

was the same structural modification in all the cellular elements, accompanied by a hyperplasia of the peri- and intra-lobular connective tissue, so giving rise to a true sclerosis of the gland. In adult dogs there is a rapid involution of the gland.

G. W. T. H. FLEMING.

*Absorption: The Influence of Acetyl Choline on the Absorption of Glucose.* (Amer. Journ. of Physiol., vol. cv, p. 684, 1933.) Gellhorn, E., and Nonthup, D.

Acetyl choline in concentrations between 1 : 50,000 and 1 : 2,000,000 decreases reversibly the permeability of the intestinal wall to glucose. In more dilute solutions between 1 : 20,000,000 and 1 : 40,000,000 the permeability is increased. Thus acetyl choline and adrenalin are antagonistic in their effects on permeability, as in many other autonomic functions.

J. F. LYMAN (Chem. Abstr.).

## 2. Psychology and Psychopathology.

*Outline of Clinical Psycho-analysis.* (Psycho-analytic Quarterly, vols. i and ii, April, 1932, to April, 1933.) Fenichel, O.

I. *Hysteria* (vol. i, p. 129).

In hysteria there is primary fixation at the phallic and narcissistic stage of libido organization, the object choice of the instinctive urge being the parent or parent substitute (œdipus complex); these sexual strivings are repressed by the super-ego (unconscious castration fear, and fear of loss of love). As a result of external and internal inhibitions commencing at puberty, there is regression to the point of fixation.

The hysterical conversion symptom represents a return of the repressed in distorted form. The choice of symptom depends upon accidental occurrences in infancy and upon somatic factors, determining secondary prephallic fixation points, which are reactivated following regression. The hysterical individual is characteristically autoplasmic rather than alloplasmic, finding a vicarious satisfaction by means of genitalization of some portion or function of his body—the conversion symptom.

The chapter concludes with an analysis of some of the more specific symptoms, including seizure, dream state, motor and sensory disturbances.

II. *Anxiety Hysteria* (p. 292).

Usually classified with the compulsion neuroses, anxiety hysteria is found to be much more closely allied to conversion hysteria, having the same fixation point, ætiology and general mechanism. At present there is no certainty as to what factors determine a conversion syndrome or an anxiety reaction, though it is believed that an experience of the primal scene in reality predisposes to anxiety states. The symptom of anxiety is doubly motivated. On the one hand repressed and repellent instinctive urges (œdipal wishes) find in it distorted expression. On the other, anxiety represents the repressing forces (fear of losing love, fear of castration). Sometimes anxiety is avoided by phobia formation, *i.e.*, at the cost of a certain and usually increasing limitation of the ego's freedom. By means of the mechanism of projection the phobia transforms the instinctual conflict into a fear referred to certain definite external perceptions.

III. *Hysteriform Conditions* (pp. 316 and 545).

The following group of neuroses resemble conversion hysteria in that among the symptoms are found objective or subjective alterations in physiological function, determined in the final analysis by a psychic conflict. In other respects they differ considerably and represent transitions from hysteria to psychosis. While in hysteria object cathexis is preserved, it is characteristic of these neuroses that the charge of libido is transferred from object representations to organ representations.