

Jung says that the object of analysis is the patient's moral autonomy. In view of the preceding discussion, if it be deemed wise to attempt to achieve such a result—a proceeding fraught with danger—in the majority of patients, no good can come from the employment of honorific terms in psychiatry. Until the field of social pathology has been explored further by psychiatrists, to attempt to lead the mentally disturbed to take a moral position denied not only to, but by, the majority of the normal population would be to invite disaster.

JOHN D. W. PEARCE.

*The Vestibular Apparatus in Neurosis and Psychosis.* (*Journ. of Nerv. and Ment. Dis.*, vol. lxxvii, pp. 1 and 137, July and Aug., 1933.) Schilder, P.

The author gives a very lengthy and complete survey of the vestibular apparatus. He points out that the symptoms which occur in organic lesions of the vestibular apparatus are :

1. A vestibular influence on the visual field—darkening of the visual field, narrowing of the visual field and scintillation. There is a difference between peripheral and central lesions.
2. There is a multiplicity of apparent movements which are only partially dependent on the nystactic movements of the eyes.
3. The perception of direction can be changed by vestibular lesions, and transformations from one plane to another may take place.
4. Micropsia, polyopia may occur. These changes can be unilateral in central lesions, and are homolateral to the side of the lesion.
5. The haptic sphere is changed by vestibular lesions.
6. Homolateral weakness, homolateral impairment of sensibility and changes in tone and in reaction movements.
7. Under vestibular influence a part of the substance of the body may be dissociated from the rest of the body.
8. Changes in the vegetative system and in consciousness.

Optic images, tactile images, tactile and optic eidetic pictures can be influenced by vestibular irritation in a similar way as after-images. In hallucinations vestibular influences change the appearance and add movements to the picture. Multiplicity of hallucinations, macropsia, micropsia and dysmetamorphopsia indicate a vestibular influence on hallucinations. The author describes a case of barbital intoxication and a case of eclamptic psychosis.

Dysfunction of the vestibular apparatus is very often the expression of two conflicting psychic tendencies. Dizziness may occur in almost any neurosis.

G. W. T. H. FLEMING.

*The Investigation of a Specific Amnesia.* (*Brit. Journ. of Med. Psychol.*, vol. xiii, p. 143, Sept., 1933.) Erickson, Milton H.

In this paper a full account is given of the possible methods of investigating a specific amnesia without any accessory information. The following techniques were used: free association, hypnosis, automatic writing, crystal gazing and dream analysis. A hypothetical third level of consciousness was reached, and whilst in this state automatic writing was obtained, leading to the discovery of the forgotten material. This did not give the subject of the investigation full relief, until an underlying emotional conflict was dealt with.

F. H. HEALEY.

*Mensuration in the Psychoses.* (*Amer. Journ. Psychiat.*, vol. xiii, p. 151, July, 1933.) Cameron, D. E.

Six cases of depression were investigated over a period of 56 days, being tested every second day. At the end of the first eight days veronal was administered for 16 days, followed by a clear period of 8 days, and then 16 days, during which