key-note of the whole chapter, which is adequate for practitioners who have to treat well-established cases of mental disorder.

Much wisdom and practical direction is to be found in the section dealing with prophylaxis, but general practitoners need, in addition, guidance regarding the treatment of early cases and the mental aspect of ordinary physical illnesses. Effective treatment in these great fields of prophylaxis is the great problem which sooner or later the general practitioner has to face. He will find little or no help in this book because of the author's declared scepticism regarding psychotherapy, and, in fact, all matters psychological.

Dr. Norman has written a singularly attractive book, which is enriched by a chapter on "Clinical Types in Life and Literature"—a subject which he has made familiar to readers of the Journal. Needless to say he has not lost his racy, inimitable style, with a pungent reference here and there to show that he is really serious in what he writes.

His challenging statements have drawn from us a long review, perhaps not without its interest to students and junior psychiatrists. We do not regret the time so spent, but we mention it as evidence of the stimulating character of the book, which should all the more recommend it to our readers. J. R. LORD.

L'Enseignement Psychiatrique d'Adolf Meyer. Par le Dr. HENRI FLOURNOY. Extrait des *Archives de Psychologie*, September, 1926, xx, p. 78.

This article is an admirable summary of the psychiatric teaching of Prof. Adolf Meyer, Director of the Henry Phipps Psychiatric Clinic of the Johns Hopkins University. Dr. Flournoy, who worked for a time at Baltimore in Meyer's clinic, is well qualified both by training and clarity of style for the task he has undertaken.

Dividing the subject into four parts, namely, "The Biological Viewpoint in Psychology and Psychiatry," "Psychiatric Classifications and Diagnoses," "The Dynamic Interpretation of Dementia Præcox" and "Practical Applications," Dr. Flournoy begins with a brief statement of Meyer's philosophical approach to the study of mental illness. In view of his extensive early training in anatomy and neurology, two of the most scientific branches of medical knowledge, Meyer's emphasis on the psychological aspect of the factors concerned in producing mental disorder is all the more noteworthy. Nevertheless, Meyer avoids the Scylla of extreme introspection, and steers clear of the Charybdis of Watsonian behaviourism, by using his two fundamental and closely associated concepts—those of integration, and of the psycho-biological position of the individual. According to the first of these, the individual as a functioning unit is more than the sum of his parts; he is a hierarchy of organs and their functions, and at each step in the hierarchy, *i.e.*, each level of integration, something new emerges—some function or functions which are not present in the separate

members of which the given level is composed, just as the properties of water are more than the sum of the properties of oxygen and hydrogen. The highest level of all in the hierarchy is the mental one, which is the complete expression of the individual as a whole. The old unnecessary dualism of body and mind is thus avoided.

But an individual and his functions have no meaning apart from the environment in which he lives; all are also functions of environmental adaptation. The mental are simply the most complicated of these adaptive functions. This is a concept which transcends both behaviourism and introspective psychology, for it requires and includes them both. The peculiar importance of the mental functions lies partly in their symbolizing capacity; by their means certain environmental facts are represented in consciousness, independently of their immediate presentation to the senses, and are thereby enabled to influence conduct. The entire psychological viewpoint is thus a dynamic one—dealing as it does with mental processes as active factors in an individual's adjustment to the environment. Hence the methodical examination of any psychiatric case must include an investigation of the subject's circumstances, not only at the present time, but from his infancy upwards, and of the manner in which he has coped with them (the "life-record"). In this way one can discover the subject's assets as well as his deficiences; and there is much less need to talk vaguely of "constitution," since by the means employed there is obtained a host of concrete facts. Nor is there any need at all to resort to what has well been called a "brain-mythology" to account for certain mental events, by introducing a "tautologizing neurology," which implies that to deal in mental terms is unworthy, and that it is preferable to use instead any kind of neurological analogy as if it were an explanation and not indeed a fantastic parallel. Similarly, the willingness and even the eagerness exhibited in some quarters to attribute, without considerations of relevancy, the entire clinical picture to some minute cortical change, is still too prevalent to-day. Furthermore, the psycho-biological concept recognizes no opposition in "organic" and "functional"; mental disorders are regarded as functional in the sense of a disorder in the performance at the highest level of an organism which is compounded and integrated of organs and their functions. Where an interpretation in organic terms will fit the clinical facts, as in general paralysis, it is superfluous to give to the mental symptoms any but secondary weight; one must be prepared to have several modes of approach, emphasizing the one that goes to the root of the matter in a given case. But it is a mistake to use general paralysis, as Kraepelin does, as a paradigm for mental disorders in general, and to study mental abnormalities as if they were symptoms of some hypothetical malady. On the contrary, the mental symptoms are an integral fact of the morbid process; the mental content, in the psychoneuroses, for example, *is* the morbid process. Even in general paralysis, it can be shown that the mental symptoms are not adventitions, but, as in schizophrenia, are directly dependent on the kind of mental "make-up" or "personality" that characterized

