

In the second part of the paper the authors criticise at length the work done by Baillarger and Lugaro on the subject of psychical hallucinations. They think that the nomenclature is an unfortunate one, and deny that pseudo-hallucinations merit being classed as a separate entity. While agreeing with the above-named authors that there is no sensory factor nor any objective character present in these phenomena, they hold that these so-termed "pseudo-hallucinations," consisting as they do of convictions, thoughts, volitional ideas and determinations, although they appear to the patient to have an extraneous and unlooked-for character, nevertheless do not merit their name, as they have nothing sensory in their nature nor possess any analogy to hallucinations. What is most striking in these cases is the marked tendency they have to the elaboration of delusional ideas. The authors' contention is that the pseudo-hallucinatory phenomenon is due to a disordered state of the intellectual centres ("ideo-emotive spheres"), and that the so-called "psychical hallucination" is a delusional interpretation.

They conclude by saying that, since almost all these cases have the conviction that an outside influence dominates their ideas, these complex disturbances would be better indicated by the term "delusions of transmission, or possession, of the thoughts."

A. I. EADES.

*Hallucinations (Journ. Ment. and Nerv. Dis., Nov., 1904). White, W. A.*

In the author's opinion the generally accepted distinction made by Esquirol between illusions and hallucinations is erroneous, and his definition of the latter founded upon a complete misconception of the mental state in hallucination and of the nature of sensation. It is absolutely impossible for a centrally aroused idea to be mistaken for a sensation.

He then discusses at length and dismisses as incorrect the various theories (which he terms the central, centrifugal, and centripetal) which have been advanced to explain the feeling of externality and projection outwards of the hallucination.

Sidis' new theory, with which he is entirely in agreement, he suggests might be called the peripheral—a paradoxical expression from the standpoint of Esquirol—to distinguish it from those already mentioned. This theory is that secondary sensations (as seen in the so-called sound and pain photisms and light phonism) hold the explanation of hallucinations, and the author presents ten cases in great detail to illustrate how the phenomena as ordinarily experienced can graduate into a true hallucination.

A study of these cases has led him to the conclusions that to have a false perception there must be something to perceive, and that something is in the environment and can only enter as a factor into the mental life through the intermediation of sensations. Ideas cannot be perceived.

Hallucinations are secondary sensations either arising in the same sensory field, in which case they might be described as illusions in the sense of Esquirol, or arising in other sensory fields, in which case their secondary character is quite clear.

The mental state in illusions and hallucinations is identical. Given

the sensory elements, the falseness in their perception is due to central derangement.

Speaking of sensations, he points out that normally many are not appreciated at all, either because of their weakness or because of the preponderance of some other sensations, yet it is quite conceivable that they may enter as a factor into the formation of a mental state at the time. Thus it is that sensations that under ordinary circumstances would hardly, if at all, rise above the threshold of consciousness, for some reason or other acquire an unusual value, and being thus out of harmony with the actualities they represent, a false perception is the result. This is especially well shown in the phenomena of dream consciousness.

It is necessary, in order that the particular sensory stimulus receive the specific interpretation that stamps it as an hallucination, that there be a certain state of "preparedness" on the part of the mind. The mind of the patient with tinnitus aurium who hears a voice is especially attuned to respond in that particular way.

In conclusion, White states that he has never yet failed to find a peripheral pathological process in all hallucinated cases he has examined which could explain, directly or indirectly, the hallucinatory phenomena, and he would be loath to accept other than a peripheral explanation of any hallucinated case.

A. W. WILCOX.

*On the Relation of Epilepsy to Amentia. (Brit. Journ. of Children's Dis., July, 1904). Tredgold, A. F.*

In this paper Mr. Tredgold discusses the various modes in which epilepsy may be associated with mental defect. For convenience the term "epilepsy" is used to include so-called epileptiform convulsions also. It is the result of the examination of 600 cases, which he divides into three groups. In the first group he places cases of primary amentia complicated by epilepsy, which disease existed in 36 *per cent.* of such cases. He found a pronounced morbid heredity in this group. Stigmata of degeneration were marked except in the highest grades. Usually some degree of mental defect was noticed before the onset of fits. The degree of amentia was often much greater than could be accounted for by the fits, which were of moderate severity and frequency. In some cases in which a gross lesion co-existed paralysis was found.

The prospects of improvement under special training he observed to be dependent upon the severity and frequency of the fits, but on the whole to be better than in the other two groups, which he then proceeds to describe. The second group consists of cases of idiopathic epilepsy causing amentia (secondary), and it is to this group that in his opinion the term "epileptic" imbecility and idiocy should be restricted. It includes 35 *per cent.* of his cases. Morbid heredity was less pronounced, and the stigmata of degeneration were slight. The amentia was usually mild, but there was much dementia. No paralysis was present. The mental condition of these patients was normal before the commencement of the fits, which were severe and frequent. Their prospects of improvement under training were practically *nil*.

The last group includes gross cerebral lesions, causing epilepsy and amentia (secondary). There was no morbid heredity or stigmata of degeneration in the case of these patients, who were in a normal mental