(1) Goldberger, J., *U.S. Public Health Reports*, 1916, xxxi, No. 46, p. 3159.—(2) Watson, G. A., "Pellagra," *Eleventh Ann. Rept. Board of Control*, p. 127.—(3) McCarrison, R., "Functions of the Adrenal Glands," *Brit. Med. Journ.*, 1923, i, p. 101.—(4) Susman, W., "Morbid Anatomy: Histology of Pellagra," *Edin. Med. Journ.*, February, 1926.—(5) Plimmer, R. H. A., *Repts. Proc. Roy. Soc. Med.*, xix, Sect. Comp. Med., p. 21.—(6) McCarrison, R., "Relationship of Rice to Beri-beri," *Ind. Med. Res. Memoirs*, No. 2, p. 1, 87, *Ind. Journ Med. Res.*—(7) Seale Harris, "Food Conditions and Nutrit. Dis. in Europe," *Trop. Dis. Bull.*, 1920, p. 55.—(8) Goldberger and Wheeler, *U.S. Public Health Reports*, 1915, xxx, No. 46.—(9) Watson, G. A., "Pellagra," *Eleventh Ann. Rept. Board of Control*, p. 123.—(10) Kimber, W. J. T., "Pellagra," *Twelfth Ann. Rept. Board of Control*, p. 128.

Occasional Notes.

*Professor Eugen Bleuler.**

It is both an honour and a pleasure to write an appreciation of the work of Prof. Bleuler on the occasion of his seventieth birthday. The writer became much interested in the work of this eminent psychiatrist in the year 1910, being at that time engaged in the study of the negativistic reactions which many of his patients exhibited. It seemed unsatisfactory to regard negativism merely as a symptom carrying with it the suggestion of an unfavourable prognosis in those cases in which it was observed; it was a form of behaviour, and, as such, it was natural to wish to gain insight into the influences which impelled these patients to assume so curious and disconcerting an attitude towards the environment. Faced with this problem it can readily be understood how stimulating and helpful it was to meet with a series of articles in the *Psychiatrisch-Neurologische Wochenschrift* dealing with the psychological factors concerned in the production of schizophrenic negativism. This penetrating analysis—obviously the production of a great psychiatrist—not only illuminated the obscure problem with which it was immediately concerned, but provided weighty reasons for the investigation of the psychoses along psychological lines.

We associate the name of Prof. Bleuler in particular with the term "schizophrenia," which he suggested might be used to include the group of cases to which the term "dementia præcox" has hitherto been applied. This was much more than a mere change of name; it betokened a change of outlook, and opened up new avenues of approach to the problems of psychiatry. Though we in no sense wish to minimize the great significance of Kraepelin's clinical formulations, it appeared that the term "dementia præcox"

* *Psychiatrisch-Neurologische Wochenschrift*, May 30, 1927.

https://doi.org/10.1192/bjp.73.302.439 Published online by Cambridge University Press

was not an altogether suitable one to apply to many cases in which its symptoms were exhibited. As Kraepelin himself observed, the assumptions upon which the name "dementia præcox" rested are at least doubtful. The malady, as we know, occurs at all ages; it does not necessarily proceed to dementia; and a certain number of cases attain to complete and permanent recovery. Thus dementia præcox suggests (not altogether justifiably) incurability and deterioration, and for this reason it has been apt to give rise to an attitude of resignation and therapeutic inactivity on the part of the psychiatrist in dealing with cases to which the term appears applicable. The term "schizophrenia," on the other hand, does no more than draw attention to a characteristic feature of a large number of mental cases, and it thus makes it incumbent upon the psychiatrist to regard each case as an entity in itself. The various causal factors have to be elucidated; treatment applied in such directions as may be indicated; and a prognosis assigned according to the nature of the symptoms presented and the history obtained. Furthermore, the conception of schizophrenia has enabled us to free ourselves from the necessity of separating our cases into rigid categories or distinct disease entities, and has thus introduced us to the more psychological notion of "reacting-types." Briefly, Prof. Bleuler has taught us that the form which a psychosis assumes, even an organic psychosis, is dependent in a large measure upon the personal peculiarities of the patient.

Prof. Bleuler's psychiatric studies have not only enriched our knowledge of the workings of the diseased mind, they have also paved the way for an increased understanding of human nature as a whole. We know how in the course of his detailed psychological analyses of schizophrenic patients, he found that many of these had exhibited peculiarities of disposition from an early age. They had been seclusive, had shown inadequate emotional responses, and had been difficult to understand. By thus delineating the pre-psychotic traits of the schizophrenic Prof. Bleuler forged a link between the normal and abnormal, and laid the foundations for a differentiation of human beings in psychological types—the syntonic, cyclothymic or introverted on the one hand, and the extroverted or schizoid on the other hand. We need only refer to the notable work of Kretschmer on *Physique and Character* to show how influential Bleuler's conceptions have been in stimulating investigation along lines which have been fruitful in results.

His teaching is essentially psychological and dynamic. For him a psychosis is not merely a disease; it is the expression of a subtle interplay of conflicting forces, and represents an attempt on the part of its subject to attain a state of psychic equilibrium. He

https://doi.org/10.1192/bjp.73.302.439 Published online by Cambridge University Press

has shown that the insane are only expressing in their own peculiar way, and in an exaggerated manner, the same desires, ambitions, hopes and fears as animate the whole of humanity. Thus Bleuler counsels us not to remain content to merely describe the symptoms which our patients exhibit, but to make an endeavour to interpret and understand them as well. Those who have followed his teaching cannot have failed to discover that what appears on the surface to be meaningless and irrational behaviour on the part of these schizophrenic patients is no more than a logical reaction to their inner psychic experiences.

Prof. Bleuler is held in the highest respect by psychiatrists in the British Empire, all of whom will join with the writer in congratulating him on the occasion of his seventieth birthday. We all wish him "many happy returns of the day," and hope that he will still continue to make further contributions to psychiatry. The recent translation of his text-book into English will do much to extend still further his sphere of influence. [*Vide* p. 455.]

H. DEVINE.

The Medical Staff of Mental Clinics.

THE above matter and the attitude of the Council of the British Medical Association to it is so fully dealt with in other pages of this number that there is but little need for editorial comment.

We would, however, like to point out that the real reason why the Hospitals Committee of the Council of the British Medical Association made their recommendation to the latter body—a recommendation banning medical officers of county and borough mental hospitals from rendering specialist services at mental clinics —was largely lost sight of at the meeting of the Council of the Association at which it was discussed. Loose argument, prejudice and ignorance predominated and successfully carried the day. We think that this real reason should be recorded. It is reported to be that the whole-time officer employed by the local authority and the hospital superintendent ought not, on general principles which had been enunciated by the British Medical Association from time to time, to be allowed to take these extra appointments, which might very well be left to the part-time appointment of private practitioners if they were properly qualified to carry out the work required.

There is no point in this argument, unless it is contemplated that the specialist staff at mental clinics will be paid officials. If not, then the general practitioner, equally with the whole-time medical officer of a public mental hospital, will devote his spare time to mental clinics. But how many general practitioners are properly

https://doi.org/10.1192/bjp.73.302.439 Published online by Cambridge University Press