

between psychism and introverted feeling; and (5) those in which there is an expansion of the hysterical psychism by the influence of extroverted feeling. The author points out the importance of these aspects to the psycho-therapeutic approach.

G. W. T. H. FLEMING.

*Progress in Psychiatry. V: Eidetic Phenomena and Psycho-pathology.*  
(*Arch. of Neur. and Psychiat.*, October, 1930.) Wertham, F.

An eidetic image is midway between an after-image and a representation image. It was formerly believed that eidetic images only occurred in exceptional and distinctly pathological persons. The Jaensch school have shown that they are much more common. Kroh has shown that eidetic images occur more frequently in children than in adults. The eidetic disposition or the faculty of experiencing eidetic images may exist in childhood and disappear later, or may persist throughout life. In an eidetic person the after-images (1) last longer, (2) tend to be continuous and not fluctuating, (3) may have the original colour, and (4) may show variations in size. Two types of eidetic disposition are recognized. In the first type the images appear soon after fixation, tend to be rigid, and have the complementary colour, *i.e.*, they are nearer the form of an after-image. This is the T-type of Jaensch. In the second, or B-type, the images fluctuate, are easily influenced by associations, and are in the original colour, *i.e.*, they more nearly approach a representation image. Phenomena similar to eidetic images can occur during fatigue, fasting, emotional states, religious ecstasies and pregnancy. A latent eidetic disposition is also assumed when there are any deviations from the so-called Emmert's Law, according to which the size of the after-image grows proportionately to the distance of the eye of the observer from the projection screen. Several observers have found the greatest incidence of the eidetic disposition to be at the age of six, and more so in girls than in boys. W. Jaensch, brother of E. R. Jaensch, has developed a theory of the two types of eidetic imagery. The T-type he assumes is related to tetany. The individual with the T-type is over-excitabile to mechanical and galvanic stimuli; he is vagotonic, and his eidetic images can be made to disappear by giving him calcium, which has no influence in the B-type. His vegetative nervous system is more sensitive to somatic stimuli. Subjects with the B-type, or Basedow type, show mild hyperthyroid symptoms. The whole vegetative system is more susceptible to psychic stimulation. Eidetic phenomena occur in all the special senses, not only vision. Quercy thinks that hallucinations may originate from preoccupation with after-images. Jarkowska thinks that there is an inner relationship between thought-echo and eidetic images. The thought-echo is a phenomenon in which there is no clear distinction between a representation and a perception. In a study of 50 schizophrenic patients, Miskolczy and Schultz found the eidetic disposition more frequently among those who were hallucinated. The eidetic disposition

occasionally gives rise to extraordinary feats of memory. There is said to be a strong correlation between the eidetic B-type disposition and susceptibility to suggestion. Jaensch points out that primitive races tend more towards eidetic experiences, and Storch has pointed out the significance of eidetic phenomena for the understanding of schizophrenic thinking. Schilder considers that what Jaensch calls the kalotropic tendency—that is, the tendency to visualize pleasant objects more clearly and completely, while unpleasant ones are modified or do not appear at all—is the same as Freud's repression of disagreeable contents. The B-type furnishes the soil for dream-like delirious states, the T-type for stuporose states and emotional outbursts. G. W. T. H. FLEMING.

### 3. Psychiatry.

*Sidelights.* (*Caled. Med. Journ.*, July, 1930.) Mackenzie, T. C.

Dr. Mackenzie has given in this paper, the Presidential Address to the Caledonian Medical Society for the year 1930, an interesting account of life and work in one of the most northern of Scottish mental hospitals. The history of the hospital is given at some length, the difficulties met with and overcome by the various administrators are indicated, and many happy stories are told illustrative of the mentality of the folk of *Tir nan Og*.

WM. MCWILLIAM.

*Hallucinations: Their Nature and Significance.* (*Amer. Journ. Psychiat.*, January, 1930.) Campbell, C. Macfie.

In clinical psychiatry the term "hallucination" is used to cover a great variety of experiences, and in this review Dr. Macfie Campbell describes the simple and impersonal hallucinations associated with a variety of toxic and organic conditions, and the more complex and personal ones related to important preoccupations, which are not infrequently dissociated from the rest of the personality. Case-histories are freely used to illustrate points raised.

WM. MCWILLIAM.

*Incidence of Syphilis in Insanity.* (*Amer. Journ. Psychiat.*, September, 1930.) Proescher, F., and Arkush, A. S.

Apart from paresis and cerebro-spinal syphilis, no direct relation exists between syphilis and insanity. Neither mental strain nor station in life predisposes to paresis. There is no adequate explanation of the relative frequency of paresis in males. The occurrence of some other psychosis appears to inhibit paresis in patients who are infected with the spirochæte. While there is a popular belief that venereal disease is the dominant factor in filling mental hospitals, it is actually responsible for, approximately, only one in six cases. M. HAMBLIN SMITH.