crime is not only not ignored, but is constantly stressed. Constitutional failings are blamed, or environmental difficulties and previous events in the offender’s life. Admittedly, however, only a percentage of criminals are mentally abnormal. And Dr. East says with sound common sense, “It obscures the issue to exaggerate the importance of declared mental disorder and defect, or the less obvious neuroses, as causative factors of crime. No useful purpose is served by regarding the offender as abnormal merely because he commits crime. Indeed, criminal conduct, like social conduct, is the objective expression of a subjective mental state, and cannot be considered abnormal until all the surrounding circumstances have been reviewed as well as the mental condition of the delinquent.”


According to the author the hypnosis advocated is only a state of absent-mindedness which will enable the subconscious to break through to the surface. While in this condition, a free talk will reveal the patient’s complexes and faults of adaptations. Re-education should follow. His “explanation” of the phenomena of hypnosis here given seems only to be that “the mind of man is largely subconscious and that this subconscious store of ancestral and individual experience, and of inherited instincts and emotions, can be reached by certain procedures. The subconscious mind supplies the stimulus to thought and action.” It is denied that there is any mental dissociation in hypnosis, which is only produced “when things are suggested that are not natural to the subject.” Far-reaching therapeutic claims are made which we can scarcely regard as valid. We cannot agree with the writer that the contents of this book “should prove of interest and value to the medical and psychological expert.” Such readers had much better consult a work where psychotherapeutic principles are dealt with, both theoretically and practically, in a more modern and scientific spirit.

C. S. R.


In two essays that are regrettably brief Professor Blondel endeavours to convey to the reader some idea of his views on the functioning of the insane mind. Impressed, like many other clinical observers, with the difficulty of understanding the meaning of the insane patient’s complaints in numerous instances, and of the language in which these complaints are couched, the writer is led to consider this unintelligibility, this logical and verbal incoherence, as in
reality "an internal and intimate coherence," which in disease bursts aside the customary bonds of our thought. He is dissatisfied with theories attributing the phenomena to cœnæsthetic disorders, in the sense that such disorders often can be discovered in the absence of mental concomitants, while on the other hand the manner in which any existing cœnæsthetic impairment is experienced still remains to be explained; this is a question of the mental state of the patient. In regard to the fact of language incoherence, the writer points out that language is a derivative of the "group" to which the individual belongs; the latter, in order to be understood, must subordinate his individualistic traits to the general concepts of the group. His private experiences—all that reaches his consciousness from the depths of his own organs—can be felt only by himself. Cœnæsthetic experience cannot be compared with that of another; it is felt "as an indistinct mass underlying clear consciousness and its doings." Consequently, since language is the fruit of collective experience, cœnæsthesia and collective experience contradict one another.

In this fashion does Professor Blondel seek to explain the unintelligibilities of the insane mind; it is speaking another language than that of normal consciousness; it is trying to express the unknown in terms of the known; in a certain sense, it is in rebellion against the conceptual system of the healthy, conscious mind.

Ingenious all this pleading is, and illuminating too; but there are difficulties, as the writer himself is well aware. Not all insane minds speak an unknown language; actual, definite disorders of cœnæsthesia do not appear by any means always to bulk largely in the insane consciousness; the line between sanity and insanity is not to be drawn as sharply as is here done for the sake of argument. In fact, Professor Blondel admits with disarming candour that "it is not in the cœnæsthetic disorders of which we all have experience, but in the way in which they react, that our patients differ from us." To this extent the theory fails to explain the facts it professes to elucidate.

S. A. K. W.


As a result of numerous experiments on animals Dr. Doppler found that it was possible to produce a physiological block in the vasoconstrictors of vessels by painting the exposed artery with a 5-7 per cent. watery solution of phenol. He showed this exercised a neutralising effect on vasoconstrictor fibres without injuring the vessel otherwise. (The solution is on the market under the name of "Isophenal"). In this way all the effects of the Leriche operation (periarterial sympathectomy) can be brought about in unobjectionable fashion, and, according to the writer, in a more intensive degree. By "Sympathicodiaphtheresis" is signified the production of arterial hyperæmia through the removal
The Troubled Conscience and the Insane Mind

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*J Neurol Psychopathol* 1929 s1-9: 283-284
doi: 10.1136/jnnp.s1-9.35.283

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