REPORTS

13. Owen Berkeley Hill, Major, I.M.S., Europan Mental Hospital, Ranchi.
15. Manesha Nath Barayi, M.Sc., Secretary, J.P.S. Lecturer in Physiological Psychology, Calcutta University. 39, Tezub Chuterji Lane, Calcutta.

VIENNA PSYCHO-ANALYTICAL SOCIETY

October 18, 1920: General Meeting

Agenda
   a. Election of Officers.
2. Programme of the Society.
3. Nomination of membership and to the Journals.
4. The Poliklinik and Lectures.
5. Alterations in the rules.
6. Admission of new members.

1. Dr. Nepalk, as Treasurer, having made a statement of the accounts for the previous year, it was examined by Dr. Feders and adopted.
2. In consequence of his duties as Director of the Poliklinik, Dr. Hirschmann resigned his office of Vice-chairman of the Society. Dr. Reich, who is at the head of the Central Department for psycho-analytic literature, resigned his office of second Secretary. On Dr. Hirschmann's nomination, Dr. Rank was elected Vice-chairman, and Dr. Feders and Dr. Berndt Secretaries. The results of the election of the Committee were thus as follows: Chairman, Prof. Freud; Vice-chairman, Dr. Rank; Secretaries, Dr. Feders and

8. Dr. Nepalk put the following motion: "That the meeting determine upon the following alterations in the Rules of the Vienna Psycho-Analytical Society: (1) That the words 'without payment' be deleted; (2) that in § 4, section 2, for the words 'ten Kronen' the words 'at the current rate appointed for the International Psycho-Analytical Association' substituted; (3) that in § 6, section 3, the words 'equal number of votes' be substituted for the words 'four members'. The proposal was unanimously adopted.

9. Herr August Aichhorn was elected a member of the Society.

Change of address: Dr. Wilhelm Reich, Wien XIX, Schotten. street 7b.

It was unanimously agreed to send a letter of thanks to the Berlin Psycho-Analytical Society.
Admitted to membership: Dr. Wilhelm Hoffner, Wien VIII, Feldmochingstrasse 4.
January 3, 1923. Short reports and communications:
1. Dr. Fuchsauer: Diathesis-complicated with an opposite illusion of memory.
2. Dr. Reich: Review of Schinkel's work Das Unbewusste.
January 27, 1923. Short reports and communications:
1. Dr. Rumpold: Analysis of an educational device.
3. Dr. Neunhoffer: An artificially induced dream.
January 31, 1923. Dr. Deutrich: Psycho-Analytical Illustrations. (To be published in the Zeitschrift.)

In the course of the discussion Dr. Reich said that the conception of conversion must be more strictly defined. When an anxiety is produced by suggestion and the vasomotor system is excited, as in the cases mentioned by Dr. Deutrich, it is not a true conversion-symptom, nor is it a delusion in reality-anxiety. The term conversion must be confined to the transformation of a mental affect into bodily innovation; in this case the converted affect can be no longer represented mentally. Thus, the course does not exclude the possibility of affects of different origin side by side with the conversion-symptom. Further, it is a point of importance how far and to what extent the organs which serve the purpose of conversion (e.g., the intestines in chronic constipation lasting for whole decades, or the vascular system of the last in ophthalmia) undergoes a secondary organic change and how far psychoanalysis can bring about a recuperation to the normal from the psychically induced alteration. (Author's Abstract.)

February 22-24, 1923. Dr. Frieda Fuller: Transference in analysis.
February 26, 1923. Dr. Kert: Tabitha, King of Sidon.
March 6, 1923. Short reports and communications:
1. Dr. Feders: History of a case of melancholia.
2. Dr. Feders: A form of inhibition-dream.
3. Anna Freud: An hysterical symptom in a little child.
4. Dr. Nissel: Ophthalmia of a notorious due to a dream.
5. Dr. Heidenreich: Previous history of a case of suicide.
6. Dr. Hirschmann: Stade's Hypochondriasis.
March 12, 1923. Dr. Reich: Certain relations between narcissism and the sense of guilt.

Narcissistic libido, 'the libidinal complement to the ego of the self-preservation instincts' (Freud), tends to the differentiation of the ego and of life. In this sense the feeling of guilt is diametrically opposed to it; this feeling tends to debase the ego and in extreme cases, to its destruction, without destruction of the ego. The degree of the sense of guilt depends on the tension between the libidinal and the demands of the narcissistically invested ego-ideal. The sense of guilt is an expression of the relation of the ego to objects which are also invested with libido—i.e., the most part of a sadistic kind. (Ambivalence and a sense of guilt are the most essential constellations of the abnormal normal.) The intellectual character of the sense of guilt must also be recognized. The withdrawal of object-libido in melancholia, as contrasted with paranoia, leads not to an exulceration but to an abstraction of the ego to the 'in the ego' (delusion of introjection). The law in the ego cannot be explained solely by its identification with the object which it is to be destroyed. The identification is a secondary change in the direction of the narcissistic libido and is preceded by the withdrawal of object-libido. The ego which is overthrown by the sense of guilt cannot be invested by the libido that withdraws, i.e., the ego cannot love itself. The patient is obliged to identify himself (generally by oral introjection) with the object in relation to which he experiences feelings of guilt.

The narcissistic position may retain injury from two directions: from the libidinal object-relationship and from the ego. With reference to the specific nature of a disease it is important to discover in what stage of its development the narcissistic libido was injured and what kind of injury was inflicted.

The determining factor (and probably this applies also to the choice of a lover-doomed) is the degree of development of narcissism in the child encounters the sense of guilt. The narcissistic development culminates only when the general phase is achieved without obstruction and when the childhood is happy and marked by love on the part of the parents and those who train the child. A strong narcissism acts as an inhibition upon the complication of the sense of guilt.

The speaker referred to some typical cases of conflicts arising in this connection, for instance, to 'cases committed from a sense of guilt' (Freud), where a powerful feeling of guilt which has been repressed seems after the master of a symptom aims at rationalization.

Author's Abstract (abbreviated).

THE PSYCHO-ANALYTICAL MOVEMENT

France

Since our last report we issued recently a year ago, psycho-analysis seems to have gained ground in France, especially in medical circles; at the beginning the attention of the wider public was drawn to the subject almost exclusively by literary writers. In token of this widening scientific interest, which is closely connected with the appearance of French translations of Freud's Introductory Lectures and The Psychopathology of Everyday Life, we have the new edition of Rege and Hamoudi's book (Le Psycho-Analyse des Nervose et des Psychoses) which first contained an exposition of the subject in French. We understand that