BOOK REVIEWS

A MIND ASSAILED

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Not far from here there is one of those wonderful general stores which stocks everything, and nosing around there about a year ago, I saw a paperback whose cover suggested some sort of mild semi-pornography. I am a browser and peeked in to it for there is always the possibility of finding that rarity, a readable pornographic novel.

I was disappointed in that hope but discovered inside those unlikely covers something much better: a classic description of a grave psychiatric illness by a keen and exact observer who had come through the fire herself.

Having some specialized knowledge of these writings, I was surprised and delighted to find one that I had somehow missed. After the first few pages I realized that here was a book which could be fruitfully compared with the socially effective *A Mind That Found Itself* by Clifford. Beers;[1] the *Schreber Memoirs;*[2] which had such an extraordinary impact on Freud and so generating the "Psychoanalytic Theory of the Psychoses;"[3] Thomas Hennell's brilliant and haunting book *The Witnesses;*[4] Gregory Stefan's strange and glittering work *In Search of Sanity;*[5] or John Bait's truly horrific *By Reason of Insanity.*[6]

It is a brief, vivid, well written and well constructed account of a severe psychiatric illness afflicting a married woman in her mid 30's. It is a thoroughly workman-like book, so clearly expounded that it even raises some interesting clinical problems.

She tells us of the early rumblings of her illness followed by her confinement in a presumably expensive private hospital whose methods seem crude and long out of date. From here she was eventually transferred to a well known psychiatric center where she made a slow but steady recovery under the care of a greatly esteemed psychiatrist, now unfortunately dead, who chanced to be a personal friend of mine. For reasons which will later become clear, I shall call him Dr. Y., even though he is named in the text.

This book, brief though it was, raised a number of important and unresolved problems. It seems strange that in the 1960's a wealthy woman could be confined in a hospital whose personnel and practices leave so very much to be desired. It may be argued, of course, that it was her illness which produced such an unfavorable response to this place, yet her description of the two other hospitals, including one which I know fairly well, were eminently sensible and fair; indeed, as a visitor to the latter, I found it easily recognizable, I could almost place her in the building.

She shows that expensive care can be bad and as I have suggested elsewhere[7] it seems that some kind of "consumers' guide" to mental hospitals, private or public, is long overdue. The standards vary so greatly in spite of our present inspectoral devices, and since many hundreds of

thousands of people spend weeks and months of their lives in these hospitals, a guide book about them should surely be provided.

Someone like Mrs. X. could perhaps organize a team of consumer-inspectors whose clear and pungent comments would reduce abuses, encourage better practices and procedures and foster self examination and self-questioning in the hospital surveyed. It is untrue to say that this "must be harmful": it would simply be formalizing what happens at the moment and after all the National Mental Health Association sprang from Beer's book, A *Mind That Found Itself.*[1]

In her conclusions, Mrs. X. states:

"I feel that during my mental illness my children, the very ones who most needed understanding in my condition, rather than being told the truth were the ones who were kept most in the dark." She added that the headmaster of one child did not know about her illness and so did not realize why the boy was not doing his best. The children had been told that their mother had disappeared because her ulcer had recurred; but since she did not write or telephone, as she had always done in the past, they were bewildered by this and kept wondering why they could not see her. She gives a pathetic account of a visit from her daughter:

"When one of my children finally was allowed to come to see me in the second hospital I was in, she wept. At first I thought it was the emotion of seeing me again but she kept repeating, 'You're not locked up, you're not tied up, there aren't any pads on the walls and there are no bars on your windows and this a regulation room.' She had been living with a snake-pit image for God knows how many months and it wreaked far more than the truth which was explainable and comprehensible. How much better it would have been if she was provided with a clear description of the place I was in even when it was locked; and been kept abreast of some of the treatment that was being given to me to make me well, then she herself would have become aware of my progress. My oldest daughter was allowed to visit me during, the time I was having shock treatments. Although she knew I was having shock treatments, no one had told me that my mind would be rambling and that I would be incoherent. Consequently she was indescribably and unnecessarily upset." Mrs. X. points out how stupid this was and how much harm it did. She has many wise and sensible things to say about making the experience in hospital less frightening both to the patient and to the family. I was particularly struck by this observation: *"One of the most important things I learned was that the patient has certain rights that he is entitled to. I was so terrified at first that I was convinced that I had no rights and no one thought to tell me that I had any. If I had known that I could turn to a lawyer for instance, on the outside, I would have been less terrified and not had the feeling that I might be locked away for life. In the bad hospital, I was forbidden to make phone calls and my mail was returned to me if I made any complaints."* This was indeed, a "bad" hospital. One hopes that her book will be widely read so that practices of this kind will be recognized and instead of being tacitly accepted, strongly questioned and discouraged. However, in addition to her acute observations regarding treatment and care, Mrs. X.'s book provides a fascinating clinical problem from the technical point of view. On page 18 she states:

