

come through the senses, *i.e.*, hallucinations are formed. The author is of the opinion that this difference may be explained by diversities in the original tendencies of thought of the individuals. Those who think in visual or verbal images with strong sense component incline to falsification of the hallucinatory type; those who think in images with less emphasized sense component arrive at the insane belief that thoughts are transferred to them. Ideas become hallucinations because an emotional component in the psyche is opposed to the component which gives rise to the hallucinatory images, and they therefore seem to come from beyond the mental circle of the individual. They resemble compulsory ideas; only these latter seem to arise from some foreign element in the psyche; the hallucinations, on the other hand, from some heterogeneous cause outside of the psyche. [J.]

Eager, R. THE EARLY TREATMENT OF MENTAL DISORDERS. [Lancet, Sept. 27, 1919.]

The author, R. Eager, who was selected by the War Office in London to take charge of 1000 beds at The Lord Derby War Hospital, Warrington, the largest psychiatric section opened by the British military authorities during the war, points out that at the end of two years' work in this capacity he found the recovery rate was 56 per cent in comparison with 32 per cent for civil institutions in England. No discrimination was exercised as to the type of case admitted, and the number of cases of general paralysis alone came to 197, which is of importance when taken into consideration with this recovery rate. There was nothing very noticeable to mention in the way of mental symptoms presented to differentiate the cases from those seen in prewar experience, and the author has already given a clinical survey of the varieties of mental conditions met with in an article in the *Journal of Mental Science*, July, 1918. The outstanding point which Dr. Eager lays emphasis on is that cases arrived under appropriate treatment at the earliest possible moment without the stigma of certification and delay which is consequent upon such a procedure. He considers that the higher recovery rate is in great measure due to this cause, but also points out the importance of having a very much larger medical staff than is customary in most civil institutions in that country if any attempts are to be made at individual attention and psychotherapeutic conversations which he advocates as being of great importance in helping the patient to make a satisfactory readjustment in psychoses of recent origin.

Cases were retained for treatment for nine months, at the end of which period, if there were no signs of marked improvement, they were certified and transferred to the civil institution to which they appeared to be chargeable. In the case of epilepsy, general paralysis, and cases who had been resident in an asylum prior to enlistment in the army, certification was resorted to as early as possible after the presence of a mental condition justifying this had been discovered. Everything pos-

sible was done to eliminate the chronic cases and to promote an atmosphere of cure in the wards of this large receiving hospital for early mental disorders, and at the end of the two years' period Dr. Eager shows that only 200 of the 1000 patients in hospital had been resident six months or over. We are glad to observe that as soon as possible after patients had improved sufficiently they were allowed the freedom of parole. Stress is rightly laid on the benefit derived by giving patients this privilege in the convalescent stage, and the author points out that although on an average 300 patients were daily enjoying this liberty for a period extending over two years, only one case with concealed delusions escaped detection. This reflects very great credit on the care which was exercised in examining each case, and it is on this, combined with sufficient experience of mental disorders, that the success of this method of encouraging patients convalescing from such maladies depends. We are satisfied that it is not compatible with any slackness or slipshod methods of examination, and consider that Dr. Eager has performed a service which should be of lasting benefit to mental science in demonstrating that with sufficient care and trouble the risks of this procedure, which would otherwise be very great, can be reduced to an almost infinitesimal minimum. Dr. Eager supports treatment of the psychoses in the early stages by suggestion, persuasion, and psychoanalysis, by which the physician uses active means to help the patient through his trouble to a favorable termination in contradistinction to the "rest in bed" treatment where no other efforts are made on the part of the doctor. Dr. Eager had the coöperation of ten medical officers working under him. Each of these was provided with a room where each patient could be examined privately and be encouraged to enter confidentially into conversations and disclose his feelings out of hearing of the other patients. The importance of this is an absolute necessity in any institution for the treatment of mental disorders does not seem to have yet been realized generally by alienists throughout the world, and we think Dr. Eager is right in drawing attention to this fundamental principle. He advocates the opening up of "receiving hospitals" and psychotherapeutic clinics, as distinct from "asylums," for the active treatment of mental diseases in their early stages, and does so with an extensive knowledge and experience of the power of suggestion upon the mind of man. He considers that "the atmosphere of cure" is of prime importance in treating such cases, that everything must be done to inspire the patient with hope from the moment he enters the building, and that no time must be lost by the physician to gain the patient's confidence.¹ We agree with him that to place such a patient in the same building, and we regret to feel that in some asylums even in the same ward, as patients who have been resident there for

¹ He urges an alteration of the Lunacy Laws in England in order that treatment may be given to cases of mental disorder at a time early enough for it to be of benefit and it is likely that some change will be soon made in this respect.

twenty or more years, is not using the powerful force of suggestion to the advantage of the patient, and that it must have a harmful instead of a beneficial effect. Here also bad habits are just as likely to be imitated as good, indeed, more so. In order to rid the wards of this harmful factor chronic cases were certified as soon as possible, and the total so dealt with represented 9 per cent of the admissions. Idleness was discouraged. Any man having a special trade in civil life was encouraged to work at this in the hospital workshops after his convalescence had become established. On the other hand, for the purpose of treatment in cases with exhaustion symptoms absolute rest in bed was insisted on. The importance of a liberal diet and the advantage gained by having specialists in all other branches of medical science resident in the hospital, which was a general hospital of which 1000 beds formed only one section, are described.

Good work seems also to have been done in introducing a routine examination of the blood and CSF by the Wassermann method in all cases in which there were any reasons to suspect G. P. L. in the early stage, and we feel that this is far too infrequently carried out by those in whose hands is the responsibility of directing the work of present-day mental hospitals. This all tends to emphasize the importance of any institution dealing with early cases of mental disorder being in close association with an up-to-date laboratory and pathologist especially experienced in the technique necessary to perform this work. Attention is also drawn to the provision of adequate means for treating syphilitic affections in such hospitals by modern methods and the need for closer coöperation between clinician and pathologist. After the painstaking manner in which it is obvious that Dr. Eager has carried out his duties, it must be with a sense of great satisfaction to himself and colleagues that he has received the honor of the Order of the British Empire from the King.

Galant, S. THE NEOLOGISMS OF PATIENTS SUFFERING FROM MENTAL DISEASE. [Archiv f. Psychol., 1919, Vol. LXI, p. 12.]

The author gives full examples of neologisms typical of the various mental diseases; together with discussions of their mechanism. As these phenomena can be best classified on the basis of dementia precox, he first gives examples from this group, dividing it into paranoid, catatonic, and hebephrenic types. Neologisms as entire systems constitute one of the important symptoms of the paranoid type. The author cites a case in which the stimulus word was "schizophrenia." The physician had told the patient that patient was suffering from schizophrenia. The reaction was an entire system in which this word was given a new meaning as "the culture of the third millennium, the coöperative soul confederation, etc." Paranoid cases in which the system of neologisms are so strictly carried out as in the author's are rare. The mechanism is revealed by the manner in which the association between thought is broken, as though