

He does not directly refer to the very striking and far from infrequent appearance of grotesque hypochondriacal delusions. He speaks of general paralysis of the young as one of the forms of developmental insanity, and does not seem to lay any special weight on syphilis in connection with this condition, although all other observers, we believe, are unanimous in attributing juvenile general paralysis to syphilis, as absolutely as any two conditions can be associated.

We have left ourselves too little room to speak fully of several features in this book which cannot be dealt with sketchily. Such are the newer pathological views expounded by Dr. Clouston. He seems to incline strongly to the opinion that bacterial infection is the essential cause of general paralysis adopted by Dr. Ford Robertson. The last named gentleman has supplied a number of beautiful plates of morbid anatomy.

Again, our author's views as to the insanities of puberty and adolescence are worthy of the fullest study. There can be no doubt that he was the earliest to point out the sinister significance of these affections in many cases, and the great development attained by doctrines which he first promulgated many years ago has added neither accuracy nor clarity to the subject as he set it forth.

With much that is contained in Dr. Clouston's book others will not agree, but all will appreciate the valuable mass of clinical material which he presents to his readers with all his accustomed picturesqueness and charm.

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*Ex Cathedrâ Essays on Insanity.* By T. CLAYE SHAW, M.D., F.R.C.P., Lecturer on Psychological Medicine, St. Bartholomew's Hospital, etc. Pp. iv, 250. Sm. 8vo. London: Adlard & Son.

In this charming little book Dr. Claye Shaw, long superintendent of the Asylum at Banstead, addresses his former pupils in twelve chapters embodying chiefly his views on what might be called the philosophy of his subject. He eschews controversy, and takes large aspects of psychiatry as his field. His style is scholarly without pedantry, pleasant without facetiousness, and varied without straining after effect. In matter we fear he must be considered as fundamentally rather pessimistic; but this can hardly be wondered at in a man who has spent his life "cutting blocks with a razor," who is conscious of choice powers largely wasted in the preposterous effort of trying to drag a vast institution cleanly through the mire of local government. He does not whine nor bore his readers with any vain regrets. Here is what he says— "In no disease is the individual care and attention of acute cases more necessary than in insanity; for the indirect and direct causes are so numerous, the tissue itself is so complicated, even as yet to only a slight degree unravelled, the very nature of mind so difficult to grasp, that continuous and trained care is required to appreciate and to determine the question of combating symptoms as they arise. It is only in few cases that individual attention can be given. . . . In the very large asylums the personal attention of the senior physician and director may be said to be only nominal, as far as medical treatment goes, and the patient is left largely to the care and supervision of the

assistants, who may or may not be adequate." [This is a very kindly way of referring to the gentlemen whom a chairman of an Asylum Committee recently described publicly in the lay press as going into the service merely to give themselves time to grow a beard.] . . . "The time and labour involved in these minute investigations are great, in some cases impossible, and, as will be readily seen when many persons are under treatment cannot be undertaken, but of their importance to care and treatment there can be no contradiction. . . . In other countries the study of insanity is much more completely carried out than it is in this, and the medical work is far more subdivided. . . . It is difficult to see how the strictly curative treatment of the insane treated in large numbers is likely to improve, for it is scarcely possible to conceive any improvement in the physical conditions under which they are now placed, unless indeed a much greater expense is incurred than is already demanded. As it is the charge to the rates is about 11s. to 12s. per head per week, and no one who knows anything of the subject will be found to say that the present conditions are quite adequate. When it is remembered that ample provision ought to be made for the separate accommodation of patients suffering from tuberculosis, for the so-called asylum dysentery, for the acute cases of brain disease, for infectious diseases, and for general sickness, besides the special accommodation for the very large nursing staff, which is even to-day not what it should be in numerical strength, and when the multifarious lay duties of the professional staff are considered, the wonder is that such good results are obtained at such a small expenditure. Beyond the fact that employment in some occupation, plenty of outdoor exercise, efficient sanitation, and a sufficient, if not much varied, dietary are secured, there is no possibility of individual treatment beyond a very limited extent, and since the inducements for highly qualified men to remain in the specialty are not very great, it is not easy to see how much progress is to ensue unless the present conditions are radically changed and individualisation made more possible" (Chap. XII, "On the Treatment of Insanity"). In the last sentence lies the root of the matter. Our English asylums will not improve without a radical change and the thorough recognition of individualisation as against institutionalism.

