

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.

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*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