

asylum abuses, often of a quite fanciful nature. It is voiced by a special society and journal (*Die Volkstümliche Zeitschrift des Bundes für Irrenrechts—Reform und Irrenfürsorge*), which has evoked animated responses on the part of various alienists (Lomer. *Die Wahrheit über die Irrenanstalten*. Bergmann, Wiesbaden, 1909. Lomer. *Der Fall Lubecki*. *Psychiatr.-Neurol. Woch. Jahrg.* 1908, No. 37. See also the same journal 1909, N. 21, 31, 42, 45). America has now a great opportunity to repudiate the "yellow press" methods of asylum reform indulged in by German agitators, and to show the world how a sober but enthusiastic campaign against avoidable evils should be carried on.

ERNEST JONES.

NERVOUS ANXIOUS STATES AND THEIR TREATMENT. *By Dr. Wilhelm Steckel.* Urban & Schwarzenberg, Berlin, 1908.

WILHELM STECKEL, one of the foremost pupils of Freud, is the author of this book, "Nervous Anxious States and Their Treatment." It is written in a clear and lucid style, and his thesis is presented forcibly, thus forming an admirable outline of Freud's teachings in psychopathology. It is worth while to emphasize the five important elements which stand out prominently in the teachings of the Freud school: (1) psychical manifestations, be they normal or abnormal, are determined by definite causes; (2) recognition of individual psychology; (3) thorough and exhaustive analysis of neurotic and psychical symptoms; (4) clinical facts are substituted for subtle hypothetical theories; (5) psycho-analysis directed towards the removal of the cause of the malady. These principles are represented in Steckel's work. "This book"—as the author declares, "is written from practice and for practice." It contains three parts: (1) anxiety neurosis; (2) anxiety hysteria; (3) general considerations. One hundred cases are cited; in some of them the analysis is complete and in others the results thereof are only mentioned. The entire technique and complex process of dream analysis is also omitted and only conclusions are given.

Since 1895 Freud has maintained that the symptom complex of anxiety neurosis should be separated from neurasthenia. The main feature of this clinical picture is *anxiety* around which other symptoms are grouped. This disease is not always clearly defined and the diagnosis is often difficult to make. The symptomatic

picture can be described according to Freud in the following manner: General irritability, a cardinal symptom, which is manifested in the abnormal reaction towards stimuli which may originate internally or externally. This peculiar irritability may be expressed in various sense organs, especially in the auditory sphere — auditory hyperesthesia, which is a common cause for insomnia. The anxious anticipation in the sense of impending danger or the expectation of some unpleasant occurrence is another important symptom. Trifling and harmless happenings are anxiously exaggerated by the patient. For instance, a noise in the house suggests murder, pain in some part of the body means a grave disease, etc.

Lowenfield recognizes the following forms of anxiety tendencies: (a) anxiety relating to his own health — hypochondriacal anxiety; (b) moral anxiety, religious scruples, conduct, etc.; (c) abnormal anxiety about the health of the nearest relative; (d) morbid anxiety about his own ability or professional capacity.

The characteristic symptom of anxiety neurosis is the attack of anxiety which may be sudden or gradual in development. The patient has the feeling that his life has come to an end, that he is to suffer an apopleptic stroke, that he is to become insane, that his heart ceases to beat, etc. Such patients become pale, lose their equilibrium, and must lie down. They experience peculiar sensations in the throat; perspiration covers the entire body; the hair may stand out erect; they feel a cold sensation in the dorsal region. Soon strangury gives rise to involuntary voidance of urine. A painful urgency of relieving the bowels may express itself in tenesmus, abdominal spasm, and diarrhoea. Involuntary evacuation of stools may occur. Not infrequently fainting spells, migraine, dizziness, and attacks of tachycardia of great intensity may develop. All these manifestations may occur in mild and severe grades, in isolated or manifold combinations and variations.

