dealing with early cases of mental disorder, etc., local authorities will hesitate to expend money in building. Of the various buildings local authorities might put up, undoubtedly it would be safer to enlarge the present mental hospitals in the direction of buildings specially suitable for recent and acute cases, and this will be more economical in the long run.

We are not obsessed with any ideals except practical ones, but we want all patients to have the best possible treatment; we want every insane person, however long he has so suffered, to be searched for every possible cause of his disorder, and every avenue of treatment to be explored, before being considered incurable.

As to the question of nurses' homes, we have already spoken of the great advantage of separate buildings for this purpose. In the big hospitals there are at present many wards converted into cubicles for nurses, which could thereby revert to the accommodation of the patients, and thus help to lessen the existing overcrowding.

Prof. Emil Kraepelin.

THE *Psychiatrisch-Neurologische Wochenschrift*, edited by Dr. Joh. Bresler, has commemorated the occasion of Prof. Kraepelin attaining his seventieth birthday in 1926 by the publication of articles appreciative of his career as one of the outstanding figures in the history of modern psychiatry.

In recent numbers articles have appeared from the pen of Sir Frederick Mott, as President of the Royal Medico-Psychological Association and from Prof. G. M. Robertson, who kindly undertook this duty on behalf of the Editors of the *Journal of Mental Science*. Both articles are educative and illuminating, and the Association will be grateful to the authors for the manner in which these duties have been carried out.

We have much pleasure in reproducing these for the information of members, but as regards Sir Frederick Mott's article, we regret space only permits us to reproduce the introductory remarks.

Sir Frederick Mott, *K.B.E.*, F.R.S., writes as follows:

I esteem it a privilege to have been asked as "President of the Royal Medico-Psychological Association" of Great Britain and Ireland to contribute to the *Festschrift* in honour of the seventieth birthday of the illustrious Prof. Kraepelin.

Personally, and on behalf of the members of the Association of which I have the honour to be President, I desire to offer cordial congratulations to Prof. Kraepelin and, at the same time, to express gratitude and admiration for the great pioneer work he has accomplished in psychiatry. We realize the

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world-wide influence he has exercised as a clinician and a teacher at the Psychiatric Institute (Deutsche Forschungsanstalt) of Munich. He has correlated his clinical teaching of dementia paralytica and dementia præcox with the very important pathological discoveries of his late colleagues Nissl and Alzheimer, which tend strongly to support Prof. Kraepelin's views of the physiogenic origin of the latter disease, in opposition to the psycho-analytic psychogenic teaching.

The neuro-pathological and serological investigations of Spielmeyer and Plaut, which are now and have been in the past carried on in the Munich School inspired by Prof. Kraepelin, maintain the same high standard of originality and accuracy as the work of their predecessors.

The importance of the correlation of clinical and laboratory work finds full recognition in his great text-book on *Psychiatrie*, which has spread its light over the whole world, and exercised everywhere a great stimulating influence in this direction.

Thus my observations on the condition of the reproductive organs when making *post-mortem* examinations led me to the conclusion that various bodily anomalies, such as fibrotic ovaries, small testes, and other conditions, occurred much more frequently in cases of dementia præcox than in other mental diseases. Again, the frequency with which these patients succumbed to tuberculosis, as compared with patients dying of paralytic dementia, led me to the general conclusion fifteen years ago that the principal factor of this disease was an innate disposition, a low vital resistance. My clinical experiences accorded with the above-mentioned pathological conditions. I naturally turned to the standard work of Prof. Kraepelin, and found that as regards external causes such as mental stress, infections, alcoholism or syphilis in the patients he considered the evidence unsatisfactory. But he said: We stand perhaps on a somewhat firmer foundation in the consideration of the relations between dementia præcox and reproduction. Apart from the fact that disorders of menstruation are frequent and, moreover, exacerbations of the morbid process are often observed during the menses, dementia præcox begins in a considerable number of cases during pregnancy, in childbed, or often in a miscarriage, sometimes also first in the period of lactation. In Heidelberg I saw nearly a fourth of the catatonic cases in women develop in connection with reproduction, while of the hebephrenic cases not one-tenth occurred.

