

Clinical and Histological Facts in Relation to the Softenings surrounding Cerebral Tumours [*Fatti clinici ed istologici in rapporto ai ram-mollimenti che ciscondario certi tumori cerebrali*]. (*Riv. di Pat. nerv. e ment.*, January, 1902.) Pellizzi, G. B.

The author describes a case and the pathological appearances found after death, and bases upon it some considerations regarding cerebral tumours. The patient for years had suffered from a monoplegia affecting the one arm, and was also subject to attacks of epilepsy. There was no headache, no vomiting, no disturbance of vision, and no weakening of the intellect. Twenty-five years after the beginning of these symptoms dementia supervened. At the autopsy, a tumour about the size of a small hen's egg was found in the middle of the right Rolandic region in correspondence with the posterior third of the frontal lobe. The tumour was an endothelioma, rich in cells probably of a sarcomatous nature, and without any nervous elements. The author points out the complete absence for twenty-five years of any mental symptoms is in complete accord with the theory of Bianchi, the unilateral nature of the lesion and the extraordinary slowness of its development giving time for compensation. An examination of the contents of the softening showed that the vessels remained normal; the nerve-fibres were very markedly altered, and the nerve-cells were reduced in number. The permanence of any cortical nerve elements was due to the slowly progressive interruption from the gradual compression and to the absence of any inflammatory process. The softening that surrounds tumours has been attributed by some to the compression of the small vessels, or to a superadded obliterative arteritis caused by syphilis or tubercle, the degeneration of the nervous elements following this. The author regards the extension of the softening to have been caused, not by the pressure of the tumour itself, but rather by pressure of fluid surrounding it. This produces in some cases an increase of tension, to which the white matter cannot offer sufficient resistive power, and hence the degeneration. J. R. GILMOUR.

2. Physiological Psychology.

Theory of Obsession [*Sur la théorie de l'obsession*]. (*Arch. de Neur.*, No. 76, April, 1902.) Arnaud.

In the discussion of obsession the point at issue has been especially the relative importance of the intellectual and the emotional element. Recent experiments apparently establish that organic modifications (muscular or vaso-motor) are anterior to the affective state, and therefore to the idea, and not consecutive.

Arnaud is satisfied with neither the intellectual nor the physiological (peripheral) theory of emotion. It is strongly in favour of the former that an idea becomes obsessive only when there is some mental alteration present; but, on the other hand, there is no fixed relation between the importance of the obsessive idea (as regards possible consequences) and the intensity of the anguish present, and the evolution of the

obsession in crises with intervals of comparative calm is scarcely compatible with the intellectual theory, *i. e.* the hypothesis that the idea plays a preponderating part. The emotional or physiological theory, he considers, proves a useful reaction against the exclusively intellectual doctrine; but when it subordinates everything to neuro-vascular modifications it encounters serious objections. The extreme importance attached to emotional expression and peripheral modifications, as a consequence of this (latter) theory, is not justified by observation; the expression is often, for example, not adequate to the emotion. In the absence of emotion, or with a minimum of such, the most vehement expression may be noticed. On the other hand, in states of very lively emotion the expression may not be perceptible.

The general conclusion of the author, after analysing the various factors brought into play in the evolution of dominant ideas of obsession, is that their cause varies. In some it must be sought in the organic phenomena of emotion, in others in ideas. In either case, however, the emotion or the idea is but the *determining cause* of the obsession. The real deep cause resides in some lesion of the will. Motor disorders (voluntary) are generally present in cases of obsession; hesitation, uncertainty, are strongly evident. In cases of "folie du doute," the type of intellectual obsessions, these motor disorders are especially observed; but they are also present in other obsessions, in the "fear of contact." Abulia is the fundamental condition of obsession, and the emotional and intellectual elements play but a secondary although important part in its pathogeny.

H. J. MACEVOY.

Contribution to the Psychology of the Genesis of Psycho-motor Hallucinations [*Contribution à la psychologie de la genèse des hallucinations psycho-motrices*]. (*Arch. de Neur., No. 78, June, 1902.*) *Vaschide and Vurpas.*

The object of this paper is to show the important part played by introspection in the mechanism of certain delusions, and especially in the genesis of psycho-motor hallucinations. The complete notes of a case carefully observed in this connection are given—that of a woman aged forty-three years. Tormented by the thought of wrong-doing, by ideas of doubt and fear, the patient was especially anxious to analyse and explain her mental condition. She at first is satisfied that her ideas take birth within her mind, then believes that she is self-hypnotised; a stage further she suspects the domination of some indefinite power which directs her thoughts, experiments upon her, hypnotises her, and speaks within her. If she thinks evil of certain persons she hears them "inside" herself replying, insulting her. At times she moves her lips when speaking her own ideas, and is conscious of a conversation, an asking and a replying, going on in her head. Ideas of guilt are generally associated with these phenomena, and she asks forgiveness for these ideas, which spring up without the intervention of her will. The explanation which satisfies her best is that she is hypnotised and made to think, and the measure of her guilt is the consent which she gives to certain of these ideas—this consent being withheld in the case of others. The thesis which the authors endeavour to

prove is that the interior language is the principal source of a considerable number, if not of most, psycho-motor hallucinations. They urge the importance of a careful study of the mental life of patients, and the fallacy of restricting observations to somatic examination alone.

H. J. MACEVOY.

3. Ætiology of Insanity.

Five Observations of Conjugal General Paralysis [Cinq observations de paralysie générale conjugale]. (Arch. de Neur., No. 78, June, 1902.) Kéraval and Raviart.

These five cases are interesting on account of the important question of the ætiology of general paralysis.

(1) Male, æt. 40, with good family history, contracted syphilis while in the army. Married in 1881; no children. He was a good worker up to 1893, when he had dyspeptic troubles which caused him to lose his work and run through his savings. This caused depression. Admitted to Armentières Asylum, September, 1896, with physical and mental symptoms of general paralysis; the disease rapidly proved fatal.

His wife, æt. 40, of good family history, presented signs of tabes and depression. After the death of her husband her melancholia became aggravated, and she was admitted to the asylum with ideas of grandeur and lightning pains. She became demented, developed tremors, etc., and died in December, 1899, of paralytic cachexia.

(2) Male, æt. 50, with a good family history. No alcoholism nor syphilis. Married in 1878; he had two healthy children. Nineteen months before the present illness suffered from gastric symptoms; giddiness. Now exhibits typical signs of general paralysis, attributed to worry through his wife leaving him in 1886 to lead a life of debauch.

Wife, æt. 40, returned in ill-health to her husband a few months ago after fifteen years' absence spent in debauch and prostitution. Now suffering from advanced general paralysis. No clear history obtained of syphilis. Alcoholic and venereal excess for fifteen years.

(3) Male, æt. 48, employed in a brewery. Had one uncle a general paralytic. Married and had four healthy children. Drank to excess at times. On admission in August, 1895, was suffering from melancholia, delusion of persecution. In January, 1896, mental confusion, weak-minded, physical signs of general paralysis. Died in March, 1897. His wife, æt. 49 years (good family history, a drinker), a year after the admission of her husband develops progressive mental weakness. In December, 1896, she develops physical signs of general paralysis, and dies in May, 1897.

(4) Male, æt. 38 years, blacksmith. No syphilis, no alcoholism. Family history good. Married in 1877; one daughter. In March, 1889, was wounded in the head while at his work, and shortly after developed hallucinations of vision. Later he developed typical general paralysis (loss of memory, affection of speech, epileptiform attacks, etc.). He died in March, 1897.

His wife, æt. 33 years (good family history, no alcoholism), after her