

be a simple injunction to the patient to "wake up" without prior hypnotism, or after hypnotism, *i. e. simple awakening*, or it may be the more complex method, which the author calls "awakening by partial restorations of sensation." The patient here is fairly deeply hypnotised, and her attention being drawn in succession to various parts of the body, she is told to "feel, feel more, feel still more, go on, etc. . . ." Apparently definite subjective sensations accompany the return of the part affected to its normal condition, which the author considers are the unmistakable signs of recovery, and occur invariably and in the same order in different patients. Moreover, pain in certain spots, with characteristic return of sensation, accompanies the awakening of the various cerebral centres themselves when they recover after hysterical affection. "No shadow of suggestion occurs." Dr. Comar, of the Villa Montsouris, Paris, apparently confirms all this, having adopted Sollier's method, and found it answer. Months of this treatment, four, eight, ten in bad cases, are necessary.

The third part of the work is devoted to the special treatment of hysteria—attacks, disorders of sleep, fixed ideas, tremors, spasm, etc., *i. e.* to the treatment of its many and varied isolated manifestations.

In presence of these remarkable observations, all that one can say is that only subsequent experience can enlighten us as to the real value and efficacy of the treatment recommended.

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Les grands Symptômes neurasthéniques (Pathogénie et Traitement).
Dr. MAURICE DE FLEURY. Paris: Félix Alcan, éditeur, 1901,
pp. 412. Price 7 f. 50.

This is an attempt to explain the leading symptoms of neurasthenia, or "nervous exhaustion"—a term which the author would prefer to adopt,—define its pathogeny, and suggest a rational treatment, which the author has found by experience to be reliable. The importance of eliminating such conditions as early tuberculosis, alcoholism, Bright's disease, cancer of the stomach, etc., before diagnosing primary neurasthenia is dwelt upon; and at the outset he insists on the distinction which exists between hysteria and neurasthenia. The first chapter deals with fatigue, which de Fleury considers the predominant, even essential, symptom of the disease. The Arab who first wrote this proverb: "It is better to be sitting than standing, better to be lying than sitting, better to be dead than lying," must have been neurasthenic. The sensation of fatigue, he believes, is not subjective—it is not, like that which accompanies hysteria, modified by suggestion—although the results of observations with the dynamometer and ergograph are not very convincing; but great stress is laid upon the fact that with atony of the voluntary muscles one finds evidence of atony of involuntary muscles, revealed by unmistakable objective signs—thus pointing to the former being objective too. The second chapter deals with the circulatory apparatus in neurasthenics. By the use of sphygmographs, the apparatus of Hallion and Comte for determining the peripheral pulse,

hæmocytometers, etc., careful examination of patients suffering from neurasthenia may be made; and that their vitality and nutrition are impaired is shown by a lowering of blood-pressure due to weak cardiac action, a lowering of dynamometric force, an increase in extent of the touch areas, a diminution in the activity of reduction of the oxy-hæmoglobin, a reduction in the percentage of hæmoglobin in the blood, and apparent rarefaction of the red globules, while the co-efficient of nitrogenous output is below normal. Many of the author's patients were subjected a certain number of times to this series of investigations, which should be carried out at a fixed time of the day (in relation to meals, etc.). As regards blood-pressure especially, the author establishes two groups or varieties: neurasthenics with hypotension, and neurasthenics with hypertension; these cases require different treatment, and the latter group are mostly secondary to some other condition. To attempt to treat cases of neurasthenia without determining the blood-pressure, the condition of the heart-muscle, the activity of reduction, etc., is to court failure. Numerous charts are given showing how blood-pressure, dynamometric force, the activity of reduction, etc., approximate to the average with improvement in the patient.