"My illness was diagnosed as a pathological depression, with suicidal tendencies and delusions. Intellectually I was rational, but because of my

depression, my state of mind took over to such an extent that I was misinterpreting and distorting reality. I was completely aware of every moment, and my faculty for recollection was more intensely developed than it had ever been, hauntingly so. During one period, only did I lose my intellectual rationality and memory; that was during shock treatment." After many misfortunes, Mrs. X. eventually came under the care of my lamented friend whose clinical skill was widely recognized and admired. He was working in one of the best hospitals in this country. From her account of his diagnosis of her illness, I expected to read about an affective illness; that is, one in which changes in mood predominate and which determine the course of the illness. She is an excellent witness who does not seem given to exaggeration. Her book is set out in a satisfying and orderly way so that one is able to follow the source of her affliction without much difficulty. This is how she describes its onset:

"You are acutely, painfully and unforgettably aware of the line, the fine line between the rational and the irrational, and the fact that you have crossed it. You will have a horror of crossing it again, which will become numb with time, if time is good to you. But in some dark little corner of your mind, a fear of recurrence, or 'going back,' will be there haunting you for a long, long time, possibly for the rest of your life." Her powerful sense of continuity and historical relationships is reflected throughout her story. There can be no doubt that she was depressed and it is equally clear that this came on very gradually. She descended slowly into the pit, as it were. Because of the excellence and clarity of her narrative, the nature of this depression however, becomes questionable. She writes: *"I can no longer find my way back*

to my familiar and known world where I did dwell once in some harmony with myself. Everyone is on the other side of an impenetrable glass. We can see each other but we cannot reach each other, and I am stretching my hand out in vain. I am alone and abandoned in the dark, and I am terrified, beyond any understanding, and the not understanding leaves me in a state of paralyzing panic. I can't move in any direction. I am becoming more and more rigid physically. I am afraid that if 1 turn my head, even a little, I will see my horrible terrors and they will overwhelm me." There is an odd similarity between this comment and a note which I wrote in October, 1963, after taking adrenochrome[8] as an experiment. I was at a scientific meeting the following day.

"Dear Abe :

This damn stuff is still working. The odd thing is that stress brings it on after about 15 minutes. I have this glass wall, other side of the barrier feeling. It is fluctuant, almost intangible but I know it's there. It wasn't there three quarters of an hour ago. The stress is a minor one of getting the car. I have a feeling that I don't know anyone here, absurd, but unpleasant. Also some slight ideas of reference arising from my sensation of oddness. I have just begun to wonder if my hands are writing this, crazy of course."

A little later, Mrs. X. describes a fishing expedition when she became acutely aware of the quite exceptional beauty of the country side. She writes:

"I thought how much we are a part of what we see and feel, and how we see and feel it.

'7 wanted this moment to go on forever. When I opened my eyes to get on to the fly-tying job, suddenly I felt something had gone wrong. I had a terrible sense of dread, and I was overwhelmed by panic—all the more inexplicable because of my feelings and thoughts just seconds before. I could not move. I hurt all over—in my heart, my body, my head, too. I said to myself, 'what's wrong you idiot? Get up and take a look around.' But when I did, I thought I saw bears all around me, converging on my bend of the stream, closing in on me (we had seen a bear at a distance out riding, a few days earlier). Why were they after me? Did they want my fish? I looked around frantically for a way to escape, and in my panic I forgot where I tied my horse. The terror became unbearable. I flung my fish to the ground and plunged into the stream and tried desperately to wade against the current, hoping the bears could not swim. The stream was near freezing and the current was strong. It was like a nightmare in which you try to run and cannot. My legs behaved as if they were made of putty. It was like being caught in quicksand.