I found that Prof. Kraepelin did not consider that onanism was the cause, but rather the result of the mental condition. Moreover, I learnt that he considered the morbid anatomy disclosed, not simple inadequacy of the nervous constitution, but distinctive morbid processes. And stimulated by the opinion of this great authority, I was led to undertake two lines of research: one regarding hereditary predisposition, the other a comparative systematic histological survey of the reproductive organs in both sexes, and this investigation was further extended to the pituitary, adrenal and thyroid glands.

I have summarized these researches in the latter part of the Harveian Oration delivered at the Royal College of Physicians in October, 1925. Moreover, I have endeavoured to put forward a biogenetic explanation of the causes of schizophrenia occurring in dementia præcox.

And Prof. George M. Robertson, M.D., F.R.C.P.Edin., as follows:

Seventeen years ago Prof. Emil Kraepelin was elected an Honorary Member of the Medico-Psychological Association of Great Britain and Ireland, now the Royal Medico-Psychological Association, and this fact of itself in the most convincing manner indicates the high esteem in which he is held as a psychiatrist by those in this country who are in a position to judge.

Professor Kraepelin's genius has adorned many departments of psychiatry, but it is with his work on dementia præcox that his name and his reputation are most closely linked in our minds. As a nation we are not impressionable, not easily convinced, nor readily moved, and in no country has there been less inclination to accept his doctrines without qualification than in this. The older psychiatrists were most reluctant to discard the clinical ideas of their generation. Prof. Kraepelin's masterly summary of the symptoms met with in this disorder, if it has not carried final and complete conviction to the minds of all, has at

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least captured our attention, and it is generally admitted that he has substantiated his main thesis.

The identity of Clouston's "Secondary Dementia of Adolescence" with the chief forms of dementia præcox is recognized, but whereas Sir Thomas Clouston regarded some cases of adolescent insanity as being of an unfavourable type which often ended in dementia, he did not separate these from cases of manic-depressive insanity. Prof. Kraepelin, on the other hand, regarded these cases from the initial symptoms onwards as being examples of a distinct form of disease, namely dementia præcox. Whether this hypothesis has been proved to the hilt or not, Prof. Kraepelin has enabled us to differentiate with a great degree of success between those cases occurring at the adolescent period which terminate favourably and those which do not.

Dementia præcox has excited more interest and speculation than any other form of insanity in our time. The opinion is frankly recorded that no conception dealing with mental disease, advocated during the last fifty years, has been more fruitful of beneficial results than that of dementia præcox. Out of a symptomatology which before had been chaotic and disheartening, Prof. Kraepelin evolved a scheme which, if it did not introduce perfect order, certainly marked a very great advance. And not the least of the benefits that psychiatry has derived from him has been the greater accuracy of observation that his views have enforced upon all clinicians who desire to make an exact diagnosis or prognosis.

Now that general paralysis of the insane after a century has yielded up most of its secrets, by far the most important problem facing the community in the domain of mental hygiene is that of dementia præcox. How to avert this dementia is the cardinal problem of psychiatry.

We all join in honouring Prof. Kraepelin, who, along with much other work, has done more to give us an understanding of the nature of this distressing malady than any other person.

Part II.—Reviews.

An Outline of Psychology. By WILLIAM MCDOUGALL, F.R.S. London: Methuen & Co., Ltd., 1923. Demy 8vo. Pp. xvi + 456. Price 12*s.*

(Continued from vol. lxxi, 1925, p. 570.)*

Before commenting on the third and fourth of the four parts into which we found it convenient to roughly divide the contents of this work, let us look at the basis upon which Prof. McDougall builds his psychology from a somewhat different angle.

In his introductory chapter he sketches the history of psychology†

* This, strictly speaking, is more than a review, and is expressly written for those readers who have not yet had time or opportunity of studying in a wider sense the problems raised by Prof. McDougall.—[EDS.]

† The word "psychology" did not come into use until the end of the sixteenth century, and according to Hamilton its true author was one Rudolphus Goclenios of Marburg, who issued a work under this name in its Greek form in 1594. It is preferable to "philosophy of mind," or "phenomenology of mind," etc., because it avoids a plurality of words and can be used adjectively.

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