Chapter IV deals with disorders of sleep. Insomnia is very often a phenomenon of simple cerebral mechanics to be successfully combated by purely dynamic measures, and de Fleury generally condemns drugs in its treatment. In some cases of neurasthenia, especially secondary cases, with high blood-pressure, etc., insomnia is due to toxæmia, and "lavage" of the blood procures sleep; but in a large number this assumption of intoxication as a cause of sleeplessness is, or appeared to be, erroneous: just as a careful study of these cases convinces us that the modern view of sleep as an intoxication of the nervous centres, *i. e.* the chemical theory of sleep, will not satisfy all instances, and one has to fall back on a mechanical explanation. The practical determination of the blood-pressure here again is of great practical utility, for quite a different treatment is required in cases of neurasthenia with low tension to that referred to above (*i. e.* for high tension cases). In many cases, with the use of simple physical methods, sleep can be insured; but it is advisable at the same time, by psychological treatment, to bring about the habit of sleep.

As the stomach is, perhaps, in neurasthenia, the first muscle which loses its tone through insufficiency of nervous influx, digestive disorders occupy an important place in the symptomatology of the disease, and of these the author treats in Chapter V. In correcting them, reliance should almost entirely be placed on suitable dieting, concerning which wise directions are here given.

As regards the help to be obtained from the examination of the urine he speaks with caution; the results are far from uniform. An excess of earthy phosphates in comparison with alkaline phosphates is almost constantly found in the urine, and an excess of uric acid and chlorides.

Chapters VIII, IX, and X deal with the mental condition in neurasthenia. While it is often allied to hysteria, de Fleury draws attention to important differences between the two diseases. Neurasthenic phenomena are not influenced by suggestion, and in the treatment of the associated conditions different measures are called for. The author

concludes that the nervous phenomena of Beard's disease (neurasthenia) are primary; and while dyspepsia keeps them up or aggravates them, it does not originate them. Nevertheless the mental state of the neurasthenic does not, as in hysteria, create symptoms. The symptoms of neurasthenia are not engendered by the fixed idea. There is much truth in the definition of neurasthenia as a state of irritable enfeeblement, and the emotional outbursts so common in the disease can be shown to be accompanied by certain physiological phenomena and to bring about an intellectual state of depression, *i. e.* the idea is secondary to the emotion; the reverse is the case in hysteria. Moreover, the apparently spontaneous improvements observed in the mental condition of neurasthenics are often seen to be due to the stimulating action on the nervous centres of such external agents as light, heat, the electrical condition of the atmosphere, altitude, etc. The frequently remarkable effects of saline injections which the author has observed are explained in the same way. It is very important in this connection to find out the suitable dose required to bring about satisfactory results.

Pages 264, etc., sum up very well the author's conception of the pathogeny of hysteria and neurasthenia. That he does not look upon neurasthenia, as so many have done, as a purely subjective disorder is evidenced by his reference to its pathological anatomy, which he considers is constituted by the various ptoses of organs with distension *en masse* of the circulatory apparatus—a condition which might be produced in an animal by the experimental suppression of tonus according to the method of Brondgeest (section of the posterior root of mixed nerves). Briefly put, de Fleury's view is that neurasthenia is a disease of the physiological tonus brought about by some cause which acts on the nutrition of the cerebral cell, and the neurasthenic mental state is the reflex in the mind of the low vitality of the organs, of the muscular hypotonus, and glandular hyposecretion; it is cured by tonic medication—especially simple mechanical excitation of one or other of the sensory surfaces of the body. A final chapter on treatment (of which the two most important elements at his command are saline injections and open air with high altitude) closes an interesting, largely original, and suggestive work.

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Anleitung beim Studium des Baues der nervösen Centralorgane im gesunden und kranken Zustände [Introduction to the Study of the Anatomy of the Central Nervous Organs in Health and Disease]. Von Dr. HEINRICH OBERSTEINER, K.K.O.O., Professor, Vorstand des Neurologischen Institutes an der Universität zu Wien. Fourth edition, pp. 680, figs. 250. Leipzig and Vienna: Franz Deuticke, 1901. Price 17 marks.

Professor Obersteiner's book is so well known to British neurologists, either in the original or through Professor Hill's translations, and its merits are so generally recognised, that the appearance of a new and further enlarged edition cannot fail to be welcome to very many in this