which the patients can neither reason nor connect their ideas, and further, cannot even manage the affairs of practical life.

(*a*) Mania. In this disease not only are the faculties of reasoning, of idealising logically, of language, and of the association of ideas, disordered, but all the senses, even those of hunger, of cold, and of sexual instincts, are altered. The passions also are altered, together with the co-ordination of the acts which ought to satisfy them.

(*b*) Dementia. Here we have patients in whom both instinct and intelligence are weakened by disease. Hence we have confusion and general uncertainty, incoherence, and want of connection of ideas as much in the field of intelligence as in that of instinct.

(*c*) Idiocy. Here we have patients in whom from their birth intelligence has been almost completely suppressed, and in whom instinct is weak and diseased.

The writer does not propose this as a finished scheme, but only as an outline, the details of which can be easily filled in. He thinks that this application of Bergson's theory to mental diseases would have the advantage of reminding alienists how great an interest they have in keeping themselves *au courant* with philosophical studies. It would also interest philosophers to unite their forces with those of the alienists to search together for the origins of mental diseases.

J. BARFIELD ADAMS.

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2. Clinical Neurology and Psychiatry.

A Clinical Study of Epileptic Deterioration. (Psychiatric Bull., April, 1916). *MacCurdy.*

This elaborate study of the mental symptoms of epilepsy (somewhat on the same lines as the work of Pierce Clark) is presented in the hope that it may prepare the ground for a sound theory which will dispel the present confusion in epileptology. All students of epilepsy, the author remarks, have noted the glaring mental symptoms and yet no progress has been made in defining the specific psychic characteristics as a guide to diagnosis and prognosis. At present, epileptic deterioration cannot be associated with any constant pathological change, nor can it be correlated with the other most obvious symptom, the convulsions. Even the descriptions of epileptic deterioration are unsatisfactory. There has been no effort to establish the epileptic as a specific type of dementia.

The essential process is defined as consisting in a "progressive loss of interest associated with a failure of mentation in respect to normal stimuli in which interest is lost." The general make-up of the character is typical. The key-note is an overweening egoism. This shows itself positively by purely personal desires and ambitions, and negatively by callousness and inability to see things as others see them. This make-up may precede the convulsions, and is not the result of them. A weakness or absence of the social instinct is a specific factor in the formation of epileptic character. The normal development from the egocentric attitude of the infant to the objectivation attained by the adult fails to be completely carried on. Even the religiosity of the

epileptic is purely a selfish regard for his own salvation. The disappointments necessarily resulting from an egocentric attitude are regarded by MacCurdy as very significant. The patient is engaged in a losing struggle with life and his adaptations break down. He gives up the struggle in temporary flights from the world (unconsciousness) or exacerbates it in impulsive acts of wantonness or crime. There is a marked contrast with the schizophrenic reaction of dementia præcox. There we see an imaginary world replacing the real world, delusions instead of realities, friends turned to foes. Here love does not turn to hate but to indifference. The personality is not distorted but blotted out. Contact is not lost at a few points but at all points. A diffused and persistent lack of mental tension becomes typical.

A prominent feature of epileptic defect is the contrast between automatic and purposeful mentation. When the patient's interest can be aroused his mind acts, but it becomes progressively more difficult to arouse his interest. The intellectual impairment, consequent on loss of interest, itself facilitates loss of interest and a vicious circle is established. The result on the personality is that the patient apparently ceases to be an egotist, for egotism is bound up with interest. Hence the hypochondriacal stage in which the patient falls back into a mere childish insistence on trivial comforts and discomforts.

When the deterioration begins to affect the intellectual centres, the clinical picture resembles that of arterio-sclerosis. But with a difference. The arterio-sclerotic dement arouses sympathy, he seems a struggling fellow creature in distress. The epileptic, on the other hand, has lost social and human interest, he is now a type rather than a human being There is another point of difference. While the arterio-sclerotic show an all-round defect, nearly every epileptic is apt to show at some time or another a localised ability combined with his general dilapidation. There is a still greater degree both of slowness and of perseveration; there is also a typical but not invariable tendency to repeat questions put to the patient.

