

dream-consciousness and waking-consciousness. This is confirmed by the fact that sometimes delirium takes origin and sustenance from dreams.

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2. Clinical Neurology and Psychiatry.

- (1) *Shock and the Soldier.* (*Lancet*, April 15th and 22nd, 1916.)
Smith, G. Elliot.
- (2) *Some Neuroses of the War.* (*Bristol Medico-Chirurgical Journal*, July, 1916.) *Clarke, F. M.*
- (3) *Mental and Nervous Symptoms following Naval Disasters* [*Les Troubles Nerveux et Psychiques Consécutifs aux Catastrophes Navales*]. (*Revue de Psychiatrie*, April, 1914.) *Hensard, M. A.*
- (4) *The Treatment of Some Common War Neuroses.* (*Lancet*, June 9th, 1917.) *Adrian, E. D., and Yealland. L. R.*

The first paper deals with the question of shock from a diagnostic, therapeutic, and social point of view. The whole subject of soldiers suffering from the protean manifestations of shock involves problems of far-reaching importance upon the social welfare of the whole nation after the war. The writer finds that ampler provision has been made for dealing with this problem in other countries, and he has collected the views of French and German authorities as to the various methods of dealing with such cases, with the hope that some solution may be arrived at for a situation which is becoming increasingly urgent.

Stress is laid upon the following points: The importance of diagnosis, that is, the discovery of a clear relation between the symptoms and the history, arrived at only by a sympathetic study of the patient from day to day; the necessity for a consideration of the development of the symptoms in order that the patient may be prevented from systematising his morbid sensations into a delusional scheme; the influence of previous emotional events, apart from the actual traumatic moment, upon the condition of the patient; and the need for a correct diagnosis to carry out a rational form of treatment.

The writer quotes Gaupp in regard to the question of the treatment of shock cases after discharge from hospitals. Any mention of a return to the Front produces a return of the nervous troubles. This manifestation must not be regarded as due to malingering, especially as it frequently occurs in men of proved courage. Return to the fighting line will almost inevitably render the soldier a life-long pensioner on the State, though he might be quite usefully employed in some other capacity. The solution of the problem would appear to be the setting-up of an organisation to place such individuals in positions to which they are most fitted, in view of their previous occupations and present mental capacity. Such an organisation must be scientific and controlled by skilled medical advice. It is useless and often harmful to merely detail these convalescents to garrison duty, which may be irksome and monotonous, but rather must an effort be made to find the right kind of occupation for each individual case.

The question of treatment is discussed under the headings of re-education, hypnosis, and isolation; and in conclusion emphasis is

laid upon the necessity for institutions where incipient cases can be treated on a rational basis, the possession of which would prevent many cases from drifting into definite lunacy, and increasing the inmates of institutions for the insane.

The second paper deals with the clinical aspect of the various neuroses met with amongst soldiers in the war. By the term neuroses are excluded, for clinical purposes, all cases which present any one or more of the definite signs we have learnt to associate with structural change in the central nervous system. This definition is merely one of convenience, however, and does not prove or assume the absence of structural change which may yet be present in the absence of clinical signs.

The neuroses of war will be partly due to the same causes as in civil life, and partly to other and special causes. Some cases will thus present familiar features, and others special and unfamiliar features. This may be made the basis of a preliminary classification. Amongst the former are cases of hysteria—monoplegias, paraplegias, hemiplegias, affections of the special senses, anorexia, vomiting—which show a freedom from symptoms of nervous shock. The second category, presenting symptoms not familiar in civil practice before the war, show evidence of general nervous shock in addition to other symptoms which may be present. The causes of war neuroses are manifold and comprise the effects of anxiety, overstrain, of want of sleep, wounds, of the concussion of high explosives, perpetual noises, fear, and painful scenes. All cases exhibit certain common mental and physical symptoms. The chief mental disorders are mental lethargy, lack of interest, often with no desire to get better, depression, want of self-confidence, difficulty of concentration, confusion, fear, and terrifying dreams. Physical symptoms are tremor, amaurosis, deafness, loss of smell or taste, nystagmoid movements, paralyses, and anæsthesias.

Dr. Clarke states that the symptoms as a whole give the impression that the pathological condition underlying them is some block in the passage of nervous impulses from one neurone to another—a resistance in the synapses.

The third paper is a pre-war contribution based upon cases surviving from the explosion of the "Iëna" and "Liberté" at Toulon in 1907 and 1911. Such cases are especially interesting, as they exhibit symptoms, in the ætiology of which emotional shock plays an indisputable and primary rôle. The writer divides his cases into those which exhibit minor psychopathic symptoms, and those which manifest the symptoms of a grave psychosis. He excludes those cases in which emotion appears to play only a secondary rôle, and those in which the psychosis is due to the action of some well-defined agent, such as physical shock, asphyxia from gas, surgical shock, etc.

Among the minor symptoms at the moment of the shock are noted a state of semi-somnambulism, automatic mental activity, absorption in some trivial occupation, such as an exclusive preoccupation in the attempt to save some garment, a strange lucidity and feeling of exaltation, and a period of amnesia. Those who took part in the work of rescue and approached the horrors of the accident showed for several weeks symptoms of mental unrest, intense obsessive representations of

the scene, terrifying dreams, diffuse anxiety, fatigue, and various minor phobias. A collective morbid mental state—fear, tension, etc.—was noted for some time afterwards among the civil and military population. This was especially marked in a sudden, unmotivated panic which occurred at the funeral of the victims of the accident.