the patient all his life, before any actual mental disorder was recognized in him.

While recognizing the essential similarities of psychoses and psychoneuroses, Meyer deprecates regarding the latter as minor forms or "formes frustes" of psychoses, and which may become psychoses. The psychoneuroses have sufficiently distinctive characteristics to merit a place by themselves.

Fundamentally Meyer is against the excessive straining for classification that characterizes some of Kraepelin's adherents, resulting in a change of diagnosis from "dementia præcox" to "manic-depressive insanity" if the patient should happen to recover. We must always study facts; they must be sorted out —not the patients; we must discard the notion of "one patient, one disease," as if each individual could display only the symptoms belonging to a certain arbitrary syndrome. Nevertheless a provisional classification is justifiable, if the reservations mentioned are borne in mind and it, instead of disease-entities, one speaks of "reaction types." Of these Meyer distinguishes six principal groups: (1) Anergastic (ergasia = performance or behaviour), the result of acquired organic defect; (2) dysergastic—delirious-hallucinatory, of toxi-infective origin, etc.; (3) parergastic—certain reactions of projection, reference, catalepsy, hallucinations and the like, as in schizophrenia and paranoia; (4) thymergastic—affective disturbances, consisting in simple affective excess or diminution, without archaic characters, and exemplified principally by manic-depressive disorders; (5) merergastic—partial activity disorders, in the form of psychoneuroses; and (6) oligergastic, comprising the developmental defects (idiocy, imbecility and the like).

Perhaps the most interesting and fruitful application of the dynamic psycho-biological viewpoint is found in Meyer's analysis of dementia præcox. This condition (for which at present he prefers to use Bleuler's term "schizophrenia") he regards as the result of a long-continued series of maladjusted reactions to environmental and inner stresses. The individual concerned, instead of facing his problems squarely, shirks them and adopts subterfuges ("substitutive reactions"), like amnesia, fault-finding in others, day-dreaming, prayers and other expedients. These subterfuges unfortunately tend to gain an automaticity of their own; they become more easily resorted to (habit-deterioration) and ultimately more or less uncontrollable. The fact that the onset of a schizophrenic psychosis may be sudden is not against this view; the suddenness is equivalent to the rupture of compensation that may lead to the appearance of dyspnœa, œdema, etc., in a person whose damaged heart has hitherto performed satisfactorily. There is no question, on this view, of any specific disease-entity; each individual is a case by himself. This does not preclude general similarities that make it possible to speak of a group of people having certain morbid reactions in common as belonging to the schizophrenic reaction-type; some people tend to become mentally diseased, as others develop normally, along one or other of several lines. That there is no disease-entity to be called

dementia præcox or schizophrenia is strongly suggested by the uncertainty in diagnosis shown, for example, in the Heidelberg Clinic, where the term "dementia præcox" was applied to 5% of the total admissions in 1892, to 51% in 1901, and had fallen again to 18% in 1907. Nor is the notion of inevitable dementia at all justified; it is merely that certain reactions are so pernicious as refuges that if they become habitual, a reversal to normal is hardly possible. The term "dementia præcox" should be reserved for patients in whom mental deterioration has become established.

From the "constitutional make-up" (a term preferable to "constitution," and signifying acquired as well as inherited habits of thought and action) the physician should endeavour to separate out the factors determined by heredity and development, and modifiable.

