

## Reviews and Notices of Books.

**Mental Deficiency (Amentia).** By A. F. TREGOLD, M.D., F.R.C.P.,  
Lecturer on Mental Deficiency, London University, etc. Fifth edition,  
largely rewritten. With 35 plates. London: Baillière Tindall & Cox.  
1929. Pp. 535. Price 25s.

THE fifth edition of Dr. A. F. Tredgold's book on mental deficiency appears opportunely. The increasing attention paid to problems of the mental defective by legislators, sociologists, psychologists, and others outside the ranks of the medical profession has not always been accompanied by due appreciation of their fundamental basis in an imperfectly and unequally developed nervous system. Even if we prefer Sir Oliver Lodge's dictum "no neurone, no manifestation of mind" to that of "no neurone, no mind," to which latter statement we believe most neurologists at least will subscribe, we should still be compelled to study the imperfect instrument, and the anatomo-physiological substratum of its incompleteness, if we are to gain any insight into conduct disorders and asocial outbreaks. Dr. Tredgold's position is clearly set forth in a single sentence: "Whatever may be the relation of mind to brain, it is now fully recognised that the manifestation of mental activity is indissolubly connected with the cells of the cerebral cortex." Dementia follows their degeneration and death, while amentia, or mental deficiency, is associated with their incomplete development. Obviously, then, the radical problem of the mental defective resides in discovery of the antenatal, natal, and post-natal physical events calculated to injure or retard the growth of cortical ganglion cells. This is a problem in neurology and not in psychology. If prevention is better than cure, and early etiological recognition and possible treatment preferable to years of segregation and hospitalization, then any increment of knowledge in regard to germinal factors, brain infections, endocrine disturbances, and so forth, is bound in the end to simplify the complexities of the question. To this desirable end Dr. Tredgold has materially contributed by his remarkably full and detailed descriptions, embodying the most recent advances in knowledge.

It may doubtless be claimed that the subject of the moral delinquent or imbecile to which Dr. Tredgold assigns an especially interesting section of his book, forms a problem in psychology. But the question at once arises whether such moral delinquency is not ipso facto a sign of intellectual defect. Social misconduct, in one of Dr. Tredgold's own instances, developed where there was "no obvious intellectual defect," yet the admission of "pronounced

deficiency of wisdom" is made. In our view this cannot be interpreted as other than a defect of mind, which must we maintain be based on cortical misendowment or imperfection of evolution.

With numerous practical questions of education, training, treatment, with those of a sociological and legal nature, this new edition deals in extenso, providing therefore a kind of encyclopædia of mental deficiency of outstanding serviceableness.

S. A. K. W.

**Sleep and the Treatment of its Disorders.** By R. D. GILLESPIE, M.D., Physician and Lecturer in Psychological Medicine, Guy's Hospital, etc. London: Baillière Tindall & Cox. 1929. Pp. 267. Price 7s. 6d. net.

DR. R. D. GILLESPIE has written a fine little volume on sleep and its manifold problems, which we cordially commend to the busy practitioner and to the expert in nervous or mental disease as well. For here, couched in a pleasantly readable style, will be found a more or less complete exposé of present-day knowledge in respect of the physiology of sleep mechanisms, the pharmacology and mode of action of sedative medicaments, and a highly practical description of how and when to treat any given variety of insomnia. Dr. Gillespie is conversant with the numerous theories of sleep that have at one time or another gained favour, and is sound in his criticism and adequate in his reasons for selection from among them of those on which some reliance may be placed. It is eminently satisfactory to note his conclusion that "the evidence points to the basal grey matter as being a waking-centre and not a sleep-centre," seeing that endless confusion has arisen from the failure of many writers to observe the simple rule that destructive lesions destroy function; if a patient sleeps all the deeper because of destruction of his regio hypothalamica by a neoplasm that area cannot be regarded as constituting a sleep-producing centre, but precisely the reverse.

The reader cannot fail to be impressed by the combination of scientific erudition and skill in a complicated art revealed in these pages, though he may gently remonstrate with their author for providing only a selection, in the bibliographical tables, of the abundant references scattered through the text.

**Die Optische Allæsthesie: Studien zur Psychopathologie der Raumbildung.** By Dr. GEORG HERRMANN and Dr. OTTO POTZL, Prag. With 17 illustrations. Berlin: S. Karger. 1928. Pp. 302. Price Mk. 28.

THE term allæsthesia is as far as the tactile field is concerned synonymous with allochiria and signifies reference of the local signs of cutaneous stimulation to the opposite side of the body from that to which in reality they belong. This tactile allæsthesia is known occasionally in tabes, Brown-Séquard lesions, and other spinal and root affections, and has been described also in some cerebral cases. By optic allæsthesia the authors mean the somewhat more