

but compressed explanations which consist for the most part of illustrations and hints of connection with other parts of the system are admirable; these remedy to a great extent the defect which has been noticed as occurring in the Introductions.

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I X.—R E P O R T S.

I.—PATHOLOGICAL.

Double Memory (Consciousness).—The *Revue Scientifique* (15th July, 1876) contains an account of another interesting case of Double Consciousness, similar in some respects to the case of Félicité X. reported in MIND III. (p. 414). This second statement is by Dr. Dufay (now deputy of Loir-et-Cher), who for about a dozen years from 1845 had almost daily opportunities of studying his patient, Mlle. R. L. A somnambulist of the common type from her early years, she came under his observation about the age of twenty-eight, being then in business as a milliner. From that time she continued subject, most commonly in the evening, to a particular kind of attack attended with the abnormal consciousness. She would be sitting with her girls at work round a lamp, perhaps chatting gaily, when suddenly her forehead would descend and strike the table with a violent rap—the beginning of the attack. The blow would give her no pain and in a few seconds she would sit up and resume her work, first snatching off the spectacles she commonly wore for short-sight and holding her work as far as possible away from the light. To thread her needle she would dart her hands into the shade under the table and pass the thread in a second, whereas in her normal state she had great difficulty in threading even with the help of spectacles and bright light. If she wanted a ribbon or a flower she would go straight to the drawer in the shop where it was kept, find it if it were mislaid, choose it of the proper colour—all in the dark—and return to her work without failure or mishap. But the most singular change was in her speech. So long as the attack lasted she would, like a child, say *Me* for *I*, joining with it the third person of the verb; thus, she would speak of her normal state as “When me is stupid.” Her intelligence, though always of a superior order, would in fact be markedly developed during the attack, her memory in particular then extending to the minutest events she had ever experienced whether in her normal state or in previous attacks. In this last respect she resembled Félicité X., and, like her, as soon as the attacks passed off, she would lose all remembrance of what had passed in the abnormal periods. She would then also learn with amazement from Dr. Dufay forgotten facts of her common life which she had freely told him in (what he calls) the somnambulist state but could now recall only with an effort. The doubleness of memory in the abnormal state went so far as to give her the notion of her

being two distinct persons. She would speak with the utmost freedom of things which she begged might not be mentioned "to the other," because "no knows that she would not like to tell you that: it would make her very unhappy." Out of the state, in common life, she showed all the reserve inspired by personal interest, timidity or regard for decorum. The evening-attacks generally passed off overnight when she had gone to sleep in bed, but they might last out the natural time of sleep into the next day, and attacks that came on (through strong emotion) by day were apt to be prolonged. When artificially roused out of them (by stimulus applied to a particular part of the neck or throat, the skin being elsewhere insensitive—though it is said that touch, meaning probably of the hand, remained intact), she would yawn three times and then with a sense of pain and mental distress resume her normal state.

Dr. Dufay (more expressly than Dr. Azam in the case of *Félida X.*) urges that it is not the want of memory in the normal state that is here remarkable, but the doubleness of memory in the abnormal state with the notion of two distinct personalities. It is quite natural, he remarks, to forget a dream on waking, and instead of seeking (with Dr. Azam) to explain the amnesia by supposing a morbid contraction of the blood-vessels of the brain, the memory of dreams (when they are remembered) is rather, he suggests, to be ascribed to congestion of particular parts. The whole exaggerated memory of the abnormal state, it can hardly be doubted, results from an over-excited brain-circulation, and the unnatural sensitiveness to light in *R. L.* points the same way. To explain the subjective fancy of double personality is another matter; but it cannot be attempted except upon a basis of well-ascertained facts, and hence the importance, for psychology, of recording such cases as those of *R. L.* and *Félida X.* *
 EDITOR.

* While this page is passing through the press, Dr. Azam, in the last number (Sept. 16th) of the *Revue Scientifique*, has returned to the case of *Félida X.* Incidentally he notices with much courtesy the remark made in *MIND* III. (p. 415) that *Félida's* "normal" (as well as her secondary) state is a morbid one, allowing that it is so, as indeed he had in various ways originally implied. The interest of his present communication lies in its very effective (though brief) treatment of Somnambulism in relation to Common Sleep. The various forms, simple or complex, of Somnambulism are passed under review, and he makes out that it is characteristic of them all that the actions performed or events experienced while the state lasts, leave no trace whatever in the subject's ordinary memory. He calls *Félida* a somnambulist, but one in whom the somnambulism is *total*, because all her faculties and senses, particularly the ruling sense of vision, act in a regular and balanced way; whereas usually somnambulists have only some of their senses active, the action being at the same time more or less abnormally intense. In spite of the relative perfection of *Félida's* mental activity in her secondary (now the predominant) state, it is all a blank to her in the "normal" state, just because it is mere somnambulism and nothing more. Dr. Azam gives some new information about *Félida*, as to her life in the past year. From what he

False Memory.—In the *Archiv für Psychiatrie* (Bd. vi. Heft. 2, 1876) Dr. Arnold Pick has recorded an interesting case of mental disorder in which a sense of double life was a very prominent feature. It was an exaggerated form of the common consciousness of previous action identical with that being performed, which was described in 1844 by Wigan as Duality of Mind, and more lately by Jansen, &c., as Double-Consciousness, and by Sander as False Memory (*Erinnerungstäuschungen*). It is rarely that the phenomenon is associated with symptoms of actual mental disease. The patient was young, *æt.* 30, of some education and a mathematical turn, who had suffered for many years from the peculiar feeling, and for two or three years from delusions of persecution, poisoning and the like. These were in part under the influence of the double-consciousness. Of the latter the patient gave a written description. The first distinct attacks occurred when he was aged twenty-three. On any excitement, visits to places of amusement, chance encounters, &c., the event and all its surrounding circumstances seemed so familiar to him that he felt confident that he had been in the same place, doing the same thing and surrounded by precisely the same persons and condition of objects, weather, &c. This consciousness sometimes occurred in the same day, in a few minutes or hours; sometimes not till the following day, when it was always clearer. Afterwards every fresh task that he did in his occupation seemed to have been done before under the same circumstances. It was difficult to determine the share this false impression had in causing the mental disturbance and delusion. The case corroborates the opinion of Sander that imagination has a large share in the production of these delusions, on account of the time which often elapsed after an event before it was reproduced in the form of supposed anterior experience. The patient himself believed that this was the case and thought that during a dreamy state the memory of anterior experience was prepared. If this was so in the instances in which some time, minutes or hours, elapsed before the sense of a previous identical conviction came on, Pick believes the same explanation applied to the instances in which this was almost immediate, since then too the conception became always clearer after a time. The patient's belief in the reality of his double life Pick associates with his distinctly insane state.

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tells, it seems doubtful whether his previous forecast that the old "normal" state may in time wholly give place to the secondary one, will come true. The "normal" state within the year has recurred much more frequently (though for very short periods) than it had been doing of late, and the general disturbance of health appears to be increasing. Her distress, in the "normal" state, at the blanks of memory has certainly increased, and in despair she has on one occasion recently tried to commit suicide. Dr. Azam will continue to chronicle the progress of the case.