In examining any mental patient, it is essential to take careful cognizance of his previous personality, and so to discover his assets or "balancing-material"; for the prognosis depends as much, and probably more, on the pre-existing personality than on the actual symptoms. It is equally necessary to discover what the "setting" of his condition is, *i.e.*, the entire circumstances in which he lived and moved both before his symptoms declared themselves and during their onset. To take a very crude example: It is a vastly different and usually much less ominous matter if an uneducated negro complains that he has a snake in his inside than if a cultured white man does so.

The dynamic psycho-biological hypothesis of the psychoses has met with antagonism based partly on the obligation which the hypothesis lays on the doctor, to scrutinize minutely the life-history of the patient. It is much easier, both in investigation and treatment, to talk airily of some "endocrine disorder" and to prescribe some tabloid. Secondly, it is customary to speak of certain habits as symptoms, *e.g.*, masturbation, and to discuss them as such, without troubling to inquire what their precise and detailed significance may be. Thirdly, many cases of dementia præcox proceed to their disastrous demented end, or undergo spontaneous remission, independently of the measures employed. But this fact, which is invoked in favour of a fatalistic theory, may depend upon our ignorance of the psycho-pathological material involved. The first objection arises from the traditional opposition of organic and functional, which, in the psycho-biological conception, is a fallacious one. The psycho-biological conception of schizophrenia is no more invalidated by the discovery of organic signs in some cases, than the morbid-anatomical explanation of general paralysis is vitiated by the presence of mental symptoms in all its instances.

Meyer's conception is, in short, a comprehensive pluralistic one. It is biological and takes account of make-up, both in its inherited and acquired aspects, of the "setting" and of the complexity and multiplication of causes ("constellation" of the illness). It seeks to ascertain facts and to work with them, and to be sparing of hypotheses.

The fourth and final section of Flournoy's survey concerns

the organization of the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital. It has the inestimable advantage of being an integral part of a great general hospital, situated in the same grounds as the other hospital buildings (cheek by jowl, in fact, with the Children's Clinic). This arrangement serves to remove whatever "stigma" is attached to mental illness, and the staff have the immense stimulus of constant contact and interchange of views with their colleagues in other divisions of the hospital. The Clinic is so arranged that access to it is as free as to any section of the hospital, and all the patients are voluntary. The nursing staff is recruited periodically from that of the general hospital. A daily "behaviour chart" of each patient is kept by the nurse in charge. The Clinic has but 90 beds, although it serves a population of 700,000 in Baltimore itself, and receives cases from all over the United States as well. The admissions total about 400 in a year. But the object of the Clinic is the intensive study of a few cases, not the formulation of diagnostic opinions on large numbers. In psychiatry, of all branches of medicine, it is the painstaking and accurate investigation of the individual patient that counts. R. D. GILLESPIE.

Les Syndromes Mentaux. Fascicule I: *Les Syndromes Confusionnels.* Par A. POROT. Paris: Gaston Doin et Cie, 1928. Medium 8vo. Pp. iii + 370. Price 55 fr.

This is another volume in the series entitled *Bibliothèque des Grands Syndromes*, of which a previous number, *Les Syndromes Nevropathiques*, was reviewed in this Journal in October, 1927. The stated object of the series is to provide practical clinical accounts of the syndromes dealt with, avoiding as far as possible all theoretical speculations. It is obvious that, of all forms of mental disorder, confusional insanity can best be dealt with in this way. The author, however, does not hesitate to express his views on controversial points.

The plan of the book provides first a general study of mental confusion, its mental or physical symptoms, clinical forms, course, sequelæ and diagnosis; next a series of chapters on confusional states grouped according to origin (infectious, toxic, auto-toxic or nutritional, puerperal, endocrine and vegetative, encephalopathic, traumatic and commotional, and psychogenic), and finally a chapter on treatment.

It is impossible to summarize a work such as this, but some of the author's points, especially those of topical interest, may be picked out.

The author's general view of confusion is that it is essentially an acquired pathological condition, not always infectious in origin, nor even necessarily with an organic basis. The mental symptoms may be grouped under the headings of clouding of consciousness and dream-like automatism; to the latter belong hallucinations, fragmentary delusions, or abnormal suggestibility. Among the