

in aid of local taxation of 4s. per caput weekly shall be paid in regard of each patient in a district asylum provisionally on the County Council being able to satisfy the Lord Lieutenant that their lunatic asylum is well managed and in good order and condition, and that the lunatics therein are properly maintained and cared for.

It would seem to us that the necessary conditions for the receipt of this grant are not fulfilled in the case of Monaghan, and that His Excellency the Lord Lieutenant, if the facts be laid before him, is personally responsible for seeing that this money is not expended contrary to the intention of the law. (1)

(1) As this article passes through the press our attention is called to the following item in the parliamentary intelligence of a Dublin contemporary (*Freeman's Journal*, March 24th, 1905):

"THE CASE OF A MONAGHAN ASYLUM NURSE.

"Mr. SLOAN asked the Attorney-General for Ireland whether he could now state the result of the Government inquiry into the case of Nurse Holland, who was reported by the Inspectors of Lunacy as entirely unfitted for her position, having regard to her faithlessness in the discharge of her duties and the untrustworthiness of her statements.

"The ATTORNEY-GENERAL for IRELAND: I have carefully considered this case. The appointment and dismissal of asylum nurses is vested solely in the Committee of Management of the Asylum. The only way in which the Government could intervene would be by withdrawing the Capitation Grant paid to the Monaghan Asylum under section 28, sub-section 2 (c) of the Local Government (Ireland) Act of 1898 on the ground that the Asylum is improperly managed. In the present instance the charge preferred by Nurse Holland was found to be false. The action of the committee in deciding to retain her services under the circumstances is much to be regretted, but I do not consider that their action can be held to bring the case within the provisions of the Act to which I have referred."

We regret the decision of the Irish Government, which does not alter our opinion in any way, and we can only hope that this very serious matter will not be allowed to rest where it is.

Part II.—Reviews.

Clinical Lectures on Mental Diseases. By T. S. CLOUSTON, M.D.,
Lecturer on Mental Diseases in the University of Edinburgh.
Sixth Edition, 1904. London: J. & A. Churchill. Crown 8vo, with
19 plates, pp. xiii, 738. 14s.

Readers of this Journal will need no commendation from us of a new edition of this great classic. It is familiar to every English-speaking student of our subject, and not alone through the dearth of good psychiatric literature in English, but from its own high intrinsic merit.

Dr. Clouston's vigorous endeavour to keep up to date—a very difficult task in these progressive times—has led to a considerable increase of bulk in this work. He, however, has striven to retain the general mould of the earlier editions, and we are not presented with the curious and not quite unfamiliar spectacle of a new edition, *ganz umgearbeitet*, contradicting everything contained in previous impressions. But the great Edinburgh teacher's method has its disadvantages too. The very convenient form of lectures is retained, and the lectures are twenty in number. Now, though there is nobody who has had the advantage of hearing Dr. Clouston but must have admired his lucid, vigorous, and incisive style and delivery, yet neither is there anyone who could believe that even Dr. Clouston, with his lightning power of commanding attention to the swiftest utterances, could have delivered this book in twenty lectures. Lecture I, for example, would surely occupy three or four hours in delivery, and, granting that thirst for knowledge which characterises the Scotch school and has made it what it is, yet we must allow something for the villainous inconstancy of man's nature. The slight air of unreality which this arrangement gives is to be regretted. There are also other indications of the difficulty of getting new wine, especially of Dr. Clouston's highly effervescent vintage, into old bottles. The fine plate I, which has formed the frontispiece of various editions for so long, contains a reference to page ix, but alas! page ix is occupied with the table of contents, and the reference should be to page 409. There are also not infrequently time references that give the reader something of a jolt, events and records being referred to as recent which are now of considerable standing. The correction of these would not have spoiled the flavour of the original, which we, at least, have no desire to alter.

