

"Does anyone know the law of libel?" I asked.

The heroine of the story is afflicted with homicidal mania of recurrent type, dependent upon an injury to the head. Mental pathologists will find themselves much interested in this character and in the case of Clegg (acute hallucinatory insanity), which from its inception up through the stages of depression, besetment, visual hallucination, weakening of will, and finally complete loss of self-control, is artistically depicted. While the plot is weird, the book fascinates with its air of naturalness. While satisfying him with its completeness, the author has wisely left some riddles to the solution of the reader, who is at liberty to fill in minor details as his imagination suggests.

The busy physician who, with his heavier reading, feels the need of an occasional novel, can not fail of satisfaction in reading this, "The Strange Story of Richard Tregenna, Bachelor of Medicine." It is full of interest from cover to cover.

C. B. B.

*Grundriss der Psychiatrie in klinischen Vorlesungen.* VON DR. C. WERNICKE, Professor in Breslau. Theil II, Die paranoischen Zustände. Leipzig: Verlag von Georg Thieme, 1896.

Probably starting from the consideration that a symptomatology in psychiatry is of little use unless due attention is paid to the evolution of the symptoms, Wernicke enters *medias in res* and begins, after the general considerations of Part I (see the review, Vol. 52, p. 117), to introduce the student to an extensive and varied group of diseases, the paranoiac conditions. This name applies to all those chronic mental disorders in which we meet with falsification of the contents of consciousness in well preserved mental activity (p. 101). Wernicke chooses these forms to introduce the student to the types of abnormal contents and processes of consciousness, they being the simplest and most easily understood without elaborate knowledge of clinical medicine changes of the contents of consciousness, since they are not complicated by deep changes of the *formal activity* of consciousness.

The ninth lecture opens with a definition of mental disorder and mental disease. Mental disorder is a mere *residual* of mental disease, characterized by falsifications with or without defects of consciousness. Mental disease is the primary change itself which may involve the contents of consciousness, together with or without its activity or form, while acute psychoses evolve in a short time, usually with deep affect. The changes of contents develop so slowly in the chronic psychoses that the general activity is not deeply interfered with, since it has time to adapt itself to the gradually changing conditions. In a preliminary way Wernicke classifies the *residual* falsifications of consciousness into the cases with mere incomplete insight or recognition of the disease. Those with inability to recognize the condition plus additional explanatory delusions (d. of persecution and often consecutive megalomania) and the cases of formal integrity with productive falsifications and absolute lack of judgment as to the truth of the allo-psychical, auto-psychical, and somato-psychical contents.

After these opening remarks Wernicke proceeds to the presentation of seven illustrative cases (Lecture X), and adds the following discussion:

"Lecture II. The 'Merksysteme,' systems of concepts and apperception, must be well defined, and therefore localized, mechanisms; alterations of the 'Merksysteme' (falsification of the contents of consciousness) may depend on a stationary or slowly progressive focal lesion of the systems. If the lesion is rapidly progressive there will be much collateral disturbance of function (disorder of mental activity in acute psychoses); if it is slow, the collateral symptoms may be reduced to a minimum and we may be at a loss to decide whether we deal with a progressive lesion or a stationary one. For it is by no means unlikely that a stationary lesion can be productive of gradually increasing delusions, as the explanatory delusions really are the result of normal logical elaboration of the existing false contents of consciousness, such as, for instance, an 'autochthonous' idea, a strange concept which grows up in the patient's mind and calls for explanations. Or the patient has a strange sensation in the skin and elaborates it into delusions of persecution or a hypochondriacal system, etc. Or a sleep, a dream, a queer idea or queer emotion may form the basis for the 'autochthonous' complex, or again a motor abnormality (hyperkinesia, parakinesia, or akinesia). The mechanism of the formation of these psychical abnormalities is described as 'sejunction,' an interruption of the continuity of association complexes which leads to a more or less deep splitting up of the personality. The disjunction explains the lack of correction. The abnormal activity may take the form of hallucinations (retrograde waves of the impulses from the point of disjunction. The result may be the same, whether we are dealing with an irritative lesion or a mere residual disjunction."

