

varies infinitely. He believes he has shown that the linking together of memories with the data of facts varies according to the personal factor, according to the nature of the material, according to the model selected, etc. It varies according to the taste, the temperament and the esthetic sensibility of the author. But without assuming a definitive solution of the problem, he thinks he has uncovered one of the most essential factors in the mental methods of a poet. What interested him above all things was not the composition of the poem but the gathering of the material for it. He feels he has demonstrated that the marvellous wealth of material entering into the contents of the great poems of Victor Hugo came from contact with external excitants. If this be so the genius for poetry loses a great deal of its mysteriousness and shows again that it is only a mode of cerebral reflex action.

(Ninth Year. No. 6. November-December, 1912)

1. The Psychology of August Strindberg (1849-1912). DR. LUCIEN LAGRIFFE.
2. Hallucination and its Various Clinical Forms. Hallucinations of Hearing in the Systematized Psychoses. Systematized Hallucinatory Delirium. DR. RENÉ MASSELO.
3. Experimental Telepathy in So Far as the Phenomenon is Cryptomnesic. E. ABRAMOWSKI.

1. *The Psychology of August Strindberg (1849-1912).*—A long and most interesting biographical and psychological study of Strindberg who, with Ibsen and Bjoernson, was, as the author says, one of the most remarkable personalities in Scandinavian literature.

2. *Hallucination and its Various Clinical Forms.*—Masselon here studies (a) the characteristics of a hallucination, (b) its mode of development, (c) the mental state of the victim of it, and (d) the nature of it at the conditions of its genesis.

The chief conclusion arrived at by the author is that many different phenomena are grouped under the head of hallucinations and that the latter represent disturbances of the judgment.

3. *Experimental Telepathy.*—This is an attempt to explain upon physiological grounds what is called thought transference. The article is so long, so full of statistics, so indefinite in its conclusion that it cannot well be put into the form of an abstract.

METTLER (Chicago).

MISCELLANY

INCONGRUOUS SYMPTOMS IN HYSTERIA. B. R. TUCKER. (Journal A. M. A., November 23.)

The author calls attention to the difficulties met with in the diagnosis of some cases of hysteria. He quotes from neurologic literature showing the different statements that are made in regard to various characteristic symptoms. "Mills thinks that true astereognosis, loss of the sense of position, true ataxia and hemianopia are not found in hysteria. Purves Stewart states that in hysteria absent knee-jerks, incontinence of bladder and rectum and the Babinski phenomenon never occur. Babinski himself says that hysteria itself is incapable of modifying tendon-reflexes. Dana says that the sphincters are never involved except temporarily or through

some complication. Incontinence of feces never occurs, according to Grainger and Stewart. Philip Coombs Knapp gives an excellent biography of the reflexes in hysteria and says that the Babinski and Oppenheim reflexes are never caused by hysteria. Tendon-reflexes may be exaggerated within normal limits. Whether hysteria can give rise to ankle-clonus or loss of knee-jerks is doubtful. Knapp also says that total paralysis and total anesthesia on one side are very rare. He says that Crocq believed he had found ankle-clonus and patella-clonus in hysteria, and was supported by Charcot, Sachs, Oppenheim and others; and loss of knee-jerks has been found by Steiner, Marye, Nonne, Wigand and Charcot. Complete absence of plantar reflexes has been noted by Knapp and other observers. Mills states that Van Gehuchten has reported one case with the Babinski phenomenon and ankle-clonus which disappeared in a few days." The whole outcome of the case, Tucker says, may thus hinge on the view we take of certain symptoms. Hysteria is a less frequent diagnosis, however, than was formerly the case, which is fortunate. Tucker reports four cases, one with pseudo-aphasia, another with loss of sphincter control, another with unilateral amblyopia and still another with absent knee-jerks, all of which examination and subsequent history proved to be clearly hysterical. He has other less striking cases that he might report, but these are sufficient to illustrate the points he makes.

ALCOHOL PARALYSIS. L. Friedman. (Journal A. M. A., November 23.)

A rather unusual case of temporary paralysis and amaurosis following the injection of ethyl alcohol into a chronic empyema sinus is reported by the author. The patient had received previous injections of 95 per cent. alcohol without untoward symptoms, but suddenly after one of them became perfectly limp and flaccid and unconscious for a few seconds, both upper and lower extremities being paralyzed. Loss of vision was complete except as to light and darkness, but cutaneous sensation was present. The mind was clear, speech normal, no cyanosis, pupil reaction normal to light, knee-jerks exaggerated. Motion slowly returned and the paralysis disappeared entirely in half an hour; the vision also slowly improved and was perfect in about three days. Ophthalmoscopic examination half an hour after the attack showed only slight congestion of the fundus. Friedman has been unable to find any other record of pure ethyl alcohol amaurosis.

NON-EPILEPTIC CONVULSIONS. A. C. Brush. (Journal A. M. A., November 16.)

The difficulties in differentiating convulsive seizures of toxic origin from those of genuine epilepsy are discussed by the author, who mentions four cases in which such seizures occurred, apparently in connection with the menstrual function. Though the term epilepsy has been used for a thousand years or more, the accounts of it are not absolutely clear, and the difficulty of distinguishing between hysteria and epilepsy is often complicated by the coexistence of the two conditions. The pathognomonic symptoms that have been claimed for epilepsy are far from being constant or truly such. In the cases mentioned the seizures first appeared after an unusual exertion or shock in two of the patients, and he considers that in all they were due to gastro-intestinal disturbances and menstrual stress on the nervous system. The patients had, he thinks, a previous irritability of the cerebral cortex. The function of menstruation caused exhaustion