

*Les Syndromes Neuropathiques.* Par A. HESNARD. Paris: Gaston Doin et Cie, 1927. Medium 8vo. Pp. ii + 247. Illustrations 23. Price Fr. 40.

In the series of which this book constitutes the latest, six numbers have previously been published, including *Respiratory Syndromes*, *Endocrine Syndromes*, etc. Each author has addressed himself to his subject from the point of view of groups of symptoms instead of disease-entities, and the present work deals with the psychoneuroses on this basis. These are described in five groups: Neurasthenic, psychasthenic, anxiety, obsessional syndromes, and hysterical and pithiatic syndromes. It is agreed that these groups seldom occur pure.

The author does not use the term "psychoneurosis," nor does he draw the distinction commonly made between hysteria and obsessional neurosis on the one hand, and neurasthenia and anxiety states, as neuroses proper, on the other. He states that the symptoms of the neuroses, into whichever of his five groups they fall, consist of two series—physical and psychic. The latter consists chiefly of a habitual morbid mental state accompanied and reinforced by disturbance of the affective activities, to which the individual has partial insight. The physical series is seen to be only the reverberation of the affective disorder, particularly on the external expression and internal impression of the emotions.

Neurasthenic and psychasthenic states are described in the same chapter, but in separate sections. It is emphasized that the concept of their common basis—neuro-psychic fatigue—has no physiological foundation and is purely theoretical if not symbolical. Neurasthenia is characterized by the richness and variability of its subjective symptoms in the absence of adequate physical signs. The neurasthenic suffers from a misdirected and excessive internal general sensibility. Psychasthenia, a much commoner malady, consists of a constitutional character disorder in which painful ideas about the subject's contact with reality manifest themselves to him. Excellent descriptions of individual symptoms complete the chapter.

Describing the anxiety syndrome—the author points out that anxiety is the most elementary expression of the defence instinct in man. It occurs normally in three degrees—apprehension, anxiety, anguish (*angoisse*, *angor*)—and these terms are useful in assessing neuropathic anxiety states. Acute anxiety syndromes are found in the form of crises and also as panophobia, the anxiety attaching itself momentarily and by hazard. They tend to pass into chronic anxiety states. These are classified according to whether the anxiety is attached to the self, external objects and events, or to other persons. The most common and important are those associated with hypochondria. No mention is made of Freud's differentiation of anxiety neurosis and anxiety hysteria. Psychopathic states may supervene on chronic anxiety syndromes in various forms. In "anxious psychosis" the anguish has been so extreme as to shake the patient's grasp of reality; a melancholic syndrome with self-accusatory ideas may follow panophobia; and

confusional states may obviously complicate any hyper-emotive syndrome.

In regard to the obsessional syndrome, the author points out that this symptom is closely allied both to anxiety and to psychasthenia, and that all gradations between these three syndromes exist. He does not use the term "imperative idea," nor distinguish between obsessions accompanied by anxiety and others. Obsessions are classified as diffuse, systematized, and associated obsessional states, with numerous sub-classes, and this objective point of view appears less helpful than the older division into intellectual, impulsive and inhibitory. The psychogenesis of obsessions is discussed at much greater length than the other syndromes. It is pointed out that the most salient feature in an obsessed case is the apparent discordance of the morbid idea, but the obsessional content invariably arises from unconscious activities of the mind, and its apparent unreal discordance can be more accurately described as an anachronism in the affective life of the individual.

The chapter on hysteria is the longest in the book and follows closely the usual French teaching on the subject. It is entirely descriptive. The manifestations are classified into paroxysmal, chronic somatic, psychopathic or psychiatric, and those associated with organic disorders. In the description of hypnotic states under the third heading the danger of using hypnotism to remove hysterical symptoms is duly emphasized.

As regards ætiology, the author believes that all neuropathic syndromes arise from a common deep-seated cause dating from early infancy. Generally speaking they express some affective deficiency, and run parallel with the active sexual life. Heredity, accidents of parturition, early familial and social difficulties of adjustment, which may or may not be sexual in nature—these are the causes of the psychoneuroses. Accidental emotions and shocks, exhaustion, bodily illness and so on are of no importance. Surprisingly, Freud's ætiological theories are not mentioned in this section.

In discussing psycho-pathology, the author states that above all neuropaths suffer from an instinctive or affective lack or defect, and that they can only support this at the expense of their health—that is, by realizing their symptoms. Neurasthenia is defined as a collection of clinical phenomena associated with erethism of the neuro-vegetative system, and representing the first degree of awareness of morbid emotional and cœnesthetic excitation. Janet's theory of psychasthenia is dismissed, and this disorder is stated to consist of a morbid constitutional character, marked by conscious morbid sentiments which arose from some evolutionary disorder of the instinctive activities, and which prevent the affective life of the individual from attaining consummation and satisfaction. Anxiety is the clinical representation of a special hyper-excitability of the emotive apparatus in its defensive function against external or internal dangers, the hyper-excitability being due to lack of satiation of deep-seated instinctive tendencies, such as infantile acquisitiveness or adult sex-longing, especially when stimulated and

denied. Obsessions are parasitic psychic products of distant origin in which the affect is attached to the memories, imaginations and aspirations of childhood. Hysteria is characterized by an incapacity to assimilate moral impressions which are disagreeable to the excessive self-love of the individual.

The book closes with a chapter on the therapy of neuropathic syndromes. Physical therapy and the traditional moral treatment receive adequate notice, but the author relies mainly for treatment of all the psycho-neuroses upon Freudian psycho-analysis, the explanation and technique of which are set out at length.

On the whole the book is interesting and readable. A considerable portion is admittedly descriptive, and it would probably be more valuable were more space given to the theories and classifications of other writers, though the tone is not unduly dogmatic. The type is good. The plates are small and not very well reproduced, but some of them are characteristic. There is no index in an ordinary sense, but quite a full table of contents. The covers are of paper.

W. D. CHAMBERS.

### Part III.—Epitome of Current Literature.

#### 1. Neurology.

*Metastatic Tumours of the Brain.* (*Arch. of Neur. and Psychiat.*, April, 1927.) *Globus, J. H., and Selinsky, H.*

In only 4 out of 12 cases reported by the authors were the metastatic foci single. In the others the foci showed wide variations in number, size and distribution. The seat of the primary growth was: A bronchus in 2 cases, the skin in 3 cases, the colon in 2 cases, the suprarenal in 1 case, the prostate in 1 case and the urinary bladder in 1 case. The clinical signs and symptoms depend on the extent of the involvement of the brain by the principal largest mass, the presence of a mass, however small, in a vital part of the cerebro-spinal axis, or the presence of a nodule so situated that it will obstruct the flow of the cerebro-spinal fluid. The authors conclude that acute onset of cerebral symptoms with rapid development of signs of a disseminated character and symptoms of increased intra-cranial tension, in the absence of changes in the discs and positive serologic or febrile manifestations, suggests strongly a metastatic process. The probability is strengthened by the appearance of progressive wasting and asthenia out of proportion to that encountered in primary tumours of the brain.

G. W. T. H. FLEMING.

*Protein Sensitization in Epilepsy.* (*Arch. of Neur. and Psychiat.*, April, 1927.) *Ward, J. F., and Patterson, H. A.*

The authors tested the protein sensitivity to uncooked proteins of 1,000 epileptics and 100 non-epileptics. In the Craig Colony