". . . Now the tears are streaming down my face. I felt rain, I heard thunder, I saw lightning. The wind had increased to hurricane proportions; the rain had turned to sleet. Why was it suddenly so dark? I ran frantically through a clump of trees, catching my rod and line on the branches. I dropped the rod, groped through the trees and ran right into my horse. He was munching peacefully on a branch, just where I had left him.

"What had happened to me? I looked upward—the sky was a cloudless blue; there was an afterglow lingering across the valley, from the sun setting behind the highest mountains. High up, an osprey glided. I could see his nest on top of a tall, dead tree, far away. There was no rain. No wind. No thunder. No lightning." It is not surprising that after this, although she previously had been fond of solitude, she became increasingly frightened of being alone. A little later on she describes how frightened she became of flying, too, and describes a violent feeling of claustrophobia when in a plane. Unfortunately, she gives us very few details about this feeling of claustrophobia and does not describe exactly what happened.

These old pantechnicon words carried over from the 19th century frequently conceal fear induced by perceptual anomalies as Bernard Aaronson's work[9] has shown very vividly.

Interestingly enough, in the case of Mr. Kovish,[10] an asthmatic man, who accidentally took discolored adrenalin by inhalation for some weeks, also developed a sudden fear of flying, which he described in some detail.

Here is a very clear account of a perceptual disturbance involving size:

"Later, coming back from Florida on the train to New York, I was lying on my bed in my compartment with a very lovable stray cat we had adopted, or rather that had adopted us. Suddenly he looked much too big, and I flung him off the bed in terror. I burst into tears, because I really loved him, and I had hurt him. I ran to the club car to join the children, trying to feel normal." She gives many other examples of extreme panic which is related to perceptual changes although later she does not analyze them as elegantly and exactly as she did in the earlier examples, possibly because she was never taught their significance. On page 30 for instance, we have another description:

"My lungs, my stomach and my legs had a funny 'all-gone' feeling. The objects I tagged seemed to be floating in

a spaceless kind of world. I wanted to play the piano, usually a source of much pleasure to me, but I could not go near it, no matter how hard I tried. I had a craving, an overpowering compulsion, to get everything settled and unpacked all at once in this new house, as if there were no time left, as if external order in the house might produce internal order inside me. Consequently I worked way beyond the limits of my strength, late into the nights." This is a clear and spontaneous description of changes in her perception of time and space. A little later on she describes a combination of intensified perception and malperception:

"A woodpecker had been visiting us every morning and had been hammering on a piece of metal with which we had covered the tops of our chimneys to keep out squirrels.

One morning he made such a deafening noise, I felt the whole house tremble. The noise echoed and reechoed through the rooms, thundering in every corner as if the plumbing had gone berserk all over the house, and all the pipes had become human and were screaming to be let out of the walls that enclosed them. I lay awake every morning waiting for the woodpecker, dreading his coming, and dreading his not coming. Now the bureau that I had had since I was a child was beginning to threaten me. It was trying to crush me. It was developing a sort of face, and it was moving. I did not dare go to the village. I was sure that I looked queer and that people were whispering about me. I looked at the mirror. I did not look like the me I once knew, but I had developed a hump or deformity that showed." In the chapter on the onset of the illness, there are many accounts of this kind. On page 34, we have: *"Oh God, anything to end these endless minutes like hours. Time stands still—it has stopped forever. Has a second gone by?"* My colleague, Dr. Bernard Aaronson in his hypnosis experiments, [11] has shown that many of his subjects, when time is stopped by post-hypnotic suggestion, become extremely anxious and fearful.

On the same page (page 34) Mrs. X. refers to her nightmares adding:
"And the nightmares did not stop when I woke up; they continued. I no longer knew what was real or what a dream was. When I awakened, I had to identify each object in my room in order to identify myself." As in so many other books of this kind, the world within one's self and the world without are beginning to flow into each other and she has become increasingly unclear as to what is real and what is not. On page 37 she describes her last interview with her doctor before going into the hospital:

Me: "I don't exist anymore; there is no me."

Doctor: "But I see you sitting on the other side of the desk from me. Aren't you?"

Me: "Yes, but I've lost my mind, so I am not really here."

