

competition because of his infantile receptive dependent demands; the surface show of strength and independence was in reality a flight away from these.

For reasons of discretion the third case presentation is not published.

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*Scopophilic Instinct and Identification.* (*Int. Journ. of Psycho-analysis*, vol. xviii, p. 6, Jan., 1937.) Fenichel, O.

For the unconscious to look at an object may mean to devour it, to grow like it (be forced to imitate it) or, conversely, to force it to grow like oneself. The goal of the scopophilic instinct is determined by two tendencies: (a) the impulse to injure the object seen, and (b) the desire to share by means of empathy in its experience. Scopophilia is a pregenital component of the sexual instinct, and the object relation at this level is one of incorporation, a precursor of love and hate. The underlying tendency may be formulated as follows: "I wish what I see to enter me." This process of ocular introjection is strongly tinged with oral sadism, and is an example of the most primitive form of identification.

The magic glance is a fixed and rigid stare (snake, basilisk, evil eye, hypnotist). Here the eye is a phallic symbol and the fixed gaze stands for the penis in erection. The punishment for libidinal looking is to be turned rigid or into stone (moon-struck, Lot's wife, head of Medusa, etc.). The rigidity of a person turned into stone stands for the fixed gaze and the rigidity of the whole muscular system of a person fascinated by something he sees and signifies erection or (death and) castration. Ultimately the terrible objects of the scopophilic instinct, identification with which takes place by means of a look and upon which are projected one's peculiar bodily sensations, are the parents in the primal scene and above all their genitals.

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### 3. Psychiatry.

*Neurocirculatory Reactions in the Psychoneuroses Studied by the Schneider Method.* (*Amer. Journ. Psychiat.*, vol. cxiii, p. 567, Nov., 1936.) McFarland, R. A., and Huddleson, J. H.

The writers investigated the Schneider index in 503 psychoneurotic patients, 83 schizophrenics, 71 manic-depressives, 90 organic neurologic patients, 134 athletes, and 191 unselected control subjects.

The mean score for the psychoneurotics was 7.9, the manic-depressives 8.2, the schizophrenics 8.7, the organic patients 10.2, the unselected controls 12.6, the athletes 14.8. If a mean score of 9 or below is taken as indicative of cardiovascular unfitness, more than 50% of the psychoneurotic and psychotic patients come within this category, while only 18% of the controls and 5% of the athletes do so. The pulse-rates for the patients were on the average higher than in the control groups. The mean systolic and diastolic blood-pressures of the patients did not differ greatly from those of the controls, except that a large percentage of the patients showed a fall in systolic pressure on standing, while the controls generally showed a small increase with little deviation. Cases of conversion hysteria scored higher than the other psychoneurotics, whilst anxiety states and neurasthenia scored lowest.

G. W. T. H. FLEMING.

*Functional Changes in the Patellar Reflex as Seen in the Psychoses.* (*Amer. Journ. Psychiat.*, vol. cxiii, p. 546, Nov., 1936.) Strecker, E. A., and Hughes, J.

The writers, bearing in mind the recent work of Sherrington *et al.* on summation of excitation on the surfaces of anterior horn cells and in internuncial neurones, investigated the effects of mental illness on the excitability of the reflex pathways or synapses of the spinal cord. The knee-jerk and its reinforcement in unselected psychotic patients were studied. A control group of 30 normals was also investigated. Manic-depressive depressed and involuntal patients showing symptoms

of agitation and depression gave large reflex responses. As the mental symptoms subside, the size of the reflex decreases. Agitated and depressed patients are unable to reinforce a maximal patellar reflex response; this is a phenomenon of occlusion. In other words there are so many stimuli coming down the spinal cord from higher cerebral centres that a maximal response takes up all the available neurones. Hence reinforcement of a maximal response fails because of occlusion. These patients can still reinforce a small patellar reflex. Hypomanic patients give unpredictable reflex responses. Schizophrenic patients give responses similar to those of normal individuals.

G. W. T. H. FLEMING.

*The Syndrome of Episodic Confusions.* (*Amer. Journ. Psychiat.*, vol. cxiii, p. 625, Nov., 1936.) Kasanin, J.

The writer describes two cases of what Kleist has so well described as episodic confusion. He (Kleist) pointed out its possible relationship to epilepsy and migraine and its constitutional nature. He also considered that the disorder was due to a functional disturbance of the nerve elements in the region of the third ventricle.

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*The Endocrine Glands from the Point of View of Neuropsychiatry* [*Les glandes endocrines du point de vue neuro-psychiatrique*]. (*Ann. Méd. Psych.*, vol. xv, (i), p. 394, March, 1937.) De Loverdo, G.

Endocrine dysfunction, by disturbing the humoral equilibrium, has an action on the whole organism and is nearly always accompanied by some degree of psychical disorder. The author cites examples in cases of thyroid, gonad, pituitary and suprarenal disease. Post-influenzal depression and inertia are due to the involvement of the suprarenal, which is especially sensitive to this infection. The importance of a full knowledge of endocrinology in the treatment of mental disorder is stressed.

STANLEY M. COLEMAN.

*Periodic Nervous and Mental Syndromes Exclusive of Manic-depressive States* [*Syndromes périodique nerveux et mentaux en dehors des états maniaques dépressifs*]. (*Ann. Méd. Psych.*, vol. xv (i), p. 641, April, 1937.) Baruk, M. H., et Gevaudan, Mlle.

Evidence is brought forward to demonstrate that periodicity may occur in all varieties of psycho- and neuropathic syndromes, and that it cannot be limited to the manic-depressive psychosis. Further, in somatic, neuro-vegetative and cerebro-spinal disorders manifestations of periodicity are frequently to be met with.

It is concluded that periodicity is a fundamental feature of the physiology of the nervous system, and that it can no longer be considered a problem of purely psychological or psychiatric interest.

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#### 4. Neurology.

*The Ætiology of Headache.* (*Bull. Neur. Inst. New York*, vol. vi, p. 12, Jan., 1937.) Brewer, E. P.

Ventriculography was performed 86 times on 77 patients. In a large number of instances introduction of air into the ventricles did not cause headache. Headache is often seen to appear after the withdrawal of fluid and to be relieved by the injection of air. Headache occurred as often in patients who did not have as in those who did have intracranial neoplasm. It occurred especially often when the intracranial pressure was high and was very frequently in the frontal region. It is probable that headache is produced by alteration in the intraventricular pressure.

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