

opinion among experts, Dumas remarks, can only be due to a varying interpretation of the facts, and a critical investigation of these becomes necessary. Such investigation may make us sceptical, not only as to the reality of the contagion, but, in some cases, as to the correctness of the diagnosis. In other cases the report is so summary or so incomplete that we are placed in the unsatisfactory position of having to accept the reporter's mere assertion.

Putting aside these reservations, we still have frequently to face the usual embarrassing question as to the possibility of a family psychosis. The existence of several famous cases in which twins, living apart, have manifested the same psychosis under the influence of an identical predisposition and similar occasioning cause, suffices to invalidate many cases of alleged contagion between members of the same generation in a family. Moreover a direct heredity of mania and melancholia, the liability to attacks being transmitted from parent to child and even to grandchild, has been shown (especially by Damköhler) to be not infrequent. We have also to remember that persons of similar predisposition may live together and be subject to the same exciting causes of insanity.

These considerations are fairly obvious. But even when they are put aside, it is found that many clinicians fail to realise that a great many causes may lead to one case of mania or melancholia following another without the intervention of any real psychic transmission. A specially important cause is exhausting physical and moral strain. Various cases are brought forward and thus explained. In another class of cases the first case certainly exerts a psychic influence on the second case, but it is a traumatic emotional influence, such as may be exerted by any violent shock; it is not contagion. In a third class may be placed the numerous cases in which contagion is undeniable, but in which we are not always really in presence of mania or melancholia in the first patient, and never in the second. When, Dumas finally concludes, we have allowed for the influence on the second patient of family psychosis, of heredity, of anxieties, of emotional strain, of fatigue, of unfortunate affections, of diagnostic errors, the contagious nature of mania and melancholia can never be affirmed.

We may go further, he points out, and ask how such contagion can be possible. Jörger, who believes in the possibility of contagion, compares the second patient to a hypnotised subject moved by automatic imitation. Such an explanation seems unacceptable; while if, as some alienists believe, manic-depressive insanity is due to the influence on the cerebral centres of a poison circulating in the blood, the question of contagion cannot even be raised.

HAVELOCK ELLIS.

2. Clinical Psychiatry.

Un cas de confusion mentale avec délire onirique chez une albuminurique
[A Case of Mental Confusion with Dream Delirium in an
Albuminuric]. (*Bull. Soc. Clin. Méd. Ment.*, Feb., 1911.) Fouque, M.

Of late years the condition of acute confusion has excited so much attention that any fresh note on the subject is of interest. It is now

generally admitted that all such cases are toxic in origin, but the mechanism of production is not always clear. This paper records the case of a woman, æt. 65, who came of an alcoholic family, but with no insane heredity. She had herself indulged to excess in drink, and six years ago became blind as the result of albuminuric retinitis. In 1908 she had a severe attack of nephritis with albumen in the urine, and became insane. Under treatment she recovered and was discharged in six months. Now, after an interval of two years, she is again in the asylum, and her condition is described by Dr. Fouque. She is a well-marked case of Bright's disease, with the usual clinical signs. Her urine contains a large amount of albumen. It is to be noted that she has had no alcohol for a considerable time. Her mental state is one of slight enfeeblement with but little loss of memory, but the most characteristic feature of her state is the degree of torpor present in association with a delirium made up of dreams and visual hallucinations. She sees and describes grotesque scenes, chiefly of an erotic nature, which are enacted before her. The chief part in her dream is played by a female dwarf, about the height of one's arm, who comes to annoy her, sometimes on foot, sometimes in a tiny carriage, with a suite of courtiers, gorgeously dressed. They all behave in the most indecent and disgusting fashion; many of them are covered with sores full of maggots. Not content with shocking her by their antics they throw worms, snakes and moths at her, which fall into her soup or coffee, making it taste bitter.

Such a condition presents many analogies with alcoholic delirium and the toxic insanities in general, and in this connection the suggestion of Spaglia that all such delirious states are brought about through the renal lesions which accompany the intoxications seems worthy of note. It certainly emphasises the importance of examining the urine in all such cases.

W. STARKEY.

Anterograde Amnesia in a General Paralytic [Amnésie de fixation chez un paralytique général]. (Bull. Soc. Clin. Méd. Ment., Jan., 1912.) Vigouroux and Prince.

Anterograde amnesia with falsification of memories is usually considered so characteristic of the polyneuritic psychosis of Korsakoff that its occurrence in a general paralytic is of interest. The patient was a man, æt. 47, who had contracted syphilis at sixteen and malaria at twenty-two. He had never indulged in alcoholic excess. His mental illness began in 1909 with headaches, dulness, and loss of memory. In 1910 he was sent to the asylum, as he had got lost in the street, and could give no account of himself. The main feature of his mental condition as noted on admission was complete loss of memory for events since the onset of his illness. He could give no account of what had happened yesterday or even an hour previous to being questioned. He was aware of his condition, and tried to remedy it by noting down dates, etc. Distant memory was good, and he could do sums, recognise objects, and reason fairly well. He, however, mistook the identity of everyone round him, taking them for people he had known outside. There was no fabulation, nor did hallucinations