfilling the wish.

G. W. T. H. FLEMING.

The Influence of Complexity on the Fluctuations of the Illusions of Reversible Perspective. (Amer. Journ. Psychol., October, 1931.)
Donahue, W. T., and Griffiths, C. H.

The authors carried out a series of experiments on six subjects, using figures of varying complexity. They found that complexity *per se* has a tendency to make the rate slower, although the differences in rate had but slight statistical significance. The figures representing the more familiar objects fluctuated more rapidly than those representing the less familiar objects, unless there was unequal familiarity with the two interpretations of a figure. The fluctuation-rate for all figures decreased rapidly during the course of the experiment. Other things being equal, the rate of change is proportional to the definiteness of the ideas involved in the two interpretations, and to the approach to equality in definiteness of the ideas involved in the two interpretations of a single figure.

G. W. T. H. FLEMING.

3. Psychiatry.

Clinical Findings in "Recovered" Cases of Schizophrenia. (Amer. Journ. Psychiat., November, 1931.) Lewis, N. D. C., and Blanchard, E.

A paper based on the findings of 100 cases discharged as recovered. In 41% there was a family history of definite mental disorder. Only 26% of the cases had made satisfactory previous adjustment, and 73% had spent their youth in stressful families. Sexual adjustments were notably poor. The ability to re-establish interest in the environment is impaired in practically all persons who have suffered from severe schizophrenic symptoms, and many of the patients return to hospital.

M. HAMBLIN SMITH.

The Deeper Layers of Schizophrenic Psychoses. (Amer. Journ. Psychiat., November, 1931.) Zilboorg, G.

Schizophrenia is but a link in a bio-psychological chain. It is not an irreversible process, and further therapeutic studies may

throw more light on the problem of the transmutability of psychopathological reactions. No matter how complicated a set of infantile neuroses we have to deal with, a schizophrenia is not inevitable if the latency period, the period of our socialization, is properly handled.

M. HAMBLIN SMITH.

The Dementia Præcox—Schizophrenia Problem. (*Amer. Journ. Psychiat.*, November, 1931.) May, J. V.

The author comments on the magnitude of the problem presented by this disease, as to the nature of which there is wide divergence of opinion. The views of Bleuler have materially added to the uncertainty, and are diametrically opposed to the original description of Kraepelin. Bleuler's latest work is reviewed at length, and it is pointed out that Bleuler himself admits that there is reason to regard the schizophrenic concept as being too broad. It is futile to discuss the suggested endocrine origin of dementia præcox until there is some agreement as to what constitutes that disease. The psycho-analytic contribution is considered. The author concludes that the designation "dementia præcox" is more nearly descriptive of the disease than is schizophrenia. Schizophrenic episodes occur in various mental diseases, and the assignment of these episodes to the dementia præcox group is the explanation of the recovery-rate in that disease.

M. HAMBLIN SMITH.

The Basic Symptoms of Schizophrenia. (*Amer. Journ. Psychiat.*, September, 1931.) Levin, M.

The delusions, hallucinations, etc., found in schizophrenia are accessory manifestations. The basic or fundamental symptoms are certain alterations of thinking, feeling and relations with the environment. These basic symptoms were studied in 14 patients, attention being paid chiefly to the disturbances of the associations and of affectivity. The associations lose their coherence. The resultant thinking becomes unusual, and often illogical. There is affect rigidity, *i.e.*, incapacity to modulate the affects in accord with the fluctuating content of thought. There is a quality in the mistaken associations of schizophrenia which is not found in mental retardation.

M. HAMBLIN SMITH.

The Learning Ability of Schizophrenics. (*Amer. Journ. Psychiat.*, September, 1931.) Gardner, G. E.

Previous work on the subject was reviewed, and the school achievements of 100 unselected schizophrenics are compared with those of 100 manic-depressives. The former showed an appreciable inferiority of learning ability. But special abilities in art and music are more in evidence among latent schizophrenics than in those who become manic-depressive patients.

M. HAMBLIN SMITH.