

The Psychology of Religion. (*Brit. Journ. of Med. Psychol.*, March, 1927.) Jones, E.

According to Dr. Jones the attributes of power and taboo connected with supernatural beings and the varying emotional attitudes, notably those of dependence, fear, love and reverence, are all direct reproductions of the child's attitude towards his parents. The child's sense of the absolute as expressed in its original pre-emptive self-regard is, when impaired by contact with reality, partly continued as the anthropocentric view of the universe implicit in all religions, and partly displaced, first on to the parents, and then, when this also fails, on to divine beings. The earthly father is replaced by the Heavenly Father.

The conflicts with the parents lead to repressed death wishes against the parents, with a consequent fear of retaliation, and from this comes the familiar religious impulse to propitiate the spirits of the dead ancestors or other spiritual beings. The accompanying love leads to the desire for forgiveness, reconciliation and succour.

All the emotional problems surrounding death arise, not from the philosophical contemplation of dead strangers, but from the ambivalence towards the person's loved ones. The themes of death and castration are extremely closely associated. The primal self-love and self-importance of the child is displaced on to a selected portion of the mind called the super-ego—an ideal of what the ego longs to be as the result of its moral education.

The sense of inadequacy in coping with life commonly called the inferiority complex takes its origin in the sense of sin or guilt aroused in the child in his endeavour to make all his impulses conform with adult standards. From this the author suggests that all manifestations of inadequacy can be allayed by dealing with their origin by religious means.

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5. Pathology.

The Endocrines in Epilepsy: A Histological Study. (*Brain*, March, 1927.) Schon, H. I., and Susman, W.

The authors, after reviewing some of the previous results of other workers, examined the endocrine organs in six cases. They found no distinctive lesions in the genital glands. In the thyroid there was a distinct lesion: active degeneration was present in one gland out of four, in another there was a pronounced fibrosis. In the adrenal there was a slow chronic inflammation. The pars glandularis of the pituitary was enlarged in every case and usually to a very pronounced degree. In both the adrenal medulla and the anterior pituitary the destructive agent has a preference for the chromophile cells, producing a similar type of large cell with a very large nucleus, which frequently showed signs of degeneration. In the pancreas there was acinar degeneration, interacinar fibrosis and extremely enlarged islets, *i.e.*, a similar condition to that found in diabetes, but the hypertrophied islets are very much more common

than in diabetes without the actual degenerative lesions of that disease.

The parathyroids were enlarged, showed abundant oxyphilic cells, and a few contained areas of degeneration. This shows strain thrown on the parathyroids. In only one case was the liver examined, and this showed small, widely-scattered inflammatory foci in various stages. All organs examined in the first five cases gave ample evidence of perivascular necrosis.

The authors draw attention to the fact that (*a*) hypertrophy was a feature of the parathyroids, the pituitary and the islets of Langerhans; (*b*) the liver, the islets of Langerhans, the pituitary and the adrenals are concerned with carbohydrate metabolism—these and the acinar tissue of the pancreas all showed lesions; (*c*) the pathological agent has a selective action on the chromophile cells; (*d*) a toxic necrosis is present in the perivascular channels of all the organs examined, if the case has been a severe one.

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The Experimental Study of Pachymeningitis Hæmorrhagica. (*Journ. of Nerv. and Ment. Dis.*, March, 1927.) Putnam, T. J., and Putnam, I. K.

The authors define two chief types of hæmorrhagic membrane—the non-traumatic, idiopathic or vascular type, and the traumatic, or, better, reactive type. The former type is frequently seen in chronic alcoholics and in the insane. The latter type follows injury to the head, and is characterized histologically by the presence of irregular blood-filled spaces much larger than the giant capillaries of the idiopathic type.

The traumatic type is always preceded by a subdural hæmorrhage; the idiopathic type may be found either with or without hæmorrhage. Experimental investigation showed that the lesions seen after the subdural injection of blood and after operation are not progressive although they resemble the progressive lesion in appearance.

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The Neuropathological Findings in a Case of Acute Sydenham's Chorea. (*Journ. of Nerv. and Ment. Dis.*, March, 1927.) Ziegler, L. H.

The author found chromatolysis of practically all the cells of the central nervous system, with swelling of nuclei and displacement, destruction of some neurons (especially of the sixth nerve and calcarine cortex, where glia cells were much proliferated), neuronophagia; fatty deposits in the large cells of the motor cortex and pallidum; fat in the perivascular spaces and petechial hæmorrhages in a small area near the dorso-medial aspect of the restiform body of the medulla.

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Encephalitis Periaxialis Diffusa. Report on Three Cases with Pathological Examinations. (*Brain*, March, 1927.) Grainger-Stewart, T., Greenfield, J. G., and Blandy, M. A.

The authors call attention to the difficulty of diagnosing Schilder's encephalitis from disseminated sclerosis. They found that in