

evaded. Certain medical experts, by leading questions and emphasis on certain aspects of morbid mentality, even fostered the development of these in the criminally disposed class. On the other hand, since his own adoption of a more rigid criterion of actual insanity and irresponsibility, these psychopathic cases have come to realize that they will have to pay the penalty for their lack of self-control, and have to a great extent adapted their conduct to this situation. A similar effect was produced during the war by the apparently brutal treatment of hysterical cases in special hospitals; when a part of the motivation of the mental disorder was removed, that disorder lessened in incidence.

Psychiatry should not provide a cloak for asocial conduct and irresponsibility, but should inculcate a sense of responsibility in humanity.

M. R. BARKAS.

Present Tendencies in Clinical Psychiatry [Ueber die gegenwärtigen Strömungen in der klinischen Psychiatrie]. (Münch. med. Woch., November 14, 1924.) Bumke, O.

Psychiatry began to be a science in the heyday of Darwinism; disease was referred to vestigial structures and functions, infantilism and degeneration. About 1900 this materialistic, mechanistic concept began to be replaced by metaphysical and romantic elements, and the upheaval of the war increased this swing of the pendulum and its resultant crop of mediums, telepathy and spiritualism. In psychiatry there have resulted many phantastic attempts at interpretation, generally proposing—with some reference to Husserl and phenomenology—a viewing of the mental processes from within (Innenschau), which can be only subjective and cannot be submitted to any objective tests. The attempt to withdraw psychology from the sciences including general medicine and to group it with the arts must fail, since it is indissolubly one with the anatomy and physiology of the organism. Husserl himself insists that phenomenology is a branch of philosophy, not psychology; as a means of investigating the philosophical bases of psychology it has its place; as a means of gaining scientific insight into mental processes it is incapable of scientific testing. Jasper's attempt to use it in this latter way merely amounts to a certain psychological attitude which is coming to the fore in science generally—a study of functions and relationships within a complex system, a psychology which focusses on temperament and character, capacity for reaction, environment and experience. This dominates psychiatry to-day, not merely registering facts, but attempting to seek their origin in the unconscious mental processes. It has its dangers—that subjective interpretation may outpace truth, and conclusions may be drawn from inadequate data. The author's well-known objection to psycho-analysts is not to the observations, but to the interpretations imposed on their observed facts. He discusses Schilder's views, comparing them with Steiner's anthroposophic doctrines as subjectively conditioned. He gives due appreciation to Freud's emphasis on "deep-psychology" and the unconscious, as having

washed away a lot of lumber from the laboratory and desk psychology of earlier psychiatry.

He believes that this tendency to a psychological psychiatry now needs to be supplemented by somatic studies, bio-chemistry, endocrine functioning and metabolism, as well as serology; and he warns us not wholly to abandon the pathological anatomy of the nervous system, in view of the effects of encephalitis on mind and automatic and reflex functions; its teaching may lead to a further understanding of psychotic manifestations, such as catatonia with its resemblance to the striate symptom-complexes.

Another change has come over the clinical side; disease entities with unified pathogenesis, ætiology, anatomy and course were once sought; now we speak of syndromes; Hoche attacked Kraepelin's idea of the disease entity as a mere phantom, as useless as pouring water from one vessel into another. He taught of syndromes, unified symptom-complexes obviously founded on nervous dispositions and made manifest in various groupings by various processes; the epileptic fit is an instance.

Recent studies have dealt partly, as in Kretschmer, with the underlying innate disposition and relations between bodily structure and mental tendencies; partly in developing the psychological study of insanity as a reaction between innate disposition and environment, giving rise to what Birnbaum has called structure of the psychosis and structural analysis. Heredity studies on strict Mendelian lines, investigation of endocrine and autonomic dysfunction as ætiological factors are other important lines of research.

Psychiatric physicians have come to regard the pathology of mental diseases as in the case of other diseases, as a balancing of forces between the organism and the pathogenic cause. No one line, but a blending of all, will lead to ultimate solution of its problems.

M. R. BARKAS.

*Narcotism [Narkotismus]. (Wien. klin. Woch., June 18, 1925.)
Herzig, Ernst.*

This is a general survey of the cases admitted to Steinhof, the city asylum of Vienna, between 1916 and 1924, suffering from drug-poisoning; 47 cases were admitted, 16 of them more than once; the annual number rose from between 3 and 8 up to 1922, to 10 in 1922 and 1923 and 20 in 1924. Most of the cases had taken morphia, 8 cocaine and 7 a variety of drugs.

He discusses the relation between the effects of drugs and an underlying psychotic tendency, and points out that a number of cases showing symptoms suggestive of dementia præcox made a complete recovery when the effects of the drugs had wholly disappeared, though the regained state of the patient often was one of emotional instability.

He does not think that the onset of the habit-formation can be shown to be the result of a psychotic phase, though coinciding in age-incidence with that of dementia præcox, but he finds evidence of a pre-existing psychopathic personality in all his cases, except