As regards the more severe disorders, the cases are divided into two categories: (1) Those with a strong predisposition to mental disorders, degenerates and constitutional defectives, who exhibited psychoses in accordance with their particular predisposition, and those subjects with acquired defects who manifested psychoses corresponding to the defect, e.g., chronic alcoholics with delirium tremens; (2) those with only slight predisposition, the majority of whom showed the symptoms of mental confusion.

It is this second category, in which the individuals show a minimum of predisposition to mental disorder, that the term *emotional psychosis* is most correctly applied. In such cases there is usually a period of normal mental equilibrium, followed by a phase of general fatigue, nightmares, and retardation. This precedes the state of actual confusion associated with anxiety and excitement. Several illustrative cases are given.

Such a psychosis thus evolves in the same way as a transitory psychosis caused by some intoxication. The identity of course and symptoms leads the writer to suggest that in these cases the emotion-shock can, in certain organisms hitherto healthy, cause certain nutritive disturbances, and liberate certain cytotoxins capable of acting on the brain and producing a definite mental syndrome. The diminution in the secretion of urine and the decrease in chlorides which is observed in these cases lends support to this view. The toxins may be primary, due to a special disorder of metabolism hitherto unknown, or they may be secondary, freed in the organism as a result of emotional inhibition of such organs as the liver and kidneys, or possibly consecutive to modifications in the innervation of the sympathetic nervous system.

The last paper describes a method of dealing with the common types of hysterical disorder. The method has been applied in 250 cases of mutism, deafness, aphonia, monoplegia, paraplegia, hemiplegia, and disordered gaits. The chief phenomena underlying the hysterical make-up are weakness of will and intellect, hyper-suggestibility, and negativism. The patient has a certain fixed idea, the result of auto-suggestion, and to this his attitude is negativistic, otherwise he is more responsive to suggestion than the normal person. The fixed idea can be treated by suggestion, but it is doubtful as to how far the soil on which this symptom is developed can be improved by treatment, and the writers make no claim to do so.

The principles involved in the treatment are—(1) suggestion, (2) re-education, (3) discipline. Employed alone these methods are, as a rule, not so efficacious as in combination. Hypnotism attempts at cure by pure suggestion, but unfortunately patients often show themselves intolerant of suggestions relating to their fixed idea while in the somnambulant state, and the method has been found slow and uncertain. In isolation the method of discipline is in the foreground, but in many cases this, again, is often too prolonged and ineffectual. Persuasion—a

form of re-education—is also probably more valuable when preceded by preliminary suggestive treatment.

The most reliable method has been found to consist in brief suggestive treatment, followed by rapid re-education. The suggestion may take any form, but it is essential that the patient should be convinced that it will produce an immediate recovery. The simplest form is the application of the Faradic current, as nearly every layman is willing to accept the suggestion that some form of electricity will cure him. Before the actual suggestion, the idea should be fostered that the physician understands his case and is able to cure him. His attitude must be authoritative in every respect. When the suggestion is employed, at the least sign of recovery re-education is commenced, and, before he can collect his thoughts, the patient is hurried along by persuasion until the disordered function is completely restored.

The writers explain their methods more fully under the headings of the various hysterical symptoms, and in conclusion they emphasise, as the author of the first paper does, the necessity for a thorough survey of the case before a decision is made as to what form of service will be most advantageous to the patient and the nation.

H. DEVINE.

Mental Regression: Its Conception and Types. (*Psychiat. Bull.*, October, 1916.) Wells, F. L.

The author, who is a Doctor of Philosophy and Psychologist at the McLean Hospital of Waverley in Massachusetts, bases his study in part on the literature and in part on original cases. "Regression" is a term that has been differently defined. It is here regarded as a turning back to a stage of development which is only normal at a less mature period of the individual's development. It is usually, though by no means necessarily, a reversion to the infantile, and its advantage is that it involves an economy of energy. It is sometimes termed the "shirking reaction," and it always detracts, in more or less degree, from the individual's fullness of life, or rather, we should perhaps say, it is the sign and result of defective fullness of life. It may be pathological, but is not necessarily so, unless it interferes with adaptations, though it can never be regarded as normal. The young woman, disappointed in love, who goes into a convent, and the old maid who becomes devoted to her parrot, are brought forward as typical examples of regression. It will be seen that there is some lack of clearness about the conception of a "regression," which the author fails to dissipate.

The exercise of the chief functions of life serves fundamental trends, and involves some degree of control over the external world. When the energy falls away to less fundamental (and usually more infantile) trends involving no such control, there is regression. The author discusses at length the group, now regarded as very large, of auto-erotic, or, as he prefers to term them, auto-hedonic, phenomena, of which masturbation is the prototype. Masturbation may be said to occur "when orgasmic sensations are produced in the genital tract by action or mental process of which the individual is aware, and without the contactual stimulus of another living creature." The author regards