There is a conservatism which is racy, but there is also a conservatism that is somewhat cloying. The word "paranoia" seems to vex Dr. Clouston. But paranoia is a very good word. It has the advantage—a small one, we concede—of being sound Greek, and this is probably more than can be said for "psychology" or "psychiatry." It is not more ill-defined (p. 9) than any other term used in our craft. It is not very recent (p. 10). It is very convenient, the more so for being "non-committal." It is certainly less incorrect than "monomania," which is the word really used by Dr. Clouston, who at the same time says: "There are few, if any, examples of a pure monomania." "Mono-psychosis" is probably hardly meant quite seriously. "State of fixed and limited delusion" is too long a phrase; besides, it is not very correct, for "limited" is only true in a specially limited sense; a well-grown systematic delusion often covers the whole intellectual field. If "paranoia" has been given there too wide and here too narrow a significance, which of our descriptive phrases has not had the same history? The word has usefully served a couple of generations of psychiaters, and its convenience has brought it into use even in the daily Press. If we reject it because Kraepelin discards it (p. 277), we are in the difficulty that we must accept that writer's "paranoid form of dementia præcox," a veritable "refractory ward," the least objection to which is the mere linguistic one that it is absurd to call anything paranoid if there be nothing which is paranoia.

Dr. Clouston sets no great store on classification (wherein the present reviewer agrees with him) and therefore it would be unfair to judge him by his classification, which is merely one of convenience; but we would note that though there may be a philosophical reason for drawing attention to the affinities of acquired imbecility (dementia) to the congenital condition of imbecility, this arrangement is confusing in a students' text-book. Lecture VII deals with states of mental enfeeblement. The syllabus or abridgment preceding the text enumerates (a) Secondary (terminal) Dementia, (b) Congenital Imbecility, Idiocy, Amentia, Cretinism: Ireland's classification detailed (c) Senile Dementia, (d) Organic Dementia, (e) Alcoholic Dementia. It is true that in the text forms (a) and (b) alone are dealt with in this chapter. Although the scheme merely professes to be a symptomatic one, it is detrimental to the learner to have two conditions so entirely distinct as secondary dementia and idiocy associated together, and we have repeatedly found that candidates at examination, when questioned as to what is meant by dementia and under what forms it appears, have answered by detailing Ireland's classification of idiocy. Not to mention the mistake of the heading, which is probably an instance of new wine in old bottles, above referred to, it is probable that a certain confusion is nearly inevitable from the mode which Dr. Clouston adopts of dealing with mental affections. In spite of the inconvenience of repetition the best method of preparing a text-book seems to be the common German one according to which the work is divided into two parts, one general, dealing with the symptoms of insanity, the other special, dealing with the characteristics of particular types of mental affection.

States of defective inhibition are considered at length and with great acumen, but we should have wished from the vast stores of Dr. Clouston's clinical experience something more adequate than the twelve or thirteen lines given at pp. 334 and 374 to "imperative ideas" and "obsessions." We doubt the correctness of dismissing them as "just morbid impulses in the making."

We think our author ought to amend his list of famous men who were examples of the insane diathesis (De Quincey, Cowper, Turner, Shelley, Tasso, Lamb, and Goldsmith). How far De Quincey's state was due to diathesis, how far to opium, must remain doubtful. On the other hand, Cowper, Tasso and Lamb were all downright insane, and for periods under treatment. There is no tittle of evidence that Goldsmith was, diathetically or otherwise, troubled in his mind. He bore poverty and trials of every kind, including the envious yelping of foolish parasites, with heroic patience, and did not allow a shadow of his troubles to mar the sweet serenity of his tender mind or the limpid beauty of his graceful style. As for Turner and Shelley, the former was a dissipated fellow, but not so dissipated as Burns; the latter was a visionary, but he was a poet, and even so his verse was much more coherent than are the jeremiads of Carlyle. Besides, Dr. Clouston should sympathise with Shelley, who was an incorrigible optimist.

Dr. Clouston's experience as to general paralysis seems to show a very much less number of non-ambitious cases than occur in the practice of others. He speaks of three to four *per cent.* of melancholic cases.

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.

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