

state, hypnosis, hypnoid states, etc. The autonomous complex must be broken up, or its elements re-synthesised into a healthy complex, or antagonistic ideas must be suggested.

All psycho-therapeutic measures pre-suppose a thorough study of the individual psychology of the patient. BERNARD HART.

*Psycho-Analysis in Psycho-Therapy.* (*Journ. of Abnormal Psych.*, June-July, 1909.) Jones, Ernest.

Psycho-therapy is a means of alleviating certain disorders by purely mental methods. Formerly such methods were employed empirically, no real attempt being made to explain the *modus operandi* of the treatment. Owing, however, to the psycho-analytic methods formulated by Freud, a more complete understanding of the nature and origin of abnormal mental states has been gained and the treatment placed on a scientific basis.

The author proceeds to describe the essential features of Freud's psychology, which may be summarised as follows. The various symptoms observed in the psycho-neuroses result from two groups of ideas which cannot be brought into harmony with each other. The personality is unable to assimilate a certain "complex," with the result that the latter is suppressed from consciousness and takes on an independent existence, its activity being represented indirectly and in distorted form. This distortion in the manifestation of the complex is often exceedingly involved, the connection between it and the symptom being therefore correspondingly difficult to unravel.

Every psycho-neurotic symptom may thus be said to result from a submerged mental complex or wish. The affect of the original complex being unable to find direct expression becomes transposed to some indifferent mental (phobia, obsession) or bodily process (paralysis, tremor). The symptom is thus the unconscious gratification of the suppressed wish.

The aim of the psycho-analytic method is to enable the patient to discover the significance of the mental process manifested as a symptom. The author details the various procedures which may be adopted. Such are, hypnosis, "free association," and Jung's word-reaction association method. Hypnosis is now but seldom employed.

The writer points out that these procedures are the reverse of suggestion, in which the physician adds something to the patient's mind—belief, confidence and the like. In psycho-analysis he takes something away, *viz.*, inhibition. The chief aim is to give the patient self-mastery and an understanding of the confusions of his mind, contrasting thus with the dependence fostered by crude suggestion. H. DEVINE.

*Therapeutic Indications for the Treatment of Insomnia* [*Les Indications Thérapeutiques dans le Traitement des Insomnies*]. (*Le Prog. Méd.*, Oct. 2, 1909.) Baufle, Paul.

The sedatives of the opium group have been known for centuries; to these modern pharmacological progress has added two additional main groups, chloral and its derivatives, and the sulphonal, trional and veronal group; in fact, we have now so many sedatives at command that we can rarely fail in ordinary cases to secure sleep for a night or

two. But, the author goes on to point out, sleep thus obtained is artificial; it is a sleep of intoxication and is, therefore, far less recuperative than natural sleep. We cannot suppress the nervous irritability which is the immediate cause of the insomnia without inducing in the nerve-cells functional troubles, which may be and often are, worse than the insomnia itself. Moreover, all sedative drugs produce functional troubles by their effects on other organs than the cerebral cells, more marked in proportion to the magnitude of the dose administered; whilst if we try to avoid these by giving minimal doses, we find that our would-be calmative has an exciting influence. Finally, we have to take into consideration, first, the loss of effect which commonly results from repeated administration, and secondly, the various inconveniences and dangers of habituation—the most obvious and familiar of these being chronic morphinism. For these and other reasons, in the treatment of insomnia we must, as far as practicable, avoid merely symptomatic treatment by means of sedatives and hypnotics; we must search for the causes of the insomnia and grapple with these. The author then proceeds to the application of this sound principle. It will not be possible here to give more than the outlines of his classification.

