

reflexes. The pharyngeal reflex is frequently absent in hysteria. Since, however, this occurs in many other disorders and it may be voluntarily inhibited, the symptoms cannot be regarded as a definite stigma of hysteria or in any way pathognomonic. It is noteworthy that the reflex is usually abolished in smokers and drinkers. The conjunctival reflex is also often lost in various other diseases and its absence may result from suggestion. As regards the pupillary reflexes there is some difference of opinion. Many writers have, however, noted its absence during convulsive attacks and also variations in the size of the pupils. Dilatation from painful cutaneous stimulation persists even if the stimulated area is anæsthetic. An extensive bibliography is appended to the article.

H. DEVINE.

*Swindling and Hypnosis [Escroquerie et Hypnose]. (Arch. de Psych., Oct., 1907). Leroy, B.*

The following case, in addition to its purely psychological interest, is of considerable medico-legal importance.

In September, 1902, Alf., a young married woman, presented herself at the Salpêtrière complaining of incessant persecution on the part of a neighbour. She stated that Berthe, the individual in question, was able to move the furniture about without contact, and to introduce strange sounds and ventriloquist voices into her apartment. Further, Berthe had acquired such influence over Alf. as to force her to hand over all her furniture to her persecutor. The patient's grandmother confirmed this strange story, and added that she herself had been victimised, having been forced to sign a receipt for 950 fr.—none of which had been received—representing the price of some furniture that had been removed.

Investigation revealed the following facts. In 1901 the patient's brother-in-law and his wife (Berthe) came to live in the same house as that in which Alf. and her husband had apartments. Both the new arrivals had rather bad reputations, in consequence of which there was but little communication between the two families.

In June, 1902, Berthe attempted to gain an influence over Alf. by various crude methods which cannot be here detailed. Wearying of tactics which were unsuccessful she engaged in sleight of hand manoeuvres—table rapping, strange noises, furniture moving—which completely duped the grandmother, but not the less credulous Alf., who rightly attributed the phenomena to Berthe, whom she thought was antagonistic and spiteful to her. Finding legerdemain useless, Berthe next tried ventriloquism—imitating the voices of dead relatives, etc. By these means both Alf. and her grandmother became convinced that they were menaced by spirits, and adopted various superstitious practices to rid themselves of their trouble. Eventually in consequence of threats from these “voices” and in obedience to their commands they handed over money and various articles to Berthe, on one occasion giving a receipt as related above.

In the case of the grandmother, who was definitely senile, it is easy to understand how her credulity would make her the ready victim of a clever and designing woman. Alf., however, was more level-headed, and it seemed at first strange that she also should have been duped.

The explanation lay in the fact that Berthe had succeeded in hypnotising her victim, obtaining by this method complete power over her. It was found that in somnambulistic states Alf. had disposed of many of her goods and handed over the proceeds without question to her persecutor. In the waking state, also, when she had doubted the supernatural character of the voices, Berthe could force her to believe in them and yield to their commands by gazing fixedly at her. The patient had forgotten many of her actions performed during somnambulism, but the author was able to reproduce them in hypnosis and eventually to reveal to her how completely she had been victimised. The true condition of affairs having been elicited, Berthe was forced to restore the furniture which had not already been sold, but no further legal steps were taken owing to the close relationship between the two parties.

H. DEVINE.

*Mirror Writing and Awkward Action in Paralysis of the Right Side (Apraxy) [Spiegelschrift und Fehlhandlungen bei Rechtsgelähmten (Apraxie)]. (Arch. f. Psychiat., Bd. 43, H. 3.) Fraenkel.*

Under this title Dr. Manfred Fraenkel, in an article of thirty-six pages, advocates the increased use of the left hand.

We have only room for the finishing peroration. If men hitherto have worked with only one half brain what great performances may be expected from mankind when they bring into action their doubled mental energy. We hear so much of the overburdening of children; it is said that our brains and nerves are not equal to the strain of modern exigencies. But here opens a way for the salvation of mankind. We physicians had well give the greatest attention to this momentous question. The school alone is in a condition to change our one-sided capacity into a double-sided one. As already shown, there are many examples of men who, 'compelled by some casualty to use their left hands, soon showed that it was more educable than is commonly thought. In the school, the children should be taught to write with both hands; they would thus become as skilful with the left hand as with the right, and results beneficial to mankind would surely follow. "Let us, then," concludes Dr. Fraenkel, "strive with united effort to waken our right slumbering brain." We are to save mankind by making everyone ambidextrous.

WILLIAM W. IRELAND.

*Epilepsy and Left-handedness [Epilepsie und Linkshändigkeit]. (Arch. für Psychiat., Bd. 44, H. 1.) Redlick, E.*

Dr. Redlick, in a paper of twenty-seven pages, has a study of left-handedness. This abnormality occurs in a proportion of from 2 to 4 per cent. in all peoples, and from the evidence of primeval flint tools and weapons it seems to have existed in very far back times. It is sometimes hereditary. Lombroso found left-handedness much commoner with criminals, but it does not seem to be so with the insane. With the left-handed the sensibility seems to be sharper than in the right side, and Tonini has found in addition to this sensibility of the left side an increased tendon reflex. Dr. Redlick is inclined to consider left-handedness a sign of degeneration following weakness of the