selves, are to be found the most effective means, not only of prevention, but of relief from the most general single cause of destruction of human life. I am quite aware that these statements will be regarded as extreme and as the outgrowth of too restricted attention to a single class of phenomena. The statements are neither extreme nor the expression of narrow views. They are well considered and based, not only on correct principles, but upon carefully observed facts in a large experience continued through many years."

Equally questionable is the author's observation that strabismus exercises a deleterious effect upon the health of the subjects. Thus, he says: "That some strabismic who acquire the art of effectually suppressing the mental appreciation of the image of the squinting eye remain in good health until a somewhat advanced period in life, does not invalidate the general rule that strabismus leads to early exhaustion of the powers of the patient, and that but a small proportion of strabismic persons reach the age known as middle life. Strabismic children are seen in much greater numbers than adults who squint, and the difference is only in part due to corrective operations."

The reviewer has not, nor as far as he is aware, has any other ophthalmologist, practiced as yet the form of operation which the author describes in his book for the correction of muscle errors, but from a knowledge of the difficulties attending operations upon the muscles of the eye, it would appear inadequate in cases of pronounced deviation of the ocular axes. While all ophthalmologists are in hearty accord with the author's assertion that the great principle which should guide in all surgical treatment of the muscles of the eyes is that all of the functions of movement should be made more perfect and more harmonious after the treatment than before, the realization of this ideal is difficult of attainment. The author's wholesale condemnation of tenotomies and advancements is surely improper, for every ophthalmologist of experience can relate many instances where these procedures have been of greatest advantage.

Notwithstanding its weaknesses, however, Dr. Stevens' book should be ready by every ophthalmologist, for his methods and instruments for examination deserve careful study and invite further elaboration. It must not be forgotten that ophthalmology is greatly indebted to Dr. Stevens for calling attention to the existence of anomalies in the ocular muscles, which had escaped detection by others, and that it owes to him in large measure the means of detecting quickly and accurately the degree of such variations. The neurologist will probably gain but little by its perusal, for in the opinion of the reviewer the deduction as to the importance played by various types of crania in the production of systemic disease is unsubstantiated and erroneous.

WILLIAM CAMPBELL POSEY.

AFFEKTIVITÄT, SUGGESTIBILITÄT, PARANOIA. Von E. Bleuler, Professor der Psychiatrie in Zurich. Carl Marhold, Halle.

This is a short monograph of 144 pages, in which the author in an inimical manner discusses certain aspects of the "feelings," applying his analysis in part to the elucidation of the paranoia problem.

Feelings, Bleuler tells us, are distinctly various and a sharp differentiation should be made between the groups if we are to arrive at more fundamental conceptions. He says that at least four groups stand out more or less sharply differentiated: (1) Those due to mass of centripetal processes, of sensations, perceptions (thus the feeling of warmth—of bodily sensation); (2) those conditioned by intracental perceptual processes related (a) to that which happens without (feeling of certainty, of probability), and (b) that which happens within us (feeling of sadness, of blindness, etc.); (3) those arising from indefinite and hazy recognition, be it a direct perception or a conclusion which is uncertain and unknown in its elements; and, finally, (4) feelings of pleasure and pain. For the first

three groups, he countenances the term "intellectual processes," and he says they have nothing to do with what he wishes us to understand by "affectivity." The feelings in the last group are closely allied with "affectivity," they are mixtures of intellectual and affective processes and contain a sensation and a feeling produced or determined by it. The intellectual processes in his series have no control over the psyche—this is only moved when an affect is added.

In order to arrive at a physiological idea of affectivity, he cites an illustration of the amoeba. "The irritation of a grain of food stuff acts upon it at a given place. The portion lying in close contact sends out a pseudopod, and engulfs the spoil, digests, and throws away that which is undigested, and the individual returns to its normal shape. This whole process Bleuler designates as a localized, objective, intellectual process. By it, however, the entire amoeba must have been altered in its nourishment tone and in its entirety. During the taking in of the nourishment other portions of the body dare not flow too much in other directions; such streamings must be retarded. The reception of the nourishment works for the good of the entire body; it becomes stronger, is more inclined to divide or carry on its other functions. This general action, he says, may be arranged by the side of the affects. The affect renders a reaction general, or as he puts it, *the affect is a generalized reaction*. And affectivity is the condition determining the conduct, the pushing element in our actions; reinforcing the reaction if in the line of the affect, retarding it if opposed. A prick of a pin causes one to draw the hand back. If one is shocked by it the entire body draws away; if one reacts in anger the entire body passes on to an attack. The affect further has the interesting quality that it persists longer than the experience. Affectivity is for him the mainspring of responsiveness and activity which is not due to purely mechanical reflexes.

Bleuler then takes up the subject of suggestion, which he believes is an affective process. Thus it can and does control the action of the glands, of the intestines, the beating of the heart, and can disrupt the ideas, modify judgment and even be the means of bringing about hallucinatory states. Suggestibility is more than mere imitation, it starts the affective processes, and thus can influence not only the actions of the individual, but even move an entire community.

Paranoia is then discussed at length in relation to its being an affective process as has been held by many, notably Specht. The initial experiences in most paranoias are common to all, especially the suspicions and the mistrusts. Their incorrigible fixation is the pathological element—not the ideas, since so many normally constituted individuals have them. The feature that renders them dominant and incorrigible is perhaps primarily the make-up or disposition so well known to exist in some individuals, to which is added predisposing chains of events. Further than this he does not seem to go. He concludes that paranoia is not an affective psychosis.

The reviewer finds it difficult, even with the help of Meyer's masterly summary (*Psychological Bulletin*, Aug. 15, 1906), to follow the author throughout the argument taken up in the latter part so largely with a criticism of Specht's views of paranoia as an affective psychosis. His illustrative cases are interesting, and the whole book is highly stimulating.

JELLIFFE.

EMOTIONAL VARIABILITY IN EPILEPTICS. Prof. Dr. Gustav. Aschaffenburg.

Aschaffenburg's monograph on emotional variability of epileptics is an important contribution to the literature of psychopathology. The gist of his brochure may thus be briefly stated:

Hoffman, in 1862, was the first to describe epileptic equivalents. According to this writer epileptic convulsions and coma may be substituted by delirium, confusion and hallucinations. Aschaffenburg studied fifty cases of epilepsy; forty-eight of whom were delirious and confused; twenty-