PATHOLOGICAL.

Le Moi des Mourants: nouveaux Faits. V. EGGER. *Revue Philosophique*, XLII., 337-368, October, 1896.

In reply to Dr. Sollier's criticism of the title under which M. Egger introduced the discussion of this subject (see this REVIEW, III., 236 and 454), the latter explains that the terms used were not medical but psychological; the 'mourant' is one who is such for himself, *i. e.*, who believes himself to be dying, and as to the 'moi,' it does not, he says, exist unless such an one, "already prepared by previous reflections on himself and in full possession of his faculties, resume his past either by a rapid series of recollections or by spoken or written formulas." He further explains that his object in studying the mental states of the dying was to confirm his theory of the *ego*—the *ego* is 'the total recollection,' 'the consciousness of the past as such,' etc. Hence his explanation of the vivid resurgence of memory-images in accident cases as a special illustration of the 'moi vif' analogous to the expressive utterances, of which he gives many examples, in which those about to die sometimes appear to sum up a whole life and character. In other words, the cause of the reaction is held to be logical, not pathological. M. Egger, therefore, while accepting Dr. Sollier's explanation of the beatitude commonly felt at a certain stage of the crisis, namely, that it is the direct consequence of the bodily insensibility, refuses to admit Dr. Sollier's further hypothesis, that the phantasmagoria of memory-images is an indirect consequence of this same bodily condition. He claims, in opposition, anæsthesia without hypermnesia, and, again, hypermnesia without anæsthesia. The last, however, he does not establish, at least for the accident cases, and the cases cited of conscious reflection on the past and reflective anticipations of the impending future on the part of dying persons in full possession of their faculties would seem to belong to a different class from that of the vivid panoramic vision in certain cases which Sollier's hypothesis sought to account for. On any theory, there must, of course, be some sort of an organized past to recur to; M. Egger's theory requires it to be that of a civilized adult. Hence cases like that of Charles Darwin, who, when a schoolboy at Shrewsbury, experienced, during a fall of some seven or eight feet, such an extraordinarily rapid succession of ideas as seemed, he says, to contradict the assertion of the physiologists, that each thought requires an appreciable amount of time—cases like these fall outside of the theory. Darwin, to be sure, does not directly tell us that his ideas were memories. But in one of the new

cases here reported we find a person three times in his life in mortal danger, and surveying with extreme rapidity his past in the first experience when less than ten years old, and in the first only. How does M. Egger explain this? He explains it by reference to a 'moi précocé' and distinguishes between the 'moi encombrant' of school-boys and 'what the psychologist calls a *moi*.' There is no doubt a place for the distinction; only in this connection, while it suggests the sort of self reacting, does it succeed in removing the form of the reaction itself, the hypermnnesia, from the need of a mechanical explanation or in disconnecting it from cases like that of Darwin above, and its suggested pathological associates? We think not.

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Periodische Depressionszustände und ihre Pathogenese auf dem Boden der harnsauren Diathese. C. LANGE. Tr. into German from second edition by HANS KURELLA. Leopold Voss, Hamburg and Leipzig, Publisher. 1896. Pp. 52, including Appendix.

This paper was first read before the Medical Association of Copenhagen, in 1886. The second edition (1895) has an appendix of 13 pages.

The author singles out of the classes of diseases known as Neurasthenia and Melancholia a very frequent affection which he calls 'periodic depression.' Although in some respects like the first stage of Melancholia, with which it is erroneously identified, it differentiates itself from it in that (1) the patients have neither fixed ideas nor hallucinations; they never ascribe their suffering to external agents; (2) the periodicity is a constant feature, while in Melancholia it is rare; (3) not one of the many hundred cases studied by the author went further than the supposed first stage.

The most characteristic feature of the disease is an alternation of periods of depression with periods of usual moral tone. The periodicity varies greatly. Generally, the shorter the depression periods the more regular is their reappearance; in some cases the movements of the disease are so regular that the day of their coming can be safely predicted. In more than half the cases that came to his notice it is between the ages of 25 and 35 that the disease made its appearance. It does not show any preference for any particular class of people, but "it is almost powerless with individuals without hereditary taint." In almost every case the author discovered a bad heredity.