points. One must remember that in what we call natural sleep our senses continue to work. Although they work with less precision they receive numerous impressions, which, while they would attract no notice during the waking period, may be vivid during sleep. The colours, the changing forms, which appear when our eyes are closed, constitute the material of our dreams; they do not produce them, because they are vague and ill-defined. Memory forms our dreams. Recollections of objects perceived more or less clearly, more or less difficult to recall during the waking state; these give shape to our dreams, although we cannot always recognise this. A conjunction of the two factors, memory and sensation, constitutes the dream. The author also examines the question of the psychological characteristic of sleep, the real or essential difference between perceiving and dreaming. It is not abolition of reasoning. To sleep is to be disinterested. In dreaming the same faculties are exercised as during the waking state, but they are in a state of relaxation, not in a state of tension. We hear a dog barking during sleep; we dream in consequence of an assembly murmuring, shouting, etc.; no effort is required. To associate the noise with the barking of a dog requires a positive effort. This force the dreamer lacks, and herein he differs from the subject awake. Other differences might be deduced from this essential difference. The author mentions especially three points: the incoherence of dreams, the abolition of the sense of duration which dreams often appear to manifest, and the *order* in which recollections appear before the dreamer, to fit in with the sensations actually present.

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Contribution to the Semeiology of Dreams [*Contribution à la séméiologie du rêve*]. (*Gaz. des Hôp.*, May 23rd, 1901.) *Vaschide et Piéron.*

A brief account is given of thirteen observations, carefully analysed, in which symptoms of illness followed upon characteristic dreams on an average forty-eight hours later, *e.g.* (1) a little girl, æt. 3½ years, dreams that she is asleep in a closed copper bed, and that a carpenter who looks like her doctor fixes a vice by her bedside and squeezes her head in it. She shortly after developed a febrile illness which proved to be meningitis. (2) A lady, æt. 41 years, dreamt that her neighbour came to see her with a serpent coiled about her neck, which entered her (the lady's) mouth and tried to come out by the ear. In order to protect her own child, which she thought was lying by her side, she compressed her own ear to keep in the serpent. She was bitten by it, and could hear the hissing of the infuriated reptile. Three days later she had a purulent discharge from the ear.

In other cases, membranous sore throat, typhoid fever, bronchitis, etc., respectively followed, at intervals varying from a few hours to two days, dreams in which the subjects experienced painful sensations referred to the throat—sensations of thirst, of suffocation, etc. etc. On the other hand, the authors have observed cases in which dreams of this character were not followed by anything untoward. Still, cases like the above they consider to be useful contributions to the study of the manifestations of pathological changes in the "subconscious" mind.

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