immediately preceding death where there is also hemorrhagic nephritis as in the author's patient may be frequently met with now that attention has been called to it, remains to be tested by future observation.

Klippel, M. CONCERNING THE RÔLE OF ASTONISHMENT IN MENTAL PATHOLOGY. [*Journal de Psychologie*, 1920, April 15, Vol. XVII, p. 336.]

The value of astonishment in its various degrees will be understood if we contemplate the result of the suppression of that psychological moment in an individual—in ourselves for instance—when facing the events of everyday life. It will not then seem strange that Aristotle should have regarded astonishment as the beginning of knowledge. When astonishment is absent there is credulity, suggestibility, absence of common sense, groundless beliefs, and various psychological states marked by lack of reason. In dreams there is no astonishment, even for the wildest phantasmagorias. In general delirium which resembles the dream, though in some respects only, the most contradictory and improbable events are accepted without surprise. Though general delirium differs from insanity properly so-called, and this latter from monomania all these forms have one feature in common—the absence of the psychological factor of surprise. The most absurd conceptions are credited without hesitation, nothing shakes the opinions of those suffering from these disturbances, nothing moves them from their beliefs, and it may be added nothing astonishes them. The absence of astonishment, therefore, seems to be the source and the equivalent of the absence of judgment, so that the symptomatology of mental deficiency ought to include absence of astonishment. [J.]

Laignel-Lavastine, N. DIAGNOSIS IN PSYCHIATRY. [*Presse Méd.*, July 3, 1920.]

The author comments on what he calls the picturesque phase of mental disease, that is the phase in which the painter portraying the attitude, the costume and the reactions to the environment shows at a glance the nature of the mental disturbance. The picturesque, the psychiatric and the biologic diagnosis have to be considered in turn and in the proper perspective, and he relates four typical cases to demonstrate how this should be done, "proceeding from the picturesque reaction to the syndrome, the affection, and the malady." One of his examples is that of an unmarried woman interned at the request of her physician, the object of her erotic persecution. The perspective diagnosis was erotomania in a hypomanic from hyperthyroidism resulting from acute articular rheumatism at the age of 24. As a rule, however, psychiatry, as well as internal medicine, rests on the tripod; alcoholism, tuberculosis and syphilis.