

CASE 79.—Two convictions: dementia paranoia; hallucinated, persecuted; excitable, impulsive; employed at times.

CASE 80.—Six convictions: dementia paranoia; hallucinated; very low type; noisy, impulsive, dangerous, unemployed; under continuous observation.

CASE 81.—No particulars of conviction: hallucinated; delusions of persecution; partially employed. Transferred.

CASE 82.—No particulars: dementia paranoia; impulsive, troublesome, dangerous; under continuous observation; partially employable.

CASE 83.—One conviction: deluded and hallucinated; dangerous. Transferred.

CASE 84.—Five convictions: dementia paranoia; grossly irrational, impulsive, self-abuse, employed; under continuous observation.

CASE 85.—Five years' penal servitude and other convictions. Transferred from criminal lunatic asylum: systematised delusions with altered personality; "His Divine Majesty"; hallucinated, noisy, violent at first; now demented; under continuous observation.

CASE 86.—No particulars: dementia. Died in five weeks.

CASE 87.—No particulars of crime: general paralytic. Transferred.

CASE 88.—One conviction: general paralytic—conviction outcome of disease.

CASE 89.—Three years' penal servitude. Transfer from criminal lunatic asylum: deluded, hallucinated, persecuted; "special divine powers"; desperate criminal; excitable, abusive, threatening; under continuous observation; insane heredity. Transferred.

Part II.—Epitome of Current Literature.

1. Physiological Psychology.

The Function of Dreams [*Ueber die Funktion des Traumes*]. (*Jahrb. f. psychoanalyt. Forsch.*, Bd. iv., 1912.) Maeder, A.

In the investigation of dreams, according to Freud, we must distinguish between the dream as a process and the dream as a product. As a process it is the function of dreaming to act as the guardian of sleep, and to secure its continuance. Two kinds of dreams may be brought forward to support this view. The first contains the numerous dreams in which the fundamental wish is to go on sleeping. Maeder narrates dreams in illustration, as of the patient who, having been directed by the doctor to write down his dreams directly they occur, merely dreams that he has done so and goes on sleeping. In the other group external stimuli are taken up into the dream, and so manipulated by sleeping consciousness that they aid sleep, as when a child with a full bladder dreams of urinating, and thus relieved (even though no real evacuation has occurred) is enabled to go on sleeping. Thus to act as a pro-

tection is, Maeder believes, the primary function of dreaming regarded as a process.

There are further secondary functions, which may even have a kind of teleological character. Thus dreams, while still unanalysed, may lead up to a decision which, in the waking state, the dreamer finally makes, though it may not be until subsequently that he realises that his decision had been foreshadowed in his dreams. This may happen, for instance, with regard to breaking off a relationship with another person. Dreams in point are related. In this secondary function dreaming has a biological significance as a kind of preparation or play, and falls into line with the biological conception of play worked out by Groos, Carr, and others. Reference is also made to a related function of dreaming by which it exercises a kind of catharsis, draining off anti-social impulses into harmless channels, and so again exerting a biological function in adapting the individual to his environment and furthering his development.

HAVELOCK ELLIS.

The Metaphysical Symptoms of Neurasthenia [*Le Symptôme Métaphysique de la Neurasthénie*]. (*Rev. Phil.*, Sept., 1912.) Martin, A.

Of those symptoms of neurasthenia which indicate lack of balance rather than exhaustion, some, among highly cultured subjects, occur in the sphere of metaphysics, and are concerned with the origin and the final cause of things, eternity, and the absolute. Martin does not believe that an interest in such things, even amounting to anxiety, is necessarily morbid. It only becomes so when, in place of being intermittent or duly restrained, it becomes a constant anguish, a sort of obsession. An anxiety of this kind is a symptom of a fundamental psycho-pathological state, comparable to the various phobias, with which, indeed, it may alternate.

The condition is illustrated by four cases. In the first a man who had had two subacute attacks of neurasthenia in youth, with organic disturbances, became tormented in early manhood by the question of human destiny and by the vanity of human activities. He combated his disillusionings by philanthropy, and finally the nightmare was dissipated, and he engaged in practical work, in which he acquitted himself well. The second case began with agoraphobia which became transformed into a general terror of infinite space, and of infinite time, of eternity. The third, who is thoroughly neurasthenic, has had several severe crises of the ordinary form, with nosophobia, etc. He is a convinced agnostic, but he bitterly repents his loss of faith in a personal God; during the severe crises, however, this feeling is diminished by the nosophobia. At the present time both sets of symptoms are absent. The fourth, still young, is the victim of "acute idealism." The analysis of knowledge has led him to the position that it is impossible to get away from oneself or to perceive anything but oneself, and this causes him an anxious feeling of isolation.

In all these cases, Martin believes, the anxiety is the fundamental mental element, and of the same nature as a phobia; the object of the anxiety is secondary. The cause is doubtless organic. We must not imagine that metaphysical speculation will disturb the mind; there