

he was unable to hear or to speak. After fourteen days he could hear very loud noises. He came under Dr. Laquer's treatment nineteen days after the onset of his deaf-mutism. A thorough examination showed that there was no question of simulation. There were no marked somatic changes, and reaction to light and accommodation was good. No psychological derangement could be discovered. Dr. Laquer decided that the case, which he diagnosed as a severe form of hysteria, should be treated, not by hypnotic, but by "suggestive" treatment. He assured the patient that he would soon be cured of the effects the fright had produced on his nervous system, and able to return to work. Dr. Laquer then began to teach him to speak, in the same manner as the dumb who can hear slightly are taught, *viz.*, vowels, consonants, syllables, words, and then sentences are shouted into the ear of the pupil, who, with his hand on the larynx of the teacher, repeats what is said. Strong faradisation of the tongue, once applied, and external vibratory massage of the larynx, were used only as suggestive auxiliary treatment. On the third day of the treatment the patient began with trembling lips to stutter out a few syllables; later he could read aloud single words, and on the sixth day he heard noises, such as that of the traffic on the street. After three weeks his ability to hear and speak was completely restored. A doctor who examined his ear found that there was chronic middle-ear catarrh on the left side. The patient has remained free from disturbances of hearing and speech. He has slight neurasthenic symptoms, and an extreme dislike to alcohol.

Similar cases of deaf-mutism of hysterical origin are described briefly by Dr. Laquer. They are taken from German, French, English and Italian literature.

Dr. Laquer is very much opposed to treatment by hypnotism, which is greatly upheld, he says, by many doctors. It was not required in the case described, and in the course of twenty-eight years' practice as mental specialist Dr. Laquer has not found the absolute necessity for hypnotic treatment. He has done very well without it, and he even believes that its use is not free from danger. He agrees with Lebermeister, who says, "It is easier by hypnotism to make a healthy man hysterical than it is by the same means to effect a lasting cure for hysteria."

HAMILTON C. MARR.

Diagnosis of Interpretational Insanity [*Diagnostic du délire d'interprétation*]. (*Rev. de Psychiat., Jan., 1908, No. 1.*) *Sérieux and Capgras.*

In this critical review the authors point out the diagnostic features of interpretational insanity. This special form of insanity has been criticised by other French authorities, who point out that the facts were known long before they were used and ultimately classified as interpretational insanity by Drs. Sérieux and Capgras. In particular the work of Falret is cited to support the views of the critics. The authors agree that symptoms of interpretational insanity have been included by Falret in his insanity of "revendication," an insanity based on fixed ideas. They point out, however, that Falret did not recognise their contention that the mental conditions in these two affections were essentially different, as the following table shows :

- Insanity of "Revendication."
- (1) A chronic passionate delusional state.
 - (2) Erroneous interpretations rare and limited, secondary and accessory.
 - (3) A prevailing and fixed idea, localised in a known fact, or abstract theory.
 - (4) Ideas of prejudice, without bodily persecution.
 - (5) Exaggeration of self without megalomania.
 - (6) Prevailing subject plausible.
 - (7) Permanent intellectual excitement.
 - (8) Reactions out of proportion to their motive.
 - (9) Numerous stigmata.
 - (10) Frequent anomalies of character and moral sense.
 - (11) Slight extensure without change of nature.
 - (12) Possibility of improvement and cure.
- Interpretational Insanity.
- (1) A chronic maniacal condition.
 - (2) Insane interpretations are many and varied, primary and predominant.
 - (3) Varied insane ideas, united only to constitutional tendencies. The delusion is secondary.
 - (4) Ideas of persecution very active.
 - (5) Systematised ideas of grandeur.
 - (6) Falsity and sometimes marked unlikeness of interpretations.
 - (7) Activity normal.
 - (8) Reactions in direct relation to their motives.
 - (9) Stigmata of degeneration little accentuated and single.
 - (10) Preservation of moral sense.
 - (11) Progressive extensure of insanity, change of external (objective nature).
 - (12) Incurable.

HAMILTON C. MARR.

On the Symptoms and Etiology of Dominant Ideas and Hallucinations and their Relations to Hysteria [*Zur Klinik und Ätiologie der Zwangsvorstellungen, über Zwangshallucinationen und über die Beziehungen der Zwangsvorstellungen zur Hysterie*]. (*Arch. f. Psychiat.*, Bd. 44, H. 1.) Thomsen, I. R.

This article comprises fifty-eight pages, and the text is supported by eleven cases, which are well reported. We give a *resumé* of the first: A married woman, æt. 24, with no children, in fairly good health and circumstances, somewhat capricious and sensitive in disposition, began to be troubled with a dread of microbes and frequent headaches. She was distressed at the illness of her mother, and had a violent quarrel with her mother-in-law, after which she began to be possessed with fixed ideas, one of which was the desire to die before her husband. She felt impelled to count everything, and to do all actions thrice over. If she went to a drawer she must open and shut it three times; if she met with any such word as "decease" or "mourning" she must substitute another word, which she repeated three times. Sometimes she used multiples of three, as nine and twenty-seven. She disliked to meet words beginning with "d," and had a marked preference for certain colours. To her, red meant pleasure, green hope, and black sorrow.