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involving the rise of the health centre and the health care team. In terms of precursors, these ideas went back at least to 1920; in terms of operational application, the modernization of general practice cannot really be said to have begun before 1966. It may even be argued that the characterization of modern general practice – “a network of surveillance that discovered, identified and monitored the common disease, the minor symptom, the transient illness which hardly marked the body of the patient” (p. 84) – is little more than a gleam in the eye of a few luminaries in the Royal College of General Practitioners, rather than an epistemological reality representative of the body of general practice. As far as this aspect of medicine at least is concerned, the Dispensary might lie in the future, but it is not standard for 1948, nor even for 1984.

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KENNETH DEWHURST, *Hughlings Jackson on psychiatry*, Oxford, Sandford Publications, 1982, 8vo, pp. xi, 169, £9.00.

Formidable obstacles confront anyone trying to come to grips with the thought of John Hughlings Jackson. Despite the urging of his friends and colleagues, Jackson never collected his contributions into a single *magnum opus*; as a result, his writings remain scattered in numerous articles, some of which are to be found in rare and obscure journals. Only partial collections of these papers exist. To add to the problem, Jackson's prose is dense and, at times, opaque. These facts go far to explain why, for all his importance to clinical and theoretical neurology, Jackson remains elusive to the historian.

We are therefore indebted to Dr Dewhurst for having undertaken the onerous task of sifting Jackson's diffuse and turgid works to produce a concise and lucid summary of his ideas on psychiatry. Jackson emerges as a complex and subtle thinker – as, in J. J. Putnam's words, “one of the great philosophers of medicine”. For the scattered character of Jackson's output masks the inner coherence of his analysis of apparently disparate topics and a formidable determination to achieve a unified understanding of all diseases of the nervous system.

Psychiatric disorders were seen as merely one form of nervous disease. Jackson was perhaps the most single-minded and uncompromising of psychiatric physicalists: “if there be such a thing as a disease of the mind”, he held, “we can do nothing for it.” He was unwilling even to consider the existence of such an entity as a “psychological malady”, regarding hysteria, for example, as a form of malingering. Jackson approached psychoses with an essentially neurological perspective. Taking post-ictal states as his model of all insanities, he sought to understand them as sensori-motor disturbances of the higher nervous centres, with concomitant intellectual symptoms. Rather than regarding insanities as *sui generis*, Jackson sought to integrate them into a comprehensive theory of the pathology of the nervous system.

He justified this attempt at a holistic concept of the function and dysfunction of the nervous system by reference to the putative continuity that obtained between the lower and the highest nervous centres. The anterior lobes of the cerebral cortex were, like the basal ganglia and spinal cord, sensori-motor organs; they were also centres for the intellect, but Jackson maintained that, from a medical point of view, this was of secondary interest. Dewhurst rightly points to the importance of Jackson's one-time teacher, Thomas Laycock, in shaping this unitary concept of nervous structure and function as a hierarchical arrangement of progressively more complex but basically homologous levels of organization. Laycock also anticipated Jackson's concept of disease as the consequence of the degeneration of the most developed units of this hierarchy.

Jackson's thought strikes us as more “modern” than Laycock's because the former worked within the framework of post-Darwinian ideas of evolution; however, Dewhurst, like Young before him, recognizes that it was not Darwin's, but Herbert Spencer's version of evolutionary theory that had the greatest impact on Jackson's thinking. Nervous diseases (including insanity) were for Jackson reversals of the evolutionary process, whereby higher functional levels were impaired or destroyed with resultant hyperactivity of the nervous structures that remained intact. The symptomatology of the neuroses was thus explicable as a compound of the “negative” effects flowing from the degradation of higher centres and the “positive” effects of the uninhibited operation of levels of organization that were, in evolutionary terms, more primitive.

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Most of Dewhurst's book is devoted to showing how Jackson attempted to apply this model of disease as dissolution to a wide range of phenomena. The psychoses were assimilated to (but not identified with) epilepsy and other neurological disorders, and Jackson also stressed the affinities between insanity, drunkenness, and dreaming. Throughout, he took the view that nosology was a fruitless approach to the task of understanding insanity: what was needed was a concept of the sound function of the nervous system and an ability to account for disease as a departure from this healthy state.

Dewhurst devotes the last two chapters to describing the influence of Jackson's ideas upon European and American psychiatry. He sees this approach to the psychoses as having continued relevance – indeed, as only now coming into its own; and the purpose of the book seems to be to make Jackson's theories available to modern psychiatrists.

Dewhurst makes the interesting observation that, with a few exceptions like Daniel Hack Tuke and James Crichton-Browne, nineteenth-century British psychiatrists either ignored or deprecated Jackson's opinions. But his explanation of this neglect is not satisfactory; and, more generally, the book lacks an adequate sense of the conditions in which Victorian psychiatry operated and of the concerns and prejudices of its practitioners.

One is also struck by a strange omission in Dewhurst's discussion of the relation of Freud's thought to Jackson's neurological concepts. Dewhurst overlooks Sulloway's treatment of the same issue in *Freud, biologist of the mind* (1979), which complements and in some ways amplifies his own.

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EMIL KRAEPELIN, *Lebenserinnerungen*, edited by H. Hippus, G. Peters, and D. Ploog, Berlin, Heidelberg, and New York, Springer, 1983, 8vo, pp. xiii, 290, DM. 39.00.

Emil Kraepelin has received comparatively less historical attention than other great men in psychiatry. Apart from the papers that commemorated the centenary of his birth, there has been little of substance. The explanation for this state of affairs is not clear. Since his nosological views are still widely accepted, clinicians may be forgiven for not thinking of him as a "historical" figure. But that the antipsychiatrists should show equal disinterest is unpardonable, as Kraepelin has for some time been their appointed "bête noir". He has been cast in the role of the archetypal classifier, neuromythologist, and sponsor of the medical model.

All these claims are inaccurate. Kraepelin understood well the provisional nature of his classification, sympathized with the "unitary psychosis" view, and wrote with deep psychological insight and delicacy. He was interested in the role of psychosocial variables and in transcultural psychiatry. Finally, he wrote sensitive poetry. Evidence for this remains mostly untranslated and, as with his memoirs, unpublished.

It is therefore an important event that Kraepelin's descendants have permitted the publication of this manuscript; it is sad that his daughter died before the book had appeared. The text is 219 pages long, and covers events from his birth to about 1919. It is written in the first person, and shows Kraepelin's narrative style at its best: direct, candid, and often witty. His travels and troubles are told, gaps in his life filled in, and anecdotes and revealing encounters with the famous and the less famous are included. Of the 500 he mentions, the editors have been able to obtain short biographical notes for 320. A complete list of publications is also included, together with a collection of rare photographs.

The editors are to be congratulated on this handsome and timely book. They are right in saying that it will prove to be an important contribution to the history of psychiatry. It could be added that the memoirs contain much in the way of background information which the clinician should read with profit. If so, a case can be made for suggesting an early English rendition. It would complement his *One hundred years of psychiatry*, and show the truth of Kraepelin's lapidary inscription: "Dein Name mag vergehen, bleibt nur dein Werk bestehen".

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