Doctor: "You came here alone, didn't you?"
Me: "What's wrong with me?" Doctor: "You are temporarily emotionally very disturbed. This does not mean that you will not get well"

Me: "You've got to protect me—from me.

Doctor: "I am going to put you in the hospital." What is extraordinary, is that in this section in the book and from then on, although one presumes that these malperceptions continued and we know from later in her book that Mrs. X. continued to be worried about them, at no time did they receive any

rational explanation. Although, historically they preceded the development of her depression and were very closely associated with her extreme anxiety, if not the "cause" of it. She came to look upon them as being the symptoms of her depression, although she herself, gives not one jot of evidence for this.

Her doctors, whether admirable or in-admirable, never seem to have discussed these experiences with her, although they discussed nearly everything else, including her earliest childhood experiences, her relationship with her parents, her marriage, the very frightening experience when the liner Andrea Doria was sunk by the Stockholm when she, her husband and her two children were passengers on board the Italian ship, and much else besides.

She seems to have had and required no explanation for all these extraordinary happenings, including the hated voice which she describes on page 72 as "coming back." On page 138 her doctor said: *"Think of your illness as an emotional disturbance, not a mental illness, because it is more comforting to know that it doesn't damage your mind."* She adds.

"I wish, I had been shown this difference in terms sooner." But is it really so comforting to know that an "emotional disturbance," whatever that may be, can produce such an overwhelming catastrophe of this kind? Mrs. X., who is an acutely intelligent woman, might have been more comforted and been able to cope better with her very difficult situation had she been told, that in consequence of as yet unknown biological disturbance, her perceptions were letting her down in a very specific way.

While this was very unpleasant for her at the moment, the odds were greatly in favor that this could be righted and that she would get well again. Her panic and fears were not irrational in any ordinary sense, she was behaving with perfect rationality in the face of much disordered perceptions which must have made ordinary life very difficult indeed. Yet if her account is to be believed, and I do believe it, for it is very credible, little or no attention was paid to her strange perceptions even by a physician, whose skill and kindness was wholly admirable.

In this book, Mrs. X. describes an illness in which disturbed perceptions preceded and aggravated disturbed feelings. She became at first frightened and then depressed by these recurrences of episodic perceptual changes, her thinking, as she notes, and as her narrative shows, remained remarkably clear. This was a great asset. It seems a pity that more use was not made of it.

She was lucky indeed, to come under such a humane and able psychiatrist as Dr. Y. Yet it seems ironical that so little use was made in her day to day treatment of these perceptual disturbances which she reports so vividly and which she evidently remembered so clearly and exactly years later. This omission was all the stranger because Dr. Y. was, to my knowledge, well acquaint with the work of Lewis and Pio-trowsky,[12] in the early 1950s did pioneer work on the importance of these perceptual disturbances in psychiatric diagnosis.*

Luckily with the development of such tests as the HOD[13] and the EWI, [14] it will become increasingly difficult for psychiatrists and psychologists to ignore the importance of perceptual anomalies in psychiatric illness. This will probably result in somewhat different classifications of these illnesses. The greater understanding that this produces for patients, psychiatrists and the hospital staff should make treatment easier to give and to receive, since it will be based on the patient's experiences rather than a variety of more or less successful "interpretations" and explanations.

Quite apart from the value of descriptions of mental illnesses by those who have suffered from them, Mrs. X. writes very

well. This book can be strongly recommended for psychiatrists, psychologists, nurses working in psychiatry, social workers, sociologists and, of course, to interested members of the public. However, it is possible that professionals in these various disciplines will excuse themselves for lack of time. If they do not read it themselves, they should at least, insist that their students do so and question them carefully about it.

The narrative is clear, brief, well written, and if one pays careful attention to what is in the text and does not allow one's self to be diverted by one's own or the author's explanations and rationalizations (made long after the events described so well here) one gets a wonderfully clear picture of the development of what I would call in today's terminology, a schizo-affective illness.

But what is in a name? This is a rather unattractive one. I think we should coin another; for illnesses are always changing their names. Perhaps schizophrenia has done its stint and a better term should be found. This sinister word has never been very satisfactory. It came in to use largely because people were getting tired of the doom-ridden and equally misleading dementia praecox made popular by the famous Emil Kraepelin. So far as I know, it has never been shown that Bleuler's essential slippage between thought and feeling combined with the characteristic disorder of association which he considers pathognomic, do in fact, precede perceptual changes. Since we have now had over 60 years to confirm Bleuler's contention, his views must at best be considered problematic.