It must be remembered that anxiety may express itself in various forms and Freud names the following equivalents: (a) disturbance of cardiac action — such as arrhythmia, tachycardia, pseudo angina pectoris, etc.; (b) disturbance of respiration — nervous dyspnoea, asthmatic attacks, etc.; (c) attacks of perspiration often nocturnal; (d) attacks of tremor and chattering; (e) attacks of hunger frequently associated with vertigo; (f) attacks of diarrhoea; (g) attacks of dizziness; (h) attacks of so-called congestion; (i) attacks of paraesthesia; (j) nightmares in adults; (k) tenesmus;

(*l*) muscular spasm; (*m*) sudden deep yawning; (*n*) feeling of fatigue which may culminate in fainting; (6) vomiting; (7) sudden benumbing of a finger, the whole hand or an arm; (*q*) migraine.

Anxiety neurosis originates from some actual detrimental form of sexual life. Its mechanism is explained according to Freud by the fact that there is a separation of the somatic sexual excitement from the psychical; therefore an abnormal application of the excitement expresses itself in the form of anxiety. The symptomatic display represents to some extent a substitute for the subdued specific action of sexual excitement. "The attack imitates" — states Steckel — "the picture of coitus. The patients complain of cardiac palpitation, begin to gasp and make all kinds of restless movements. They become pale; the pulse is small; rapid, and often arrhythmic; muscular spasm, paraesthesia, etc., may occur."

Anxiety neurosis is often met in children, and it assumes the form of pavor nocturnus, insomnia, fainting spells, enuresis, nervous diarrhœa, vomiting, marked modesty, and urticaria. Such conditions are usually of sexual genesis. Several interesting cases are appended to this chapter and the prophylaxis is fully outlined.

In the second part of the book the author considers anxiety neurosis in combination with hysteria and differentiates it from conversion hysteria. In the former, sexual wishes manifest themselves in anxiety and in the latter in somatic phenomena. Likewise various forms of phobias belong to anxiety hysteria. Several cases with exhaustive analyses are quoted.

Hypochondria is a form of anxiety hysteria; hypochondriacal imagination partakes of the nature of compulsions and is equivalent to the suppressed sexual experience or phantasy. The hypochondriacal zone is always an erogenic zone. The fear of death in the hypochondriac transforms itself in anxiety at the sexual act.

A brief discourse relative to the limitations between neurosis and psychosis, with a complete analysis of two cases of melancholia, is given.

In the third chapter of the book the author discusses in full psycho-analysis and Jung's association test. It must be fully emphasized that Freud's psycho-analytic method should not be confounded with hypnotism, Sidis's hypnoidization, Dubois's re-education, or Weir Mitchell's rest cure. *The psycho-analytic method deals with the examination of neurotic and psychical symptoms during the patient's waking state.* It has been conclusively shown that in

many of our dreams suppressed wishes come to realization. Therefore dream analysis is important, inasmuch as we are enabled by it to demonstrate submerged complexes and longings.

Steckel's book is rich in interesting psychopathological material containing much of definite clinical value, and one who follows the author carefully cannot help being convinced of the truth of his thesis. Indeed, it is a splendid contribution to psychopathology!

M. J. KARPAS.

*Manhattan State Hospital, N. Y.*

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NURSING THE INSANE. By Clara Barus, M.D. Woman Assistant Physician in the Middletown State Homœopathic Hospital, Middletown, New York. The Macmillan Company, 1908. Pp. x + 409.

THIS is a most complete treatise on the large subject of nursing the insane. Instruction is given with conscientious detail for the various types of mental disorder. It includes as well, brief directions in special subjects of general nursing, surgical, medical, and gynæcological, which are needful in the insane hospital. There are also chapters in psychology, psychic treatment, mental hygiene, as well as the symptoms of insanity and the forms of mental disease.

We find a useful and practical chapter devoted to the conveyance of patients to hospitals, the approach of death, religious offices, preparation for autopsies, the care of clothing and belongings of patients after death.

A broad and humane spirit is evident throughout the book. The welfare of the patient is kept uppermost, and the book appears to do all that could be expected of a treatise to supplement the experience of daily drill in ward duty. While written by a physician, there is a wise appreciation of the nurse's capacity and of her often very trying position. Nor does the writer neglect the relation of the nurses to each other and to their superior officers.

While the book appears to be written primarily for those employed in the New York State hospitals, it will be useful in any hospital where the insane are treated.

It is a very valuable guide to a physician who may be preparing lectures for a training school in an insane hospital.

If our nurses who care for the insane could catch the spirit of Dr. Barus's sympathetic words, much of the friction in our hospital management would be eliminated.