

remote from easy access to libraries have most need, and for which there is a demand that the Library cannot at present meet. It is very desirable, therefore, that all possible contributions of literature of this kind should be made.

The question naturally suggests itself whether the time has not arrived when some more extensive effort could be made, and a more comprehensive scheme devised, whereby the members of our specialty could have access to a really complete bibliographical collection of works in which they are interested?

Why should not the asylums of the whole country combine to this end? The Scottish asylums have already combined for pathological work. Every asylum has its own library of greater or less extent, in which probably a large number of works are many times re-duplicated.

Why should there not be a co-ordination by which each asylum should undertake to provide certain literature or make certain contributions to a general fund for a central library or libraries, organised so as to be accessible to all medical members of asylum staffs?

Such conjoint action if practicable would require considerable time to organise, and still more in obtaining the agreement of the various bodies interested. In the immediate future it is desirable that the best use should be made of that which is already in existence, to make it a possible nucleus of a future British Library of Psychiatric Medicine.

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## Part II.—Reviews.

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*Mind and its Disorders: a Text-book for Students and Practitioners.*

By W. H. B. STODDART, M.D., F.R.C.P. With illustrations. 8vo. London, 1908. Price 12s. 6d. net.

Dr. Stoddart has written a book in order to induce his readers to think neurologically of mental processes, his clinical work having been largely a research into the nature of nervous phenomena associated with mental disorder. His results in this field have been given to the profession to a very considerable extent, and Dr. Stoddart now formulates them systematically relative to normal and abnormal mental conditions. It has long been recognised that any study of insanity must be based upon a knowledge of psychology—that is to say the

anatomical and physiological conditions of health are properly the preliminaries to a scientific knowledge of the pathological concomitants of disordered minds. Dr. Stoddart, in accepting this common proposition, proceeds to devote ninety-seven pages to a brief synopsis of normal psychology, introduced by an explanation of the neuron theory, which commands his assent. We do not discover from his pages that this theory has been rendered doubtful already, and that the conjectures based upon it remain conjectures still. That, of course, is the danger of "thinking neurologically" while our science remains in a highly mobile state. We suggest that Dr. Stoddart should have written provisionally and tentatively, granting that the student dearly loves a firm opinion. This condensed and clear statement of his opinions, founded on extensive reading and personal observation and thought, serves as an introduction to the second part of the volume, which deals with the psychology of the insane; it extends to fifty-seven pages, and treats of disorders of sensation, perception, association of ideas, emotions, conduct, and judgments. Dr. Stoddart, while holding that the delusions of the insane are of little diagnostic value, urges that the physician should always endeavour to determine how the delusions have arisen. He believes that the predisposing cause is the mood of the patient, and that the most frequent exciting cause is the existence of hallucinations. On a previous page we read that hallucinations occur in about 70 *per cent.* of the insane, but that is surely a statement unsupported by common experience. No doubt it has been observed that hallucinations are the precursors of delusions in certain cases, but we doubt if their genesis is to be so easily accounted for.

Again, the author writes of the cortical paralysis of melancholia causing a retardation of the flow of ideas. Is there, then, a true paralysis of the cortex which cannot be discerned by the ordinary tests applicable to what we speak of ordinarily as *paralysis*? It is a commonplace to speak of the rigidity of melancholia, the resistive stiff-neck of the melancholiac, but we do not gain information but rather confuse the issues when we direct attention to a symptom of "functional" import and call it by the name of a symptom of an "organic" destruction. Perhaps Dr. Stoddart might be inclined to soften his *paralysis* into *paresis*.

The concluding part with appendices on stains and cytological examination of the cerebro-spinal fluid occupies 333 pages, so that the bulk of the volume is referable to mental diseases. It is curious to find that the examination of the cerebro-spinal fluid is accounted sufficiently important to find separate space, while the only references in the index to blood are traced to a meagre mention of the count in dementia præcox and two quotations regarding pressure. Similarly, recent work in the laboratory is overlooked, perhaps because of Dr. Stoddart's declared plan of "ignoring the honest labours of some writers" because of the classification used and their insufficient description of cases.

Let us see what classification Dr. Stoddart prefers. Briefly, it is Kraepelin's, with some difference. Beginning with maniacal-depressive insanity, it proceeds to the exhaustion psychosis, dementia præcox, general paralysis, epileptic insanity, alcoholic insanity, other intoxication psychoses, senile dementia, paranoia, psychasthenia (by which we are to

