cussed. It is found that the neuroglia has a genetic relation, not only to the ectoderm in general, but quite especially to a true epithelium, also in the true post embryonal sense. On the other hand the seemingly paradoxical fact is stated that the neuroglia behaves morphologically and histologically like connective tissue [Bindesubstanz].

The sixth chapter is taken up with a description of some other histological properties of the neuroglia fibres. These fibres are either more or less straight, or they are markedly curved. They are solid, not tubulated, they are smooth, without varicosities of any kind. Weigert has never observed ramifications nor anastomosis of the fibres.

Chapter VII. and VIII. treat on the general and special topography of the neuroglia fibres. The details regarding the structure and distribution of the neuroglia in the spinal cord and various parts of the brain cannot be reported here, but must be read in the original.

In the ninth chapter Weigert discusses the physiological significance of the neuroglia. His conclusions are for the most part negative. Ramon y Cajal's views on the physiological significance of this tissue are considered as erroneous.

The book concludes with a description of the method, which has led to such brilliant results and which opens prospects for further fruitful research.

The many beautiful drawings or pictures are an attraction by themselves, and we can believe that the author in studying the sections, became so enamoured with the beauty of the design that he nearly forgot to study them. At any rate the pictures alone are sufficient to excite one's liveliest interest not only for a study of the book but for a study of the method. We fully endorse the author's statement, that a new method is a key for opening the door of the unascendable wall enclosing the scientific treasures; and that Weigert's method will open the door to many scientific treasures is to be expected, and will be the best reward for the author's patient and laborious work. ONUF.

LEÇONS CLINIQUES SUR LES MALADIES MENTALES ET NERVEUSES. SEGAS. (SALPÊTRIÈRE, 1887-1894) RECUEILLIES ET PUBLIÉES PAR LE DR. HENRY MEIGE. PARIS, 1895.

This exceedingly bulky volume is not a systematic treatise on insanity but merely a series of clinical lectures, as the title implies, extending over a period of years. Such a book ought to show some special merit in order to be able to gain a place in this age of print. Eight hundred pages of closely printed matter, devoted merely to the clinical aspect of a subject, are not altogether inviting at first sight if for no other reason than that they make such an unreasonable demand on the practitioner's time. We doubt whether there is any clinician in mental diseases who should not be able to say in one half this space all that he finds to say in the clinic. The fact is, mere clinical writing is especially liable to become intolerably prolix. The histories of patients, their sayings and doings (especially if the patients are lunatics), can be spun out so interminably and uninterestingly that the reader loses whatever profit there is in them in a mere sense of weariness and ennui. Dr. Seglas' book, like too many other French lectures, has this fault of diffuseness well marked. It could certainly have been condensed into one half the space with advantage both to itself and to the reader.

We have been especially impressed with the three chapters on Obsession; and as this subject is still a rather more novel one than most themes in psychiatry, and still needs continued and systematic study to make it familiar to students, we shall review the author's exposition of it, especially as it is one of the best portions of the book. In the first place, we may say that the term "obsession" strikes us as good and concise, and worthy of more general adoption by writers in the English language. The term has been generally adopted in France to denote the mental state which is dominated by fixed and imperative conceptions, and the meaning still applied to it in this country by some lexicographers (*i. e.* possession by demons) seems to be generally ignored abroad.

Seglas points out the fact that "obsedent," or fixed ideas were noted

by Esquirol and later writers, who, however, included all these cases in the vast list of monomanias. He shows, briefly, how the tendency has been in recent years towards a reaction in this respect. Every person possessed by an imperative conception or morbid dread is not now necessarily to be looked upon as "degenerate" or as the son of degeneration. Seglas, himself, says that such a view is too absolute. Like Regis, he is inclined to think that there are at least two forms of obsession: first, the truly degenerative form and, second, the accidental or neurasthenic form. Between the two extremes there are many intermediate forms. Such a view, we believe, is in accord with the facts of mental pathology. Nature does nothing by leaps; and in pathology as elsewhere there are gradations everywhere. Certainly many minds, practically normal, have been plagued at times with these pestiferous guests.

The obsesive idea, according to Seglas, is usually remittent. It has an insidious approach in the degenerative type, but a rather abrupt onset in the neurasthenic form—a point of distinction of some value. There are usually premonitory symptoms, as headache, amyosthenia, anxiety, insomnia, digestive disorder, apathy, loss of memory, inability to fix the attention, and dull perception. There is even an agitated form, the patient presenting the peculiar state known as *mentism* (a sort of automatic cerebration over which he has no control) and finally even confusion. One or more of these symptoms constitute a kind of *aura*; or a more distinct and characteristic aura may be localized in the head or epigastrium. Seglas' suggestion of an aura here seems to ally this disease to other more truly explosive psychoses, as epilepsy, hysteria and migraine.

Seglas adheres to the quality of utility as a criterion by which to distinguish the obsession of a normal from that of a morbid brain. For instance, the savant's absorption and mental stress in solving a vexed problem may be identical with the obsession of an arithromaniac or a doubter—but the *utility* of his researches distinguishes them. Here, we think, the distinction is rather too absolute, for savants have been known to become morbidly obsessed even upon a problem the utility of which was undoubted. We should rather say that the *voluntary* character of its devotion to a problem distinguishes the normal mind from the obsession of a morbid one. The distinction is in the patient's *relation* to the idea, rather than in the *character* of the idea itself; although it cannot be denied that this latter as it refers to utility has great significance.

