

normal, clearly indicating the line of research required to make good the acknowledged deficiencies in our knowledge. He turns to the old idea, that pathological cerebral manifestations may be due to other organs or parts of the body altered in structure and function, or to a fine and diffuse action of toxins circulating in the blood, and eventually causing anatomical lesions of the nervous system. This central opinion is illuminated by the findings of the modern school. Referring to dementia præcox, so-called, Professor Lugaro finds some elective limitation of the pathological process, that generally it is volition, with the intimately connected affective states, that is broken down. Therefore complete studies of such cases as these would be of high interest, indicating the functions of the most delicate anatomical systems. Passing to an interesting discussion of hallucinations, delusions, and fixed ideas, we may note briefly that alteration in the affective state are probably the first in order, and that the delusion is a reflection of the disturbance in the normal course of the ideas, which is subject to the abnormal influence, which course has been altered by selection in consciousness in a one-sided or false way. Again we would explain that the teaching of Professor Lugaro requires his own words, and sufficient space in which his ideas can be formulated.

In the course of a profound discussion on Etiological Problems and Heredity Professor Lugaro suggests that heredity is essentially a mechanism for preserving the organism, for the biological aim of every vital phenomenon is conservative. He believes that the injurious fortuitous variations which we call degenerative do not tend to be perpetuated; but degeneration is a disease of the hereditary mechanism, and, if the organisms do not succumb, they tend to recover. It is a disease of the stock which is curable. This is a message of hope which is not now delivered for the first time. It constitutes a powerful plea for the improvement of environment. The vulgar question of the increase of insanity and the vulgar impatience betrayed in popular proposals can only be explained and remedied by a comprehension of these problems. For ourselves, here is an authoritative rejection of any symptomatological nosology, of any classification depending on syndromes; but, on the contrary, a whole-hearted acceptance of the difficult and laborious task which lies before us in attacking the real morbid process with which we, as physicians, have really to deal. As Professor Lugaro says, "psychiatry cannot be reduced to the simple study of the insane and the manifestations of insanity." We have long insisted upon that fundamental maxim, and shall continue to reiterate it until it has sunk deeply and effectively into the minds of those who require to keep it ever in remembrance.

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*A Mind that found itself.* An Autobiography. By CLIFFORD WHITTINGHAM BEERS. Longmans, Green & Co., London. 8vo. 1908.

Professor James, of Harvard, read the manuscript of this autobiography, and found it the best written out case that he had seen, showing the weak spots in the treatment of the insane, and suggesting

the right line of remedy. What struck him was the sudden change from a delusional subject to a maniacal one, how the delusional system immediately disintegrated when the brother was proved genuine. Professor James never heard of so rapid a change, but our experience is that similar cases occur from time to time, *e.g.* the sudden mental recovery from marked delusions on the access of an attack of gout.

The author begins by urging that insane persons are still abused, and that he offers a remedy, an intelligent application of which will largely atone for one of the blackest pages in history. He states that little is being done to oppose the increase of insanity, and asks why it should remain on the list of incurable diseases! His remedy lies in scientific research, and the adoption of the non-restraint system. He regards the foundation and endowment of a society to raise the standard of treatment, and the establishment of model institutions as necessary. It is not a little surprising that these obvious methods, adopted so widely in this country, should be put forward as new ideas by an author who writes with some knowledge of his subject.

In 1894 his brother was attacked by epilepsy caused by a tumour in the base of the brain, and the writer worried inordinately fearing a similar attack. He broke down, after some years of partial neurotic failure, in 1900. He believed that he had become epileptic, and contemplated suicide, and eventually made an attempt by precipitation. Having been sent to a general hospital, according to his statement the sight of the barred window of his room gave rise to delusions which lasted two years. These are vividly related at great length. Admission to a private sanatorium was sought, where he was under care of two attendants at an extortionate charge; until the rate of maintenance was abated and restraint was used—under the orders of a cruel and incompetent physician. Although he was still intractable and highly delusional a friendly attendant persuaded the patient's relatives to employ him as caretaker. A visit to his home in his delusional state had no good effect, and in 1901 he was sent to an institution for the insane, where he found the environment more suitable, and after a time recognised his brother as genuine, having convinced himself and so returned to "reason." However, the author found that he had a world of energy to dispense, and set about the reformation of the institution, beginning with his plan in the "violent ward," to which he secured entrance by his "malevolent tongue." Many pages are devoted to records of turbulent conduct, endurance of restraint, and complaints of doctors and attendants. A transfer to a state hospital for the insane almost immediately resulted in a return to the decencies of life, a common enough experience in our practice. However, as happens, the good ward of the State hospital was too polite, and he still craved excitement, especially in the reformation of asylums. A scene of violence led to his removal to the excited ward, where he continued for nearly four months in a "carnival of abuse," due invariably to the attendants' state of mind. Characteristic letters to the Governor of the State found him, too, a derelict in his duty, but improvement set in, and after various visits to friends Mr. Beers was discharged in 1903. A period of business life was succeeded by a phase of elation and a return to a private asylum, where he records his exquisite light-heartedness, ringing

in the ears, lack of reserve, and *cacoethes scribendi*. A shorter contented period of residence resulted, after which he returned to business and wrote this book with the *ad captandum* title. The initial mistake of believing that a mind could find itself, that the author was other than a troublesome patient labouring under a physical disease, the mere mental concomitants of which require a description of some 300 pages, stands in direct opposition to the plea for scientific investigation. He could not be argued out of his delusions until his time had come. We should be sorry to condemn hospitals for the insane of America on such an *ex-parte* statement. It does not seem to occur to the author that much remains to be said on the other side, and that "brutality" is not strictly limited to the sane. As an asylum document, however, the book has a pathological interest; it also supports the established position that the long progress of psychiatry is as yet very far from complete and urgently requires our continued labours, that the training of nurses is necessary, that associated helpers should maintain their labours, and that the best should be done in treatment and administration. The use of mechanical restraints is such an old story with us that it is a far-away memory even for our Nestors; but we fear that Mr. Beers would find no difficulty in describing us laggards in science, our educated nurses mere failures, and our administrative methods worse than inefficient. The worst of it is that such a book is calculated to deter the best men and women from entering on the service of the insane. This lurid painting of hospital life certainly makes the flesh creep, if asylum work happens to be a *mystery* to the reader. Conolly did not advocate reform with wild and whirling words, nor does the more excellent way gain acceptance by these sensational methods.

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*The Maniac.* London: Rebman. 8vo, 304 pp. 6s.

This purports to be an auto-record of an attack of mental disorder, apparently caused by the reading of spiritualistic literature, together with daily association with a spiritualist suffering from hallucinations. The delusions are described in the terms that might be expected from such antecedents.

The mental disorder, if disorder it be, is certainly unique, although the writer assumes that it is the type of all insanity. If true, it would be strong evidence of the undesirability of indulging in spiritualistic and occultistic literature before going insane.

Her doctor is described as a "nerve specialist," who is "mental specialist at several London hospitals." This would account perhaps for the opinion with which he is credited. The patient, asserts, however, that a doctor who would study "Hindu psychology" would solve the problem (? of insanity).

This "Human Record" (a description that is almost as blessed as "Mesopotamia"), if not a piece of imaginative writing founded on Poe and Hitchens, with a sauce of spiritualism and occultism, is valueless from its want of all concurrent scientific observations; and its erotic allusions render it unsuitable for public reading, even as a sixpenny shocker.