

*Symptomatic Value of Dreams as regards the Mental State in a Patient suffering from Circular Insanity* [*Valeur symptomatique du rêve au point de vue de l'état mental de la veille chez une circulaire*]. (*Gaz. des Hôp.*, August 20th, 1901.) *Vaschide and Piéron.*

This case, of Mrs. B—, æt. 42 years, was under observation for over three years. She early showed a curious disposition to be influenced by meteorological variations. She was sent to the asylum at the age of thirty-two years, where she remained for over eight years. Suffering with circular insanity, at first her lucid periods were much in excess of the periods of excitement, but the former became shorter, and the latter proportionately longer, as time went on. One feature of the patient's disposition was her keen observation of her dreams, which she was fond of interpreting. The authors, as the result of many experiments, were satisfied that her interpretation was often correct, and of useful import in prognosis. The nature of the indicating dreams varied according as they announced a period of excitement, one of depression, or a period of calm. (1) With dreams announcing a period of excitement, this condition usually came on suddenly not less than thirty-six hours after it had been foretold. The dream was usually in character like a nightmare, with feelings of being choked, strangled, violently handled. (2) In the case of dreams announcing a period of depression, the patient thought she did not exist, that she was a child, that her senses were restricted, that she was unable to move, etc. Her awakening was slow, and followed by some hours (eighteen to thirty-two) of indecision, when the period of depression began. (3) As regards dreams foretelling a period of calm, a correct result was less frequent, in six only out of fourteen of observations; the dreams were less characteristic. In a fourth set of observations the patient exhibited dreams foretelling a continuance of her then present mental condition—the particular period in her circular insanity being prolonged beyond its usual duration.

This case is important in connection with the question of prevision through dreams. The authors think that it is a possibility, while fully recognising that a mass of worthless evidence has been produced in favour of this view. H. J. MACEVOY.

*Paroxysms of Anguish—Epilepsy and Hysteria* [*Paroxysmes d'angoisses—épilepsie et hystérie*]. (*Rev. de l'Hyp.*, Jan., 1902.) *Raymond.*

Cases shown at the Clinique of the Salpêtrière.

1. Man æt. 52, engineer. Suffered for eight years from fits which have become worse. After some general tremors, objects begin to appear more distant, then a shock at the heart is felt, palpitations, and loss of consciousness. This is followed by an imperative desire to sleep for seven or eight hours. No involuntary micturition, no biting of the tongue. Occasionally a keen desire to eat constitutes the crisis. Epileptic attacks of this kind, coming in late, are often of grave import, being related to arterio-sclerosis.

In the former history of the patient one notes that he inherits melancholia from his mother, and has had obsessions, continually puzzling his mind about final causes, the nature of man, the reason of his sojourn on

earth, etc. Raymond, in addition to the administration of bromide in such a case, recommends moral treatment.

2. A boy æt. 13½ years, also subject to attacks, but of a different kind. He has been to school since the age of five years. Six months ago, after being locked up by a schoolfellow in the water-closet, and apparently as the result of fright, he became giddy on returning home, slept badly the following night, and dreamt a good deal. Since then he has had daily fits, which begin with a kind of aura, beating in the temples, hissing in the ears, vertigo, thumping of the heart; then he falls to the ground, becomes stiff, and struggles. At the onset there was no loss of consciousness, but now it is the rule. The attacks last two minutes; he gets up tired, cries, but does not feel an irresistible desire to sleep. It is difficult in some cases to diagnose hysteria from epilepsy. On one occasion the boy had involuntary micturition during a fit, but this may be seen in hysteria. He has bitten his tongue sometimes; this is in favour of epilepsy. There is, at times, some weakness on the left side; this does not help much in diagnosis. But there are disorders of sensation. On the left one notes absolute anæsthesia limited to the upper third of the arm, and close to this hyperæsthesia; this points almost certainly to hysteria. Moreover, in the post-paroxysmal stage, instead of being drowsy and sleepy the boy cries for a while, and, recovering himself, becomes cheerful again. This confirms the diagnosis of hysteria. The treatment here recommended is by persuasion ("suggestion")—the attention must be exalted, and sensation restored. If necessary hypnotism may be required to annul the memory of the emotion which seemed to give rise to the morbid phenomena.

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*Psychical Disorders in Malaria* [*Les troubles psychiques dans le paludisme*]. (*Le Prog. Méd.*, Sept. 28th, 1901.) *Cardamatis*.

After reviewing the historical aspect of this question from the time of Hippocrates down to our days, the author gives the results of his clinical experience. He classifies clinically the intellectual disorders which are associated with, or due to, malaria into—(a) those which accompany the febrile attacks; (b) those which occur during the intervals, as well as during the attacks, of chronic malaria; (c) those which are observed in the course of intermittent fevers and pernicious attacks; (d) disorders which appear during the malarial cachexia. Great stress is laid upon the predisposing causes as compared with the immediate or exciting cause—the poison; the malarial parasite provokes simple hyperæmias; other pathological alterations beyond this are, according to the author, related to the predisposition of the organism. The close relation to alcoholic toxæmia is emphasised. Among the general conclusions are—(a) malaria lights up morbid predispositions (neurasthenia, hysteria, psychoses), or a general or local disorder present in a latent state; it may aggravate disorders already active; (b) the delusional state of malaria is provoked by hallucinations; (c) according to the degree of excitability of the individual, the condition of predisposition, and the activity of the malarial poison, four degrees of malarial toxæmia may be distinguished: (1) excitement, (2) anæsthesia, (3) coma, (4) paralysis; (d) acute forms of insanity occur