activity, evidence of mental condition is always admissible to throw light upon the motives that were actually at work in the causation of the crime; and since the worthy or wicked motive with which a criminal act is committed does not ordinarily affect the defendant's responsibility, it can only be considered by way of mitigation of punishment. (2) Evidence of mental condition is admissible in mitigation in order to enable the defence to rebut properly the evidence of aggravating circumstances, or of the details of the offence, by attempting to prove by medical testimony that the facts which the prosecution interprets as indicating a 'depraved' defendant actually indicate a disordered mind, but one that falls short of the requirements of the technical 'tests' of irresponsibility. (3) The "defence of insanity" involves two steps: proof of mental disorder, and proof that the mentally disordered person meets the requirements of one of the 'tests' of irresponsibility. If evidence of mental unsoundness were not admissible in hearings on mitigation, then the mentally diseased individual whose condition did not happen to be such as to fall within one of the more or less arbitrary 'tests' would be in exactly the same position with respect to punishment as the absolutely normal offender. If the law provided for degrees of responsibility, and permitted the acceptance by the jury of evidence of mental disorder insufficient to constitute complete irresponsibility as 'measured' by the 'tests,' but sufficient to permit the jury to find a less degree of the offence than would be the case where no such evidence was introduced, then resort to the plea of "Guilty" and introduction of psychiatric testimony before the court by way of mitigation of the sentence would not be necessary.

C. S. R.

[40] Problems of the personality of schoolchildren and the responsibility of the community for dealing with them.—C. Macfie Campbell. Amer. Jour. Psychiat., 1925, iv, 471.

This short paper outlines the work of a school clinic established near Boston, in compliance with legislation, for the determination of the number of retarded children attending public schools. Examples are given of the types of cases investigated, and the author suggests that the data secured would form a useful basis for dealing with important educational and medical problems.

E. B. G. R.

TREATMENT.


The history of science has largely been the story of the struggle to detach itself from the religious and mystical prepossessions arising from earlier beliefs in animism and magic. Mental science, more slowly than the others, is freeing itself from these distorting and retarding influences. The main obstacle to scientific psychotherapy is the atmosphere of occultism with which it is surrounded.
ABSTRACTS

The methods of psychotherapy may be grouped under three main heads, viz., suggestion, re-education, and psychoanalysis.

Psychoanalysis has transformed our conceptions of mental illness. We are enabled by its means to penetrate beneath the conventional and superficial layers of the mind and to expose the hidden sources of behaviour. But a consistent structure of principles has not yet been built up. The Œdipus complex has proved an illuminating concept for mental pathology, while others of Freud's conceptions, e.g., fore-conscious, unconscious, repression, ambivalence, displacement, etc., are of much value, but much clarifying and discrimination are required. We have to discriminate between psychoanalysis as an instrument of investigation and as a method of therapy. The field of psychoanalysis is a limited one, as a certain level of intelligence and stability of character is requisite if it is to meet with any real success.

Suggestion is historically the oldest form of psychotherapy, and it is a method that appeals to the popular imagination. The nature of suggestion and its manifold forms is as yet little understood, although considerable light has been thrown on it since the days of Mesmer. The difference, if any, between waking suggestion and suggestion under hypnotism is still a matter of controversy. Dejerine's method is combined with the taking of a detailed anamnesis, and the patient is encouraged to liberate his pent-up emotions. An attempt is then made by the aid of the "sthenic" emotions to call forth the most constructive and uplifting sense of action. Dejerine's method tends in the right direction, but it loses much on account of its vagueness. Suggestion therapy is "working in the dark"; we do not yet understand what its action is; moreover, it attacks the symptom, not the disease. Again, suggestion therapy overestimates the cognitive aspect of the mind and does not take sufficient notice of the affective aspect, the emotional reactions of the patient. What is wanted is a therapy that will attack the question from the emotional aspect and will yet be free from the disadvantages of psychoanalysis.

The complex is the commonly accepted pathogenic factor in mental illness. The important fact about the complex is the linking of idea and emotion. This simple relation seems to be the true unit of mental function. It is on this fact that the third method of psychotherapy, viz., re-education, is built up. The investigation of the case takes place by means of free association, hypnotism, automatic writing or other means. When the pathogenic factors are disclosed, the treatment then aims at substituting emotions of a healthier order in place of the pathological ones. For this purpose reliance must be placed on the emotions of optimism, confidence, courage, self-regard and allied feeling attitudes. The patient is taught at the same time to apply this method to his daily life. Too little attention has been paid to this habit-formation in the realm of thought.

Abreaction and sublimation are the two radical methods of psychotherapy, and both at times give good results. Re-education applies both methods and is the most valuable form of psychotherapy. (This method has surely the great disadvantage that it leaves unresolved the transference, upon which its success obviously depends.)

David Matthew.

The paper opens with a résumé of the annual reports of Gartnavel Mental Hospital in so far as they deal with occupational therapy. It is seen from these reports that as far back as 1816 the value of occupation was duly appreciated, and two looms were installed by the superintendent at that time. In many subsequent reports reference is made to the therapeutic value of keeping the patients employed. Occupational therapy has received only sparing attention, however, because it has been mainly regarded from the utilitarian point of view, and so the curative aspect has been lost sight of. There has been no thought of prescribing work for the patient; rather the idea has been to help out the employers. No doubt the patients have benefited by being thus employed, but more is necessary. Recent advances in our knowledge of mental pathology have been the means of putting occupational therapy on a more scientific basis.