In a chapter on "Surgery and Insanity" Dr. Claye Shaw develops his well-known views as to the importance of trephining, and in another on "The Surgical Treatment of Delusional Insanity" carries his argument further: "What is done with success," he says, "in Jacksonian epilepsy should be possible in ideational insanity" (Chapter X). In discussing fatigue he throws out this ingenious suggestion: "Hypnotists have found great difficulty in dealing with the insane, and the reason seems to be that the brain of a thoroughly insane person is not subject to fatigue like that of an ordinary person."

The essay on "Impulsive Insanity" strikes us as being hardly adequate. With that curious shyness of detailed clinical analysis which is the characteristic of the English school, the author does not demarcate this state by its obvious mental and even physical characters, though the classic descriptions given by the French authors must be quite familiar to him, but keeps on the legal outskirts, as it were, of the subject. This

is a mistake, and it always gives the lawyer, the "common-sense" gentleman, and the man in the street, an undue advantage. The cases are innumerable in which the insane commit acts of violence (premeditated or unpremeditated) through want of sense, or, if you like, of "inhibition," but these are not cases of impulse in the true meaning of the word. A distinction should also be made between insane "whim" and insane impulse.

In a sound if slightly discursive chapter on "Hysteria" our author strongly insists on what must have struck every intelligent and unbiassed observer, that the close resemblance between "hysterical" affections and diseases of a more serious import proves how baseless is the vulgar notion that the former are mere imitations, and shows that though we may for convenience call them "functional," a real structural change, of whatever nature or intensity, lies beneath them.

Other chapters deal with "The Nature of Insanity," "Consciousness," "Symptoms of Insanity," "Incoherence," "Evolution and Dissolution," and "Psychology and Nervous Diseases." There is much freshness in the statement of the author's opinions, and a delightful disdain for controversy. Thus "katatonia" is mentioned, to be dismissed in a line as "an accidental symptom."

The fruit of ripe experience and a cultivated mind, this book will find many readers among the class for whom it is intended.

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*Trattato di Psichiatria ad uso dei Medici e degli Studenti.* Del Professor LEONARDO BIANCHI. Napoli: 1904. Part III, pp. 389-844. Price 10 l.

The publication of this part completes Professor Bianchi's treatise. Parts I and II, which have already been noticed in the *JOURNAL OF MENTAL SCIENCE*, dealt respectively with the fundamental laws of mental development considered in their relation to cerebral development, anatomy and physiology, and the elementary symptoms of mental disease, interpreted in the light of modern psychology. Part III, which constitutes the larger portion of the work, treats of the individual forms of mental disorder. A brief outline of its thirty-five chapters may be given.

The first describes the methods of investigating cases of insanity. In the next the vexed question of classification is discussed. Professor Bianchi recognises the impossibility of making a satisfactory classification in the present position of knowledge, and even doubts the utility of attempting any. He yields, however, to the natural desire for a classification of some sort by formulating one based, not upon any single criterion, but upon etiology, symptomatology and pathological anatomy. He distinguishes three great groups of mental disease, namely: (1) those that are essentially dependent upon defective cerebral and mental development; (2) those that arise in persons of normal mental development, in consequence of disorders of metabolism, which may be of infective, autotoxic, or toxic origin; and (3) those that have a distinct organic substratum in the form of recognisable morbid alterations in the cerebral tissues. It is not implied that these three divisions are distinct; certain predominating characters belong to each merely. In the suc-