strange, however, to see, for instance, traumatic epilepsy classed here under the designation of a pure functional neurosis. Parkinson's disease looks also somewhat strange under this heading. Although the pathological anatomy of this disease is still rather obscure, we yet can hardly conceive that there should not be some organic lesion behind it which could not be discovered yet by means of the technic at our disposal.

C. attributes but little importance to the traumatism itself in the causation of the diseases of this group. He finds on the contrary that the emotion connected with the circumstances under which the traumatism took place, is the chief etiological factor.

It is quite otherwise with group A, the grave traumatic neurosis dependent upon organic lesions. There the manner of the traumatism is etiologically of great importance, while the moral emotion plays an insignificant part. As has been affirmed by Vibert, the traumatism producing these forms of the disease were of a nature to produce a more or less violent physical concussion as, for instance, railroad accidents, in-breaks, falls, explosions, violent shocks on the head, and the like.

It would lead too far to enter upon the symptomatology, etc., of the grave forms of "traumatic neurosis," which are described in an attracting and interesting manner. Be it added, however, that according to Crocq's view, in accordance with that of Erichsen and Vibert, the organic lesion underlying these grave forms of "traumatic neurosis" is probably in most of the cases a chronic meningo-encephalomyelitis diffusa.

On the whole the subject is treated thoroughly and critically and the reader will find the book a convenient guide on the literature of the subject which it discusses.

B. ONUF.

CONTRIBUTION À L'ÉTUDE DES ÉTATS CATALEPTIQUES
DANS LES MALADIES MENTALES. By Dr. P. Le
Maitre. Paris 1895. G. Steinheil, Pub.

There are but few observations of idiopathic catalepsy. On the other hand the number of symptomatic catalepsies increases every day; one has observed them in typhoid fever, in uremia, in intermittent fever, in acute articular rheumatism. The purpose of the book before us was to study those catalepsies which occur in the course of the mental diseases. The author comes to the conclusion that the cataleptiform states observed in the insane are dependent upon a certain psychical state and have only the value of a symptom, which can develop in the majority of the mental diseases. Instead of representing a special morbid entity the cataleptic states are generally only a sign of stupor developing on the ground of heredity.

The plan according to which the contents are arranged is the following: The first chapter gives a historical review of the subject. The second chapter speaks of the general characteristics of the cataleptic states in mental diseases. Chapters three to eleven describe in detail the cataleptic conditions as observed in various forms of mental disease, viz., in toxic (alcoholic) delirium, in melancholia, in mental confusion, in mania (or rather in the depressive stage following mania), in periodic insanity, in the insanity of degeneracy (*délire des dégénérés*), in mental feebleness, congenital or acquired, and in epilepsy.

For each group observations are adduced, altogether of 19 cases. Five of these were personal and are very carefully described. The personal observations concerned are: case of catalepsy with echokinesia and echolalia in mental confusion, two cases in the group of mental degeneracy, and two cases in mental feebleness.

In the great majority of cataleptiform conditions as observed in mental diseases, hysteria took no part in the production of these states. When hysteria co-exists with a psychosis, it may produce typical hysterical catalepsies in the course of the latter.

These hysterical catalepsies are discussed in the eleventh chapter, Chapter XII. is taken up with a discussion on Kahlbaum's catatonia, and the author gives in the end expression to the view that Kahlbaum's catatonia does not exist, that the cataleptic phenomena occurring with psychoses develop on the base of stupor, in a nervous system predisposed by heredity.

Chapter XIII. treats on simulation of cataleptiform attitudes as observed both in insane (enacted there under the influence of a morbid state) and in healthy individuals (to escape penalty, etc.). A very typical instance of simulation of catalepsy in a healthy individual is given.

The book ends with a summary of the conclusions reached. Of these it may be interesting to mention those concerning the occurrence of cataleptic states in epilepsy, where they may either take the place of epileptic seizures, certain attacks of catalepsy resembling absolutely epilepsia larvata, or precede epileptic fits.

The interesting subject of the book is treated in such a thorough and attractive manner as to make it highly worthy of study. ONUF.

LE FONCTIONNEMENT CÉRÉBRAL PENDANT LE RÊVE ET
PENDANT LE SOMMEIL HYPNOTIQUE. By Dr. LAUPTIS.
(Annales Médico Psychologiques, 1895. No. 3.)

Lauphis in studying the phenomena of dreaming came to the following conclusions:

The dream is due to partial function of the brain. There are dreams of images, dreams of sentimental or instinctive acts called forth by the former, or caused by a certain state of the organism. The one seems to be due to a partial awakening of the anterior brain, the others to that of the posterior brain. These dreams may imply reasonings, association of complete ideas, the arousing of the most complicated manifestations of the character.

The principle differences distinguishing the dream from the wake state are:

1st. The lack of logic coördination of the various elements of the dream.

2nd. The absolute passivity in the presentation (apport) of the materials. In the course of the dream the images, the reasonings move on in an absolutely automatic fashion and can be modified by the sleeper.

There is a state which comes very near the state of awakening, which condition is observed only in nervous persons. It is characterized by the sharp definition of the images, their hallucinating character, the possibility of a certain auto-observation, and the accompanying hyperaesthesia. We can consider it as the limit of the dream, the state which is nearest the wake state.

The wake state necessitates the function of a centre of superior intellectual co-ordination of fixation and elaboration of the materials furnished by the other centres. The admission of the existence of such a centre leads to the following definitions:

Sleep of a centre: State of cessation of the psychogeneous function of this centre.

Complete normal sleep: State of cessation of the psychogeneous function of the entire brain.