acquiring wisdom (vijja), not academic knowledge, but understanding of life. Psychoanalysis has a similar end in view, the understanding of desire by self-knowledge.

To Buddha the ego is a mere integration of certain material and psychic factors. In psychoanalytic terms the personality is the integrating of the physical body with a set of psychic mechanisms. The soul is merely the ego after death, and is therefore an illusion. Acts alone carry on our future existence. It is clear, as Jelliffe says, that "there are far more affinities between the Buddhist philosophy and Freudian psychoanalysis than exist between the latter and any other system for aiding humanity to attain the goal of increased energy intake, conversion, and output." Both place the highest stress on sublimation. There is no trace of psychoanalysis as such in Buddhism.

DAVID MATTHEW.

PSYCHOSES.


The authors have investigated the proportion of patients (under the age of twenty-five years) admitted to the King's County Lunatic Asylum, Brooklyn, N.Y., between 1880 and 1889 inclusive, who were discharged recovered and in whom no subsequent psychosis had developed up to the date of writing (1921–22). They were successful in tracing eight such cases. A separate report of each of these patients is given.

Though the amount of material is small, it is not, the authors state, to be concluded that permanent recovery from constitutional mental disorders is excessively rare; it occurs much more often than has generally been supposed. In a given case, especially when the onset is in the second or third decade of life, an unqualified prediction based on current generalizations concerning recurrence, chronicity and deterioration in the constitutional psychoses, is not justified. Too large a share in etiology should not be attributed to exogenous factors. Referring to Rosanoff's article on "A Theory of Personality based mainly on Psychiatric Experience" (Psychol. Bull., September 17, 1920), the writers offer a special relative order of ontogenetic development of the different temperamental elements of personality, as an explanation of the unusual course and termination in the eight cases reported.

E. B. G. R.

[22] Tuberculosis and the psychoses (Tubercolosi e malattie mentali).—M. ZALLA. Riv. di pat. nerv. e ment., 1923, xxviii, 125.

This is a long article, based on 2093 autopsies, in which the incidence of tuberculosis in every form of mental disease is investigated. From his researches the author is of the opinion that the syndromes of hebephrenia, catatonia, and paranoia are forms of reaction of the central nervous system in constitutionally predisposed persons to presumably differing etiological
factors, among which tubercular infection occupies a not unimportant place. He also thinks that tuberculosis may be an important etiological factor in involution melancholia and simple mania.  

R. G. Gordon.


These writers have undertaken the investigation of the supposed correlation between mental and bodily functions by analysis of the fasting contents of the stomach and fractional test meals of forty-six psychotic patients in the Pennsylvania Hospital. Besides routine clinical and laboratory examination, the basal metabolism was estimated in twenty-four of the cases, but abnormal findings, in this respect, showed no correlation with the gastric analysis.

The patients were divided into the following clinical groups:

I. Manic-depressive psychoses, including involutional melancholia. (28.)

II. Psychasthenia. (4.)

III. Dementia praecox. (9.)

IV. Miscellaneous psychoses due to somatic disease. (5.)

The clinical side of the separate cases is shortly summarized. The gastric findings are tabulated and an analysis of the table given.

In regard to Group I., the writers draw definite conclusions. The depressing emotions appear to exert an inhibiting effect on gastric and even on duodenal secretions. Motility is less clearly influenced and requires further investigation. Mental exaltation seems to favour gastric digestion. So far it has not been possible to distinguish satisfactorily between the effects of subacute or persistent psychic depression and of the acute emotion associated with dislike for, or resistance to, the use of the tube. The observations show good evidence of the inhibiting effect (sympathetic) of profoundly depressing emotions and less definite evidence of the favourable effect (vagus) of elation. Malnutrition may be a principal factor in causing reduced gastric secretion, but it is more likely that the malnutrition is secondary to the digestive disturbance.

No definite conclusions are drawn with regard to Group II., nor was any relation detected between the emotional state and gastric secretion of the dementia praecox cases. Group IV. showed high acidity in four patients and continuous secretion in two. Somatic and hypochondriacal delusions bear no evident relation to secretory variation. Eveleen B. G. Rivington.


This is a report of work carried out since 1912, but interrupted for seven
years by the war. The method employed is the personal investigation and detailed following up of the genealogical tree of two families, reaching back to 1761 and 1751 respectively. The material is considered from the biological, social, clinical and characterological points of view. In both families there is an apparent mixing of schizophrenia and manic-depressive traits, and in one epilepsy also is present.

The characteristic features of these may be mixed, or run independent course, in members of the family, or give rise to indeterminate psychotic phenomena. The authors attempted to verify Mendel’s law, but found several difficulties in so doing, viz., the smallness of numbers, the high infantile mortality, and the question whether a character is dominant or recessive. They incline to the view that dementia praecox behaves as a recessive, while manic-depressive psychosis appears as a dominant.

Fortunately the diseases show a tendency to die out in both families rather than to spread. From the characterological point of view, the families exhibit well-marked divergent tendencies running through successive generations. So powerful and persistent is the operation of these traits that in course of time they bring about a separation in the social and financial status of the families.

These characteristics the authors attribute mainly to upbringing, which they consider a most important factor in the development of the anomalous traits exhibited by their material.

The study is inconclusive, but is interesting as an example of the intensive method applied in a most painstaking manner to a small field of inquiry.

Alfred Carver.

PSYCHOPATHOLOGY.


The patient here discussed was a man of education and culture, who, having enjoyed excellent health to the age of eighty-six, was able to describe the interesting hallucinations with unusual vigour and detail. They were coincident with failure of vision due to the cataracts, and lasted until the death of the patient at the age of ninety-two, a period of six years. The figures were described as being small, a few centimetres in height, generally feminine, and nearly always brightly coloured. As is usual with this type of hallucination, they caused no alarm, but, on the contrary, aroused the deepest interest in the old gentleman. The figures danced and sang, moved about freely in the room of the patient, or in the garden if he was sitting there, and not infrequently were accompanied by small horses and carriages in which the Lilliputians would ride. Dr. Flournoy, after collecting further information concerning the phenomenon, found that the hallucinations of his patient were characterised by two unusual features. He was able to pick up these small figures and examine them in his hand. He was able to describe them in