Lecture XIII. That these hallucinations are mostly phonemata, i. e., hallucinations of words heard, depends on an individual habit of allowing the ideation to go on with sounding the words, i. e., with the coöperation of the sensory and motor speech mechanisms. And again the fact that the speech centers are so widely connected makes the lack of correction produced by disjunction especially serious and powerful; the correction of the accompanying emotional tone fails to take place, and the hallucination produces morbid self-reference and corresponding delusions; auto-psychical when an emotion seems strange, foreign to the subject; allo-psychical when irrelevant actions of others are taken as referring to self; somato-psychical when an action or sensation is referred to abnormal influences or conditions of the body.

Lecture XIV treats of the more subtle efforts at retrospective-explanatory delusions, retrospective delusions of self-reference, and falsifications of memory, positive and negative, a symptom of adjustment of logical mentation to the existing disjunction; and Lecture XV, after a short resumé, takes up the "überwertige Idee," a term which W. gives to those concepts or trains of thought which obtains an undue preponderance in the life of an individual. We might appropriately call it "dominant idea"; it differs from the autochthonous ideas and imperative concepts, since it is not considered by the patient as something strange, or not even unpleasantly predominant, but just as the expression of their innermost personality. Any observation or idea may become a "dominant idea," and, if it is complemented by a system of explanatory and retrospective-explanatory delusions, develop into what is known as combinatory paranoia.

Lecture XVI deals with the question when a mental *disease* has come to an end, or to a standstill, in case that it leaves residuals. W. really offers no answer except the empirical statement that it depends on whether the patient can resume successfully a life of social and legal responsibility. This implies that there should not be any uncontrolled emotions, which form the necessary condition for the development of explanatory delusions, but especially that there should not be any additive or subtractive falsifications of memory and retrospective delusions of reference, the chief means for the typical and dangerous systematization.

The last lecture despairs of a definite classification in groups. W. only takes out four types; whether they are *characteristic* entities is left doubtful. Etiologically W. admits that he has put together essentially different entities—independent psychoses of chronic evolution and others which are merely the residuals of definite acute, i. e., transitory diseases.

This resignation concerning deeper clinical classification seems disappointing; the symptomatological analysis of the group of paranoiac conditions is, however, a valuable contribution, and may help to remove the idea that the chronic cases are of no medical interest. With Kraepelin's clinical principles and Wernicke's symptomatological analysis as a guide, many a hospital physician may turn to the chronic cases as a source of valuable information. It is from the chronic cases that we can learn to form prognoses—if at least the histories of cases at the outbreak was well enough taken.

A. M.

*Beiträge zur Kenntniss der normalen menschlichen Neuroglia.* VON PROF. DR. CARL WEIGERT, Frankfurt a. M., 1895, 4to, 213 pp. (Contributions to the Knowledge of the Normal Human Neuroglia, by PROF. CARL WEIGERT.)

Professor Weigert, whose name is a household word among all workers in the histology of the nervous system, on account of his stain for medullated nerve fibers, informs us, in the introduction to this work, that it represents the results of researches which have occupied practically all the time he could spare from his official duties from December 5, 1888, to the date of publication. The astounding patience and persistence of the author appear in the fact that nearly all this time and work have been given to the invention and perfection of a histological method. According to his account, it was only toward the end of the period that he had so far overcome the technical difficulties as to be able to make any satisfactory application. The object of all this labor was to find a stain which would color the neuroglia elements without staining anything else that would be confounded with them. In this he believes himself to have succeeded, and it does not detract from the merit of his achievement that Mallory has devised a modification of his method by which the same results can be obtained with greater simplicity of means. In his historical review of the subject, the author finds that Virchow was the first to clearly establish the existence of a specific, non-nervous substance in the central nervous system. Frommann was the first to recognize the fibers of the neuroglia (which had been considered by Kölliker and others as artefacts) as genuine histological structures, holding them to be processes of