Seglas notes the symptomatology of these ideas very fully. He depicts the conflict into which the patient enters with them. In some cases the patient's success is perfect—this is usually attained by distracting the attention by change of scene or occupation. Sometimes this success is only ephemeral. In the worst cases the patient yields entirely to the besetting idea, and the whole field of consciousness is contracted and centered about the dominating idea, so that the voluntary intellectual activity of the brain is reduced to a minimum. The more hopeful cases, we believe, are those in which the patients, recognizing the morbid character of their impulses, have mental self-control sufficient to avoid a conflict with them. In these cases the obsesive ideas gradually loose their hold, whereas a conflict usually confirms them. This is an important therapeutic indication.

The accompanying distress is always a prominent symptom of obsession. This is a psychalgia, although in a different sense from that of melancholia. Seglas says it is caused either by the force of the idea, its contents, (as the homicidal impulse) or a failure to comply with it. It is frequently accompanied with the physical signs of profound emotion, as precordial anxiety, headache, sweating, flushing, tremor, vertigo, and even syncope. This leads the author to a discussion of that most interesting psychological subject—the value and place of emotional disturbance in obsession. What is the relation of this disturbance to the besetting idea? Is it primary or secondary? Seglas, after marshalling the various opinions extant—as of Westphal, that the emotion is always secondary, or caused by the obsession, or of Friedreich, that the emotion is the primitive or fundamental state, which indeed can obtain without the idea—after stating these and various intermediate opinions, states his own conclusions on this complex question. They are, that obsession rests always upon a morbid emotional foundation, that the obsesive idea is at-

tached to an emotion of some kind, and that even if the emotional disorders are not purely secondary, they are at least always exaggerated by the obsedent idea. In this connection the query arises, how can an emotion exist apart from some idea which excites it?

On the subject of hallucinations in obsession Seglas takes a very positive stand in opposition to what is evidently the prevailing opinion. These hallucinations, although voted down by the last international Congress, are maintained by the author. His criticism of the subject is clear and trenchant, and to many will probably be convincing. Among instances given are some of the so-called motor verbal hallucinations, *i. e.*, in which the patient feels an interior voice, a voice in his or her throat. Allied to these is the more dangerous motor hallucination which may accompany one of the impulsive ideas—as for instance, the homicidal or suicidal idea. In this the patient has a distinct hallucination of performing the motion—it is a kinesthetic hallucination. These constitute the most dangerous type, and present medico-legal problems. They are to be distinguished from the merely visual presentations of the act, which are the more common of the two. Common sensibility, as well as special, may show hallucinatory phenomena. The most important of these are various neuralgic pains, especially about the head, face, nose and mouth. These may be most misleading. Sometimes curious cinesthetic hallucinations appear, as a sense of the head swelling to immense proportions, or a leg being doubled, and sometimes even of the whole body being not the patient's own.

The actual state of consciousness is the last important topic in connection with obsession with which Seglas deals. Here, too, he is independent and original. He does not teach that the patient is in full possession of his personal or self consciousness while under the influence of his obsedent idea. Retaining the term *personal consciousness* for that mental state in which normally the patient has a full synthesis of present perceptions joined by reflection to the mass of memories of past perceptions which constitutes the ego, Seglas holds that this state is so affected, so narrowed, as it were, by the loss of power of attention and volition in these patients, under the domination of their besetting ideas, that a very imperfect synthesis results, and hence the consciousness is impaired. This is so to such an extent in the worst cases that a state not unlike double consciousness results, the patient's personality in the morbid synthesis being as something distinct from that of his normal state. In some cases there results for the patient a sense of confusion of his personal identity. The conflict with the besetting idea thus leads to a sense in the patient of a struggle between two states of consciousness—the normal ego, and the other or maimed personality which is dominated by a besetting idea which seems to come from without. The analogy, it seems to us, between these obsedent ideas, on the one hand, and hallucinations on the other, is not remote. As Kraft-Ebing has said, the former are due to morbid excitement of representative centres. They control the patient as something spontaneous, arising outside of his ordinary field of consciousness.

The author calls attention to the fact, that all cases included under any one of the popular sub-divisions are by no means necessarily alike. Thus under "agoraphobia" are included many diverse cases, whose morbid fears of space are not identical in kind.

Obsession, according to Seglas, never ends in dementia. In the constitutional types, however, it may merge especially into delusions of persecution, the patient deteriorating into well-marked paranoia.

As we have already said, we have selected M. Seglas' lectures on obsession for the sole object of our brief notice. This we have done because of the importance of the subject, and because these chapters furnish an admirable example of the author's best thought and best manner. It would be obviously unfair, however, not to remind the reader that the book includes a very general survey of the field of psychiatry. Prominent among the subjects treated are confusional insanity, melancholia, paranoia (with special chapters on the hallucinations and delusions of these two latter diseases), astasia-abasia and hysteria. These will amply repay those students who have time to devote to the voluminous chapters in which they are cast. JAMES HENDRIE LLOYD.