understand irresponsible thoughts, fears and impulses), neurasthenia, hysteria, organic brain disease, idiocy, thyroid gland disease, other neuroses (insanity and chorea, etc.), mental disorder with visceral disease, and combined psychoses. This is the last word in adapting Teutonic notions to English psychiatry. No doubt such an arrangement permits of neurological thinking, but does it advance our science by a systematic investigation into the pathological facts? Does it clarify our thinking to begin with periodic insanity as the first great class, and then to proceed to that elusive entity confusional insanity, which may go on to prove intermittent if not periodic, and to follow with that still more doubtful quantity, dementia præcox? We suggest that these may all be toxic diseases, and that our labours should be devoted to the determination of these toxins and the discovering of appropriate methods of combating them. We make due recognition of Dr. Stoddart's long and careful study of symptoms, but we desire to pass from the obvious to the essential. The treatment of symptoms, and the application of general rules of medicine to a case of myxœdematous insanity are not sufficient; the remedy lies in the exhibition of the exact therapeutical necessity for the underlying pathological condition. No doubt, Dr. Stoddart has declared that nervous shock and similar "causes" occasion insanity, and supply a severe criticism of the view that insanity is always due to a toxin circulating in the blood. We have not met the extremist who holds that opinion, but we cannot accept the author's dictum until he has demonstrated cases following on nervous shock as the sole indubitable cause.

Not that Dr. Stoddart has omitted consideration of toxic processes, but his position in that respect is so peculiar to himself that we cannot omit a brief reference to it. He, in short, supposes that the essential toxins are primarily within the neurons and not primarily in the general circulation. Royalty was puzzled to know how the apples got inside the dumpling, and it may be that Dr. Stoddart can explain how the toxin is to be found primarily inside the neuron; how it is developed, and from what it is developed; if there is but one toxin or many—for we may well suspect mixed infections. Meanwhile the problem remains as stated. Our author will not blame a peccant colon, because that would mean the necessary enlargement of asylums by ten times. Do not men and women harbour the bacilli of diphtheria and typhoid and yet show no sign of either disease? Or does he deny that these diseases are due to those germs? To be sure such a denial has been made in reference to tuberculosis, notwithstanding the proofs of the specific bacilli and the opsonic test, and similarly, it may be denied that the observations of Dr. L. C. Bruce on the microbes separated from various fluids of the insane are of the least importance. The meagre reference to Dr. Bruce on p. 233 is apparently indicative of mistrust, although there is no reason why his observations should not be repeated by any competent observer. Meanwhile Dr. Stoddart's theory is based upon Dr. Hughlings Jackson's supposition.

Looking for some guidance in prognosis, we find Dr. Stoddart's opinion that it is ominous when the first symptom of insanity is a change from a lower form of religion to Roman Catholicism. This is

hard on Jesuit missionaries in far Fiji—if, indeed, the Fijian religion is a lower form. In this, and his reference to spiritualism immediately following, we again discern the undue importance of the mere symptom—the accident of the disorder. And so we take leave to doubt if Dr. Stoddart really is what he asserts—“a curse to posterity”; for ourselves we deny the soft impeachment.

When he writes of indoxyl being found in the urine of melancholiacs, Dr. Stoddart should explain that it is a mere concomitant of constipation, and that chemical symptom is, therefore, of no significance relative to the mental condition. His experience of veronal is singularly unfortunate; it has hitherto escaped our notice that veronal induces vomiting.

Dr. Stoddart records an extraordinarily low mortality in acute delirious mania; only 25 *per cent.* of his cases died of exhaustion, and apparently only one became permanently weak minded, but those “clinical entities” are as evasive as their arithmetic, *e.g.*, on p. 254, Kraepelin is quoted: “Of katatoniacs 86 *per cent.* reach extreme dementia, 27 *per cent.* are partially demented, and 13 *per cent.* recover at least temporarily,” making the Teutonic percentage 126.

We have given considerable space to this notice of Dr. Stoddart's work, because it raises numerous questions of importance at the present time, questions which incite discussion; and because it is a record of personal opinions which have been frankly stated after years of clinical observation; and because these opinions call for our consideration whether we assent to them or no. In short, the book arrests attention.

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*Outlines of Psychiatry.* By WILLIAM A. WHITE. 8vo. New York, 1907. Price \$2.

Professor White, of the Government Hospital for the Insane, Washington, D.C., issues this guide to his students in order to enable them to follow his lectures more easily and satisfactorily. A brief psychological introduction is followed by his definition of insanity: “A disorder of the mind due to disease of the brain, manifesting itself by a more or less prolonged departure from the individual's usual manner of thinking, feeling, and acting, and resulting in a lessened capacity for adaptation to the environment.” Proceeding to the consideration of classification, causes, and treatment, Professor White sets forth his teaching after the manner of Kraepelin. It is another instance of America swallowing Kraepelin whole, as a compatriot has observed. Strange words are freely used—“autochthonous,” “haptic,” “carphologia,” “aprosxia” are among the gems, and the student will have to distinguish between “active” and “passive algolagnia” before he concludes his course. Your reviewer copies them with wondering awe. Can it be that America will really assimilate them?

As to the matter of the book, considered from the student's point of view there can be no doubt it is well and clearly set out. Professor White has given a wide and comprehensive account of his subject, especially impartial in his short discussion of the causes of insanity,