a secondary manifestation, *i. e.*, secondary to some acute, defined, psychical disease. He does not believe that we can rely on the physical signs described in dementia præcox. The diagnosis of dementia præcox is sometimes very difficult, even when the definition of the disease is restricted as above, and can be made only after a long period of observation; at present, for example, we cannot differentiate between secondary dementia of adolescence and dementia præcox. The theory of auto-intoxication as a cause of the disease is quite alluring, but it cannot be substantiated. The theory of infection with the products of the sexual organs is altogether unfounded. Kraepelin's views on this aspect of the question are refutable. H. J. MACEVOY.

Dementia Præcox and Katatonia [*Démence Précoce et Catatonie*]. (*Nouvelle Iconographie de la Salpêtrière*, 1902, *No.* 4.) *Séglas, J.*

Reviewing briefly the work of Kahlbaum, of Hecker, of Finch, Kraepelin, etc., on the subject of katatonia, Séglas insists on the importance of differentiating the affection katatonia proper from the katatonic state, the neglect of which accounts for a good deal of difference of opinion on the question. The conclusions of Finzi and Vedrani, in the present state of our knowledge, appeal to him most: (1) The syndroma katatonia is observed more or less pronounced in many mental diseases. (2) It never constitutes alone the clinical picture; it is not the whole of the disease, but only occupies certain phases of the morbid process. (3) It is most complete and most lasting in cases of juvenile dementia which have a good deal of analogy with hebephrenia. But it is most important to be clear and precise as regards the essential features of katatonia. According to some authors it is synonymous with tonic spasm of certain groups of muscles; the general opinion among French alienists is that katatonia denotes the cataleptiform states in the insane. These views are not comprehensive enough.

The principal phenomena of katatonia are stereotypy of attitude, speech, acts; tendency to cataleptic immobility—culminating in tension of muscles and almost tetanic rigidity—more or less permanent and pronounced. Resistance of the patient, refusal of food, mutism, Kahlbaum's negativism, are also included under this heading of tension, and rigidity or spasm. Certain other phenomena, which at first sight seem to be the opposite of negativism, belong to katatonia; such are catalepsy, echolalia, echopraxia. This second group of symptoms is not so important as negativism, but their affinity is well shown by their co-existence or succession in the same individual. Another important symptom—for, according to some authors (Somner), it constitutes the fundamental tendency, whence proceed all the other katatonic phenomena, from catalepsy to negativism—is stereotypy.

Katatonia may be present, as is well recognised in such varying mental affections as melancholia, circular insanity, amentia, toxæmic states, senile dementia, general paralysis, hysteria, etc., but it is generally partial and only transitory. It is in certain forms of dementia præcox that we observe it in its full development and with a marked character of persistence. The full notes of three interesting and typical cases of

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the katatonic form of dementia præcox, with illustrative plates, are given, and bring out these points very well.

Séglas shares Kraepelin's view that the symptoms of katatonia are psychical in origin, as opposed to Kahlbaum, who looked upon them as simple muscular spasms. An important characteristic is that they are automatic, independent of the consciousness of the patient, unrelated to delusional ideas or hallucinations; but, adds Séglas, such phenomena of automatism can only be corollaries. The primary condition, which constitutes the substratum, is the permanent or temporary (and partial or generalised) insufficiency of cohesion between the various elements which constitute the aggregate personality; it is the defect of unity, of synthesis, of voluntary activity; it is *abulia*. In conclusion he shows that negativism and stereotypy, etc., are quite compatible with the existence of abulia, and refers briefly to the psychopathology of dementia præcox—a subject carefully treated by Masselon (*Thèse de Paris*, 1902). H. J. MACEVOY.

On the Fundamental Nature of the Delusional Ideas of the Insane. (*Journ. of Ment. Path., vol. ii, No.* 3, *April,* 1902.) *Ferrari.*

The author holds that a sharp distinction is to be drawn between "delirious ideas of the insane proper and those caused by intoxications or infections." In the latter the impure blood circulating in the brain "gives rise to a number of mental images and ideas which, while spurring on one another, are unsystematised," while "in the insane the ideas always have an intimate bearing on the personality itself." A short summary of the psychic symptoms in a number of the commoner drug-intoxications is given in support of this view. The argument appears to imply, though this is not made quite clear in the translation, a rather arbitrary denial of the influence of the organic personality in the toxic deliria. W. C. SULLIVAN.

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5. Sociology.

Medico-legal Report on Vidal, the Murderer [*Vidal, le Tueur de Femmes: Rapport*]. (*Arch. d'Anthropol. crim., Nov.* 15*th*, 1902.) *Lacassagne, Royer, Rebatel.*

Nearly the whole of this number of the *Archives* is occupied with an elaborate report on Vidal, the result of observations carried on in the prison at Lyons during six months. So careful and scientific a report must lead every English reader to view with regret the casual and summary methods, carried on with mediæval secrecy, which alone are permitted in our own country.

Vidal was born at Vals in 1867, the only survivor of four children. His father died young, apparently of tuberculosis, of which also many of his family died. His mother, though herself healthy, was the daughter of an epileptic, whose sisters were also epileptic. An elder brother of Vidal, who died before him, was of unbalanced temperament,

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