The first and one of the most important groups of cases is constituted by the insomnia consequent upon pain. Here, of course, the therapeutic indication is clear whenever the source of pain is manifest and remediable. When sedatives are used the opium group is alone available, since the hypnotics of the other two groups have little or no analgesic influence. But we must always be on our guard against the false appearance of safety which may result from the administration of opium (in appendicitis, for example). The next group is that of the insomnias occurring in the acute infective disorders. Here the insomnia, like the primary disease, is necessarily of limited duration, and measures directed against the primary disorder are more useful than hypnotics (hydrotherapeutic procedures, for example, in typhoid fever). The writer's next group is that of the insomnias occurring in connection with the chronic intoxications, with alcohol, morphine, etc. To the readers of this Journal, the most interesting paragraphs of this section will be those relating to the insomnia of delirium tremens. Every experienced practitioner will endorse the writer's statement that in many cases of delirium tremens the physician will essay in vain all the resources of hypnotic medication. Physical methods should first be tried, wet pack, cold baths, prolonged tepid baths; of hypnotic drugs, chloral and opium<sup>1</sup> are the most useful; in some cases cannabis indica has given good results; the tincture may be used in doses of one to 20 minims, but the correct dosage is difficult to determine since the activity of the drug varies greatly in different specimens, and individual idiosyncrasy is marked in regard to it. Finally, there is the old English method of administering heroic doses of digitalis; and the recently recommended hypodermic injection of scopolamine in doses of  $\frac{1}{800}$  to  $\frac{1}{200}$  of a grain, but this last-named drug he considers untrustworthy and dangerous. The next group of

<sup>1</sup> I cannot agree with Baufle here, for I consider the use of opium extremely dangerous in alcoholic delirians. In them, alarming symptoms of morphine intoxication sometimes rapidly ensue from ordinary medicinal doses.—M. E. P.

insomnias comprises those that occur in meningo-encephalic affections. I pass over the insomnia of organic brain disease to speak of the author's views regarding the treatment of insomnia in the insane. Insomnia is often an early symptom of insanity, and may at times be an isolated symptom; in such cases, since protracted insomnia is disastrous to the cerebral functions, the question may arise whether the sleeplessness is to be regarded as cause or as effect. Insomnia may also be persistent in advanced mental alienation, and it then aggravates the mental and physical troubles of the sufferer. We must contrast those suffering from acute mania, who may be sleepless for weeks or even months, with those suffering from dementia, who sleep by day as well as by night. Where, as so often in cases of mental disorder, the causes of the trouble are beyond our reach, the use of hypnotics is imperative. Opium, often valuable in depressive cases, must be avoided in those with cerebral excitement; in these latter, chloral and its derivatives are often valuable. Sulphonal is a rather uncertain drug in its influence on the insane. Paraldehyde is one of the most rapid and certain hypnotics in the sleeplessness of the insane, and it does not, like chloral, lower the blood-pressure; but its disagreeable taste and the odour it imparts to the breath render its use difficult; and though successful at first in doses of 30 to 90 minims, it soon loses its effect by repetition. It may advantageously be combined with the bromides, which, if less rapid than other hypnotics, do not so soon induce toleration.

Hitherto the writer has been concerned with symptomatic insomnias, the cause of which is usually manifest. In many other cases, in which the patient consults us on account of sleeplessness, apparently "idiopathic," careful investigation will nevertheless reveal the constitutional cause, and furnish the true indications for treatment. Thus insomnia may be the chief, or even the sole, symptom of many digestive disorders; and this is above all apt to be the case in the digestive disorders of childhood. Other symptomatic insomnias are those that result from respiratory affections, from cardio-vascular disorders, from renal troubles, and from syphilis. Fournier, in especial, has drawn attention to the persistent sleeplessness that sometimes occurs in the late secondary stages of syphilis, often in cases in which the symptoms of the underlying disorder are masked. Ascertain the true cause and the physician can work marvels. These are patients for whom mercury and iodide of potassium are powerful hypnotics.

The insomina of elderly persons is often due to one of the before-mentioned disorders, and with especial frequency to chronic arterial and renal changes. It is in these patients, and also in the last to be mentioned and most troublesome of all the symptomatic insomnias—the insomnia of neurasthenia—that the greatest caution has to be exercised in the use of hypnotics, since the underlying causes are long-enduring and drug habits are so easily induced.

Finally we have to recognise the existence of *constitutional insomnia*, in persons who sleep only three or four hours a night, and even less, without suffering physically or mentally. For this, of course, treatment is not requisite, nor is it likely to be effective. M. EDEN PAUL.