

up of nervous tissue is discussed in a brief paragraph in which the author states that, "as a result of these observations (those of Apáthy and Bethe) the theory of the neurone is once again plunged into discussion."

After a detailed treatment of electrology and nerve energies, the second part of the work opens. It is subdivided into two sections, the first containing chapters on *sensibility and movement*, *primary systematisations*, *consciousness and unconsciousness*, and *superior systematisations*. The second section dealing with specific innervations includes chapters on *tactile*, *visual*, *auditory*, *olfactory* and *gustatory* innervation, and *language and ideation*.

The book is rich in experimental evidence, much of it being the author's own. The mode of presentation, however, is perhaps hardly ideal; some of the chapters appear somewhat as collections of observations and laboratory notes rather than as finished fluent discussions. Moreover, the style of language is not always so simple and direct as one could desire. Nevertheless, for the special student the work is particularly valuable, and it fills a distinct gap in our literature.

*La Mélancolie.* Étude médicale et psychologique par René Masselon, médecin-adjoint de l'asile de Clermont de l'Oise. Ouvrage couronné par l'Académie de Médecine. (Paris: Félix Alcan, 1906.)

This 284-page 12-mo. furnishes an excellent monographic treatise of the melancholiac symptom complex. The chief merit of the book is its close adherence to clinical facts which are carefully analysed and compared from a psychologic view point. The author supplies the histories of a number of illustrative cases and to these he makes frequent reference throughout the work.

After a historic introduction in which the more important opinions from Hippocrates to Kraepelin are passed rapidly in review, the clinical symptomatology of melancholia is considered somewhat in detail. For convenience's sake the affection is described under the following forms:

- (a) Simple depression.
- (b) Anxious melancholia.
- (c) Delusional melancholia.
- (d) Melancholia with stupor.

These states represent, however, for the author nothing more than phases or stages of the same pathologic process. Thus simple affect depression may pass into anxious melancholia; and the latter when, as is usually the case, insane ideas appear, becomes delusional melancholia; and finally stupor in varying degree may be encountered in any of these forms, and when it dominates the picture, determines the fourth type which represents the severest form of the affection.

The author's conclusion, following Joffroy, is that "melancholia as a disease does not exist; there exist only melancholiac states." He lays little emphasis on epochal conditions and describes side by side cases of psychomotor and affect depression, belonging to the recurrent and periodic psy-

choses, and involutions cases with characteristic affect and delusional states. The clinical and pathogenic distinctions between these conditions thus receive hardly sufficient consideration.

The bulk of the work (138 pages) is devoted to the psychology of melancholic states, in which the attempt is made to arrive at the fundamental psychic disturbances which underlie the previously enumerated clinical symptoms. The psychology is of a descriptive character and embraces the following summarisations:

The psychic retardation of the melancholic expresses itself as a difficulty of comprehension, assimilation and expression. The essential element is a disturbed mental synthesis depending upon a difficulty in the evocation of ideas, which in turn is conditioned by an actual poverty of ideas.

Attention is weak, can be fixed only with great difficulty, and is capable of being sustained for only an extremely short space of time.

There is a constant disturbance of the mental imagery. It consists in a dulling or partial effacement of the images with difficulty in their revivification. The associational flow is slackened, and the end of a train of thought may remain unattained.

There is a sensory blunting which is central rather than peripheral.

Volition is diminished to greater or less degree, to the extent sometimes of complete abulia. The patients themselves feel their lack of power to will, which is a direct outgrowth of the affective state.

The depressive affect may take the form of a simple passive sadness, or of an acute mental pain (anxiety).

The melancholic delusions are always secondary to some phase of the moral pain. They are, therefore, rather affective than intellectual, and gain in subjective certainty in proportion to the intensity of the affect depression.

The chief types of insane ideas are ideas of transformation or changed personality (mental or physical hypochondriasis); ideas of negation, nihilistic delusions (delirium of Cotard); ideas of external control or possession; ideas of unworthiness and self-blame; ideas of expiation of guilt and of future damnation; ideas of persecution.

In the chapter on differential diagnosis the fact is still further emphasized that episodes of affect depression occur in the greatest variety of pathologic mental states. Some of the conditions to be considered are *confusion mentale*, abortive forms of dementia praecox, katatonic stupor, alcoholic psychosis, phases of general paresis, delirium of persecution, degenerative psychoses, neurasthenia, organic psychopathies and periodic insanity.

After disposing of the above-named conditions, the author believes that a group of cases remains which may be designated essential or pure melancholia (affective melancholia). These cases correspond in fact with those described by Kraepelin under involutions melancholia. Among these, however, a certain number is to be separated, representing initial stages in chronic processes terminating in senile dementia. The small

proportion of cases remaining, while provisionally classified as pure melancholia, the author inclines to believe may yet be found to represent simply phases of other morbid conditions, when the etiology and pathology of mental diseases are better known.

FARRAR.

*Forty-eighth Annual Report of the General Board of Commissioners in Lunacy for Scotland.* (Glasgow: 1906. Printed for His Majesty's Stationery Office.)

This report is one of the best that we receive. One has no difficulty in referring to any part of it for information, as it has a good table of contents and the matter is well arranged. On January 1, 1906, there were 17,450 insane persons in Scotland, of whom the Commissioners had official cognizance. This is an increase during the year of 209. During the past year, however, for the first time, there has been no increase in proportion to the population, though for the past three years there has been no proportionate increase in the number under private care. Many other interesting statistics might be quoted did space permit, but reference should be made to the interesting figures derived from a study of cases dying from paresis and from phthisis. Some difficulty has been found in collecting these statistics because the form of death notice was not understood, but changes in this have facilitated matters. The information which has been collected here is of great interest and has largely been presented in the form of tables in periods of quinquennials. We learn that the death rate from paresis per 1000 patients resident has increased from 8.9 in 1870-74 to 12.4 in 1900-04, and the death rate from paresis per 1000 admissions has increased in males from 47.8 in 1870-74 to 84.7 during 1905, in females from 11.9 in 1870-04 to 27.4 during 1905, but in 1875-9 the proportion fell to 8. These give a proportion of 28.6 in 1870-4 and 55.7 during 1905, almost doubling the rate in 35 years. The above figures are quoted as an example of the interesting matter given in this section. The same applies to that devoted to tuberculosis.

The text of the report occupies 89 pages and is followed by 176 pages devoted to various tables and reports which cannot very well be incorporated into the body of the report.

The binding is paper, but the printing and paper is above the average of reports of this nature.

W. R. D.

*Thirty-fifth Annual Report of the Board of Commissioners of Public Charities of the Commonwealth of Pennsylvania for 1904, and Twenty-second Annual Report of the Committee on Lunacy.* (Harrisburg: Harrisburg Publishing Co., State Printer, 1906.)

At the close of the fiscal year, September 30, 1904, there were in the state hospitals of Pennsylvania 7442 patients, 4025 men and 3417 women. There were also under care in six private hospitals 754 patients, 298 men and 456 women, a total of 8196. This is an increase over the number enumerated in the previous report of 303 patients in the state hospitals and of 16 in the private hospitals.