
Dr. Read’s experience of war mental cases was exceptionally wide. From the commencement of hostilities, every Expeditionary Force officer, N.C.O., or private, who evinced mental symptoms which could reasonably be thought to be in any way psychotic, was sent to ‘D’ Block, Netley. Cases came there from France, Belgium, Italy, Salonika, Palestine, Mesopotamia, Egypt, and India; there were even a few from Russia; and, besides all these, there were some repatriated prisoners of war.

After introductory chapters on the psychology of the soldier, and on military psychiatry during peace, Dr. Read sketches our military organization for care and treatment in the late war, and presents a number of statistical facts and figures. He then gives a well-arranged study of three thousand consecutive cases admitted to ‘D’ Block in the year 1917, the total number admitted during that year having been 3390. As ‘D’ Block was a clearing hospital with only 127 beds, the stay of most of the cases there was brief; but Dr. Read has followed up their careers nearly twelve months later by visiting all the various war mental hospitals to which they had been transferred. The study of these cases fills by far the greater portion of the book. The labour necessary to the making of it must indeed have been heavy, especially for an observer so encumbered with routine duties; yet the laboriousness of it is nowhere reflected in his attractively written pages.

In his interpretations of the various clinical pictures, the author lays chief stress on psychogenesis, rather to the overshadowing of physical aspects and organic concomitants. This is due perhaps less to any original bias of his than to the peculiar conditions under which his observations had to be made. Throughout, we have to bear these conditions in mind. They influence, among other things, terminology and diagnosis. To an observer in his predicament it is impossible that, for example, ‘dementia praecox’ should mean the same thing that it means to the civil psychiatrist who can patiently study his cases over a space of years, and crown his clinical observations with an anatomical research; its centre of gravity is displaced. From the outset we are entangled in comparisons with non-military psychiatry. We are told that though no special war psychosis exists, the environment and circumstances of warfare tend to bring about ‘certain’ mental reactions which, though seen in other situations, ‘are
not there so common." The specific action of such factors cannot be tested without a comparison with peace experience; it is impossible to study war psychiatry in vacuo. In all generalizations on the subject, such a comparison is implicit and ineradicable; and, as it has to be made, it is best that, in spite of difficulties and pitfalls, it should be made frankly, if the worth of such generalizations as Dr. Read's is to be estimated at all. His readers will certainly make it, each with whatever civil experience he may command.

As regards ratio of insanity to population, Dr. Read says that such figures as he could give would be valueless and misleading, since the population from which his cases were drawn was a continually changing one, and no civil statistics are available for the age period 18-40, within which the soldier mostly falls. And many cases were sent to Netley that would not for a moment have been certified as insane and committed to an asylum in civil life. This, we are told, applies to the mental defectives (18 per cent of the total), all of whom had earned their living prior to enlistment, and to many of the cases of anxiety hysteria, amnesia, psychopathic inferiority, and organic brain disease, so that it seems we should deduct at least some twenty per cent from the total before attempting a comparison with civil asylum experience. As to the remainder, perhaps the relative frequency of the various mental diseases may enlighten us as to the specific effects of war conditions, if, anywhere in the quicksands of classification, we can find rock bottom. We should consider first, of course, diseases in which the personal equation in diagnosis comes least into account—epileptic psychoses and general paralysis.

I have examined the records of male admissions to the Wiltshire County Asylum between the ages of eighteen and forty (excluding any who obviously could never have been acceptable as recruits) for the ten years ending July, 1914. The Netley percentages of epileptic psychoses and general paralysis (1·2, 4·7) are decidedly low, compared with this Wiltshire series (6·5, 10·0). Epileptics had mostly been eliminated from the Army by recruiting boards, or later through a neurological department; but how far can the difference be thus explained? Of Dr. Read's 142 general paralytics, only 61 were under forty years of age, from which it would appear that the percentage of general paralysis for the age period 18-40 must have been even smaller than the figure given would suggest. Probably the figures for this disease are swamped by those for other psychoses, but these are not given in age periods. No doubt there were large numbers of cases of 'situation psychoses', difficult to designate, and quickly recovering when the stressful situation was past. For confusional and paranoid disorders Dr. Read gives large percentages; but here the personal equation operates largely, and no safe conclusion can be drawn. The psychogenetic explanation for confusional disorders is perhaps more plausible than that for paranoid states, whose frequency Dr. Read attributes largely to the psychic effects of military discipline, the wiles of the enemy, and— with a reference to the supposed homosexual basis of paranoia—the herding together of masses of men. We know that a paranoid trend is exceedingly common in psychoses of many kinds; it was observed in at
least 42.7 per cent of cases in my Wiltshire series, and slighter manifestations are to be seen daily in the outside world. It may be noted that in Dr. Read’s series there were only ten cases of pure paranoia.

Some such preliminary survey seems necessary, if we would not misconceive the significance of his interpretations. They are suggestive rather than dogmatic. As suggestions, they are of very high interest. Though at times we may feel tantalized by the lack of proof when it seemed so near, the wonder is not that Dr. Read has not given us more, but that he has been able to give us so much—a contribution to British war psychiatry that is, and is likely to remain, unique.

SYDNEY J. COLE.


This book is based upon a course of lectures to students. A short historical sketch of the development of psychotherapy from ancient times to the present day is outlined. This is followed by a brief exposition of normal psychology, stress being laid upon the interaction of body and mind. The whole subject matter is treated clearly in an elementary, but not dogmatic, manner.

The greater part of the book is devoted to hypnotism, the methods of inducing hypnosis being fully described and their rationale explained. Other forms of suggestion and ‘persuasion’ are also discussed, and the fact that there is no one method of psychotherapy applicable to all and every case is definitely stated. Yet the author has a very strong leaning towards hypnotism, considering that it leads more surely and quickly to the desired result than do other methods even when the latter are applicable in a given case. In a list of disorders for which hypnotic treatment is recommended one finds ‘compulsive ideas’ (Zwangsvorstellungen) and ‘phobias of every sort’. With regard to the duration of a hypnotic session, he states that this should rarely last less than half an hour; he would incline to a longer session—even following Wetterstrand’s method—but for the strain which it imposes upon the operator and the need for it to be carried out in special institutions. The possibilities of doing harm by hypnosis are dismissed as being practicably impossible with an experienced operator. The last chapter is devoted to an all too brief review of analytical methods and the theories deduced from them, and more especially to the work of Freud. The author agrees with Mittenwey that the best way of gaining an understanding of the subject is to trace historically its development from the ‘Studien über Hysterie’: Havelock Ellis has expressed the same opinion. In his own practice the author has not derived much help from psycho-analysis, and he supports Forel’s protest against the term ‘infantile sexuality’. This last section of the book is not so well balanced as the earlier chapters, and is out of proportion to the whole. It is, however, clearly presented, and is calculated to stimulate