Even before the final stage the epileptic resembles the defective, but is more stolidly indifferent to ordinary stimuli and more variable when reaction is induced. Healy, indeed, regards variability in response to tests as diagnostic of epilepsy.

Clark's "voice sign" of epilepsy—the lack of inflexion, modulation, or change of pitch, to be detected in every patient by a trained ear—becomes more obvious when deterioration sets in. The aphasia-like stage proceeds to absolute mutism. As speech is more or less lost the patient's whole existence tends to become vegetative. He becomes like an infant and sleeps in the fœtal position, and walks on the balls of the toes like an infant learning to walk. But the epileptic goes back on the whole to an earlier stage than the infant, whose experience is living and intelligent. The changes in the epileptic's expression are distinctive. At first "dour" and sullen, it acquires a far-away disinterested look, then rigidly impassive with lack-lustre eyes; finally the eyes acquire a meaningless brightness. All this is very unlike dementia præcox, and when that disorder is combined with epilepsy there is an invariable absence, in the author's experience, of "dissociation of affect," and no silly smiling, etc., is seen. The epileptic bleaching of the emotions

seems strong enough to counteract the emotional vagaries of dementia præcox.

Notwithstanding the epileptic's tendency to allow unbridled outlook for selfish tendencies, we are not to accept the current opinion that he is a highly sexualised animal. He has very little sexual feeling, and the removal of barriers between the sexes in epileptic colonies causes much less trouble than was at first anticipated.

The author regards insistence on loss of interest in the ætiology as important in view of treatment. Even a severe degree of epileptic dementia may yield to treatment, when the treatment consists of a persistent effort to awaken the patient's lost interest. The idea of an organic change being exclusively responsible for the dementia must be eliminated. It is the loss of interest which is the dynamic factor.

Surveying the whole group of phenomena and seeking to explain them, it is found that the epileptic is one unable to objectivate his affections and to subordinate himself to the social world. He is, therefore, bound to meet trouble and bound to avoid the world that causes that trouble. He retires from the world. His mental content grows smaller and smaller. The world is shut out. That is what the epileptic gains by his dementia.

The acute symptoms serve a similar purpose. They are all marked by loss or clouding of consciousness. When consciousness is clouded the striving for personal childish expression can be given an unhampered outlet. The difference is that, when contact with the world is acutely lost, the patient's potential energy is suddenly liberated in a fit of fury; when it is slowly lost his energy and interest are being sapped. In both cases there is a flight from adaptations difficult to maintain. The *grand mal* attack is a sudden reaction of the same type as the chronic one of deterioration. The attempt of Ferenczi and Clark to account for the convulsive fit on Freudian lines as a symbolic outlet for unconscious wishes MacCurdy cannot accept. Its origin must for the present be left an open question.

A few final observations of general psychiatric interest are appended. If curtailment of interest involves relaxation of mental tension and secondary mental impairment, we may have here a sequence which is more than a peculiarity of epilepsy; it is probably a general psychiatric principle. If so we can no longer preserve a sharp clinical line between functional and organic psychoses. Again, it is a truism that all insanity is anti-social. But nowhere is egoism so clearly the key-note as in epilepsy. It is obvious that there are innumerable gradations to quite dissimilar forms. But wherever we find the egoistic and anti-social tendencies strong we may well say that there is an "epileptic reaction." "We all have traces of the epileptic reaction when we give way to temper, choose the easier path, or allow our egoism to sway our judgment. . . . To put the matter in lay terms, we must love, not merely be loved; we are under compunction to love or cease to be ourselves, cease even to think."

Throughout this lengthy paper every phase dealt with is illustrated by detailed cases of patients in the Craig Colony of New York.

HAVELOCK ELLIS.

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