term *démence précoce*. The theory is, according to Mills, that with many individuals the potentiality of life, mentally, is early exhausted. In the author's own series less than one fourth left the hospital restored, many of these probably continuing "psychic cripples." On the average, two thirds of the insane men at the Philadelphia Hospital, between fifteen and thirty years of age become chronic demented or die of intercurrent disease. This is an important clinical fact, and justifies, he believes, in itself, a separate consideration of the insanities of puberty, for when we apply clinical tests we apply the only tests that hitherto have borne fruit in psychiatry. With Kraepelin, then, he claims special consideration for many of his cases, on the clinical ground of prognosis: dementia præcox.

He then gives three tables and a chart of eleven cases of katatonia, seventeen of paranoia, and thirty of hebephrenia in which hopeless dementia came on rapidly. Following Kahlbaum's advice to "group by the most frequently occurring symptom" in these cases he notes two important ones, first, delusion; second, catalepsy.

The author is a firm believer in katatonia, and after discussing the symptoms of this form of insanity at some length, he proceeds to the prognosis, agreeing with Kahlbaum that in many cases it is good. This is contrary to the teaching of the later German writers. He believes that at this period of life recovery is possible from mild forms of both katatonia and paranoia. He found that persecutory delusions were common in his cases, and formulates the theory that an adolescent will react to such a delusion in the form of egotistic delusion, or in the form of katatonia according as his temperament is egoistic and assertive or soft and hysterical. He found that the paranoics were rather older than the rest of his cases, and harmonises this fact with his theory by assuming that age braces the hysterical temperament and increases the assertiveness of the individual. This would explain the frequent coincidence of katatonic and paranoic manifestations in the same patient as noted by Kahlbaum, Kierman, Spitzka, and many others since. He then describes the various symptoms exhibited by this series of cases, pointing out that dementia which shows itself from the beginning of the mental trouble is the most important, and names this group, after Kraepelin, dementia paranoides. Hebephrenia he looks upon as including those cases of dementia præcox which are not distinctly paranoic and not katatonic; it is a group of the unclassified members of dementia præcox.

In conclusion, the author truly remarks that, after all, it may be the most common-sense plan to divide the insanities into the conventional forms of mania, melancholia, etc., then to approach the subject from a second standpoint, discussing the cases in their relation to periods of life—childhood, puberty, adolescence, the menopause, and senility.

A. W. WILCOX.

Insanity of Adolescence [*Folie de l'Adolescence*]. (*Arch. de Neurol.*, Aug., 1900.) Bourneville and Bellin.

The notes of an interesting case are given—fully and carefully recorded as Bourneville's cases generally are. A. G—, a girl æt. 14

years was admitted into the Fondation Vallée, March 4th, 1899. Her family history was very bad—father, alcoholic and violent; mother, hysterical, then insane; grandparents, neurotic, as well as several uncles and aunts. The patient was possibly conceived when her father was drunk, her mother being at the time liable to attacks of hysteria. She had once convulsions limited to the face; up to the age of twelve years she had nocturnal incontinence, and after this had attacks of depression, of alternating crying and laughter. When her mother was placed under care, the girl was placed in an orphan school at Les Andelys, where, no doubt, under the influence of the separation from her mother and religious practices she developed mystical delusions—she thought she was Joan of Arc and had blessed visions, etc. A few days later she came under Bourneville's care. The mystical delusions persisted for a few days, and after a short remission (March 9th—23rd) were followed by a period of maniacal excitement—crying, singing, incoherent purposeless movements, extravagance, dirty habits, and insomnia. The attack lasted a week, and was followed by a remission (March 30th—April 21st) after which she was somewhat melancholic for a while, although free from hallucinations and mystical delusions. On May 1st she was practically well. About a year later, menstruation appeared, without any mental disturbance. The treatment consisted in baths and douches, with the administration of chloral and bromides to combat the insomnia and excitement; general exercises, occupation, etc., afterwards.

H. J. MACEVOY.

Systematised Delusional Insanity from Dream to Dream [*Délire systématisé de Rêve à Rêve*]. (*Rev. de Psychiat.*, No. 4, 1901.)
Klippel and Trenaunay.

This is a case with a long chronic evolution, which shows the narrow relations which may exist between dreams and delusions. Whether dreaming during sleep, or apparently at times dreaming when awake, the patient presented persistent delusions which were grafted on or sprang from the dreams, and occasionally led to acts. O. L— was aged 49 when he came under the authors' care, having been in the post office for twenty-four years; he complained of pains in the lower limbs, which exaggerated a natural limp (due to former injuries), and pains in the head, which he referred to visions he had recently experienced. The patient had written a long account of these hallucinations, which revealed two dominant ideas: (1) that the patient was God's elect, and (2) that he was persecuted. To explain them he referred to certain episodes which had occurred far back in his life, and the visions seemed to be of two kinds: (a) representations of his ordinary life; (b) supernatural. As regards these supernatural visions, a few of these were extra-terrestrial (referring to the heavens, to the sun, etc.), but most (a large number altogether) were terrestrial (a rainbow descending about the patient's head, beholding Christ on the Cross appearing on a newspaper he was reading, a star falling and the moon stretching out to catch it, etc.). Hallucinations of hearing occasionally accompanied the last-mentioned hallucination of vision. The ideas of persecution arose in his mind at the time of appearance of these visions; they mostly referred to his thoughts being

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