

Any consolidated memory may thus furnish the necessary reinforcements. Sometimes the memory may be a wish dating from childhood, but to say that this is the case in every dream is an exaggeration. Far from always presenting the realisation of a wish, dreams often present an impression reinforced by memories with which it is simply associated.

Further, Kostyleff considers that Freud's conception of "censure" must be understood in the more precise sense of a dissociation of cerebral reflexes. Certain images are found incompatible with the momentary complex of the ego, and an arrest of the associative process occurs.

In analysing anew some of the dreams brought forward by Freud, the author argues that Freud's interpretation of them is often artificial, and that it would sometimes be simpler to see in them, instead of an infantile wish, an actual pre-occupation reinforced by more or less remote memories. Again, in regard to fantastic dreams, having no apparent relation to real life, the author finds that Freud's symbolic interpretation is altogether subjective. Freud's final conclusion that an unconscious wish plays the motor part in all dreams he regards as quite unproved, and not the result of legitimate analysis. It may even be regarded as the exact opposite of the truth. Dreams are remarkable by the richness of their content, and cannot be fitted into Freud's narrow frame. It is necessary to recognise the most varied forms of sensorial regression, not only the regression of desire, as commonly observed in children, but the regression of the most fugitive images under the chance influence of functional reinforcement, independently of any affective factor. The search for a disguised wish then loses nearly all its significance. Even when evoked, its appearance is often the consequence of preceding evocations and not the efficient cause of the dream. The dream is a series of sensorial regressions due to psychic reinforcements and merely tinged by the revival of a wish.

The author finally records his conviction that the irregularities in Freud's psychology of dreaming, and the modifications which are demanded in its formula, must not disguise from us the substantial merits of his work in this field. It may, he believes, serve to open the way to the experimental study of dreaming. HAVELOCK ELLIS.

The Alleged Contagion of Mania and Melancholia [La Contagion des Manies et des Melancholies]. (Rev. Phil., Dec., 1911). Dumas, G.

Pursuing his studies of contagion in mental disease, the author here takes up mania and melancholia, leaving open, for the purposes of his discussion, the question of the unitary nature of manic-depressive insanity. He points out at the outset (with Halberstadt) that there is a pronounced distinction to be made between the contagion of a delusional state—such as is often observed clinically, and is usually episodic, temporary, and influenced by isolation of the patient—and the contagion of a definite psychosis with its own ætiology and regular course. Can we speak of contagion in the latter case? As regards mania and melancholia there is a marked opposition of opinion. Thus, in Germany, it has been commonly accepted (though denied by Meyer and others), while in France it has been commonly denied (though accepted by Marandon de Montyel and others). Such divergences of

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