Occupational centres have now become an important part of hospitals for the limbless, the blind and the incurable. It is important to note that in these hospitals the occupational activities have been developed to suit the needs of the individual patients.

The importance to the patient is that he is doing something; his self-confidence, self-esteem and self-pride are born anew.

In general, great patience and forbearance are required in the early stages of the therapy. The patient's idiosyncrasies must be studied. Each patient has his own avenue of appeal, e.g., coloured raffia work caught one patient's interest when other things failed; in another case it was the noise of hammering associated with brass work that succeeded in riveting the patient's interest and attention. In order to prevent monotony and to increase self-confidence, it is well to change the occupation of the individual from time to time. The presence of a roomful of people all engaged doing some sort of work acts as a powerful suggestion on the new patient, and he does not remain long idle, even if at first he refuses to do anything.

David Matthew.


This paper is a critical examination of the technique of two Freudian psychoanalysts from the patient's standpoint. The writer (who was the patient) considers that the first analyst (whom he attended for three months) made a serious mistake by refusing to allow him to develop his own thoughts. The second analyst saw him for two hours daily for three and a quarter months, and, according to the patient, created certain forms of hostility by hastiness and loss of temper which destroyed the possibility of positive transference. The author states that he has no quarrel with the true Freudian technique but only with his two analysts, who, he thinks, departed from this technique. In both cases he takes exception to certain prohibitions which were imposed regarding note-taking and dream analysis; he also resented the analyst's wish to direct his associations along certain channels. In spite of these
criticisms, the patient admits that the effect of the analyses was to make him much more contented and happy. He thinks that the analytical time was well spent and that psychoanalysis is a sound and beneficial process. He considers that his two hours daily for five days a week, spent with the second analyst, were of more value to him than the one hour daily with the first, because it was more difficult to dodge unpleasant material in the longer time.

Robert M. Riggall.


The writer treats his subject under four headings:—

I. Definition of Mental Hygiene.—Mental hygiene is a science, an art, and a movement devoted (a) to the promotion of the best endowment with, and development, preservation and use of, the mind, i.e., of the mental capacities, tendencies, and activities which are involved in efficient human living; (b) to prevention of the impairment of these capacities; (c) to their restoration if impaired; and (d) to securing the most favourable conditions for the handicapped during incapacity.

II. Mental Hygiene as a Science.—As a science mental hygiene deals with questions of the environment to which we must adjust ourselves and our minds, by means of which we make our adjustments. The author analyzes the elements which make up environment. These elements never occur alone, but are combined in various ways, and thus afford an infinite number of environments. Mind consists of certain endowments and activities and their records in us, which are distinct from physiological mechanisms (though working through them), and which result in behaviour. The mental powers are classified under six heads: (a) driving forces in ourselves; (b) receptive capacities and activities; (c) internal elaborating capacities; (d) emotional capacities and activities; (e) executive capacities; (f) memory. We derive our minds from heredity and experience. The former depends upon the parental chromosomes and the physical factors affecting the development of the offspring. We tend to use our mental capacities in the ancestral way, but there is room for much variation on account of environment and experience, and it is the province of mental hygiene to consider the influence of these factors. Gradually, from the comparatively crude infantile endowments and activities (which are divided under seven heads), the mind develops by conation and experience to full adult powers. The unique combination of endowments and acquirements of each individual constitute his personality.

Maladjustments to environment, which are made to some degree by every one, are chiefly due to failure to use adequately instincts and emotions.

III. Mental Hygiene as an Art or Practice.—This is the application of the science of mental hygiene to the concrete problems of living. They are applicable by (a) institutions and (b) persons. The writer enumerates the various types of institution and classes of persons important in this connection.

IV. Mental Hygiene as a Movement.—Sociology, psychology, and psychiatry have, early in this century, been working on general lines for the
promotion of mental health; in 1908 the Connecticut Mental Hygiene Society was founded, and in 1909 the National Committee of Mental Hygiene. The author defines the aims of this committee, the development of similar societies, their methods, accomplishments, and future. When all the mental factors involved in our adjustments and maladjustments are understood and adequately dealt with, we shall, in his opinion, have reached the millennium.

E. B. G. R.


These authors describe how they treat psychoneurotic patients, and claim to have restored to complete usefulness over 80 per cent. out of some 1,100. They disagree with the emphasis laid by Babinski on suggestion, and by Freud on the sex instinct, and discount the rôle of infections, endocrine disturbance, and nervous exhaustion. The chief factor in their method of treatment is the intellectual re-education of the patients, treatment averaging twenty-six days in duration.

Their patients are comfortably housed in small inns, under the care of a nurse in plain clothes, and are put on to a daily routine including sport, occupation, and reading. After the usual history-taking and physical examination, the re-education of the patient is begun by means of conferences with the physician, lectures, and literature. Emphasis is laid on the value of the intellectual, as opposed to the emotional, judgment, and the patient is given some idea of the functional nature of his own symptoms and how to deal with them. He is taught to classify psychoneurotic symptoms under six headings, dealing mainly with the causes of maladaptation, and is not considered re-educated until he is "more or less competent to treat an average case of psychoneurosis."

E. B. G. R.