Unfortunately, neither Bleuler nor Kraepelin seem to have been aware of the earlier English literature in this and in other respects, had they understood its significance we would be much less confused than we are today, for the schizophrenic syndrome diagnosed today corresponds only modestly with Bleuler's misleading description which is, in my opinion, a rarity. We now have much evidence that changes of thinking and mood are often, perhaps nearly always, secondary to changes in sensory perception in those illnesses which we later call schizophrenic.

Yet what name should we use, for naming an illness is and always has been one of the major functions of medicine. A nameless disease chills doctor and patient alike, filling them with apprehension.

Dr. Mark Altschule[15] has suggested that we call it Pinel or Haslam's Syndrome, after two of the great physicians who described it at the end of the 18th century. If we are to make it an eponymous disease or syndrome, the honor should surely go either to William Battie[16] or to Thomas Willis,[17] both of whom preceded either Pinel or Haslam in describing this condition. My preference would be Battie, for Willis has been immortalized by the circle of arteries in the brain named after him.

Battie was one of the most able and humane 18th century doctors, known not only as a physician but as a poet, liberal, wit, funster and showed his robust humor by calling his specialty the "mad business" and its practitioners "mad doctors," an excellent way of discouraging pomposity. In his splendidly compact treatise written in 1757, he states: "Madness or false perception, being a praeternatural state or disorder of sensation." He and his contemporaries used sensation, sense perception and perception almost synonymously. Willis, over a century earlier had written, "For these kinds of brains like distorted looking glasses, do not rightly collect images of things, nor truly object* them to the rational soul."

In the 1830's John Conolly[18] showed that many sensory anomalies occurred in "insanity" (the then fashionable and hygienic word for what we now call schizophrenia) and he demonstrated how these affected other "faculties of the mind," such as attention, judgment, imagination, association,

mood and volition. He noted very acutely that: "In all these cases, for they all admit of one explanation, there is first a morbid sensation. We have seen that a morbid sensation does not constitute madness. But this impairment of sensation becomes, in certain cases, productive of, or accompanied by, a loss of the comparing power; either productive of the loss by its force or accompanied by it in consequence of some further disease, as of the attention or memory and then there is madness."

Battie himself, would have much enjoyed seeing an outlandish foreign word like schizophrenia being transformed into something so familiar and wholesome as Batties' Syndrome.

I am not sure that I agree with Juliet, that "That which we call a rose by any other name would smell as sweet." However, schizophrenia certainly stinks; it is a matter of giving a dog a bad name. What should be done now? Batties' Syndrome is apt and unfrightening, it can be defined clearly in operational terms. Unfortunately it is a trifle archaic, presuming a knowledge of medical history which seldom obtains today and perhaps it is not quite imposing enough for general medical use.

I suggest Metabolic Malperception, which is a sonorous term, meaning a syndrome engendered by metabolic changes not always known and characterized by a variety of disturbing and usually unpleasant perceptual anomalies lasting for a great or lesser time and accompanied by few or many changes in thinking, mood and behavior. For domestic use it can be abbreviated conveniently to MM.

This then is one of the most consistently sensible accounts of a grave mental illness which I have read. It is written with an admirable clarity and an unusual combination of detachment and common sense without denial. The author took a tough and flexible mind into that furnace of despair where she held prisoner so long, yet she has emerged from the ordeal tempered and burnished rather than shattered.

SEQUEL

The reader will notice that I have not yet named this good book. That omission is deliberate and arises from a bizarre series of events which bear upon the subject of this review. Indeed they suggest that the disregard shown by many psychiatrists for perceptual disturbances in mental illnesses, continues in spite of Lewis and Piotrow-sky's findings and the many confirmations of their work. It looks as if resistance to these ideas is no longer due merely to ignorance, but has become an entrenched prejudice resulting in an unwillingness and inability to examine the data, however well attested and clearly presented. There is nothing new about such willful blindness, but when it occurs it is usually worth some study.

As is my custom, I sent the authoress a copy of my review via her publishers and some weeks later received a friendly reply from her. She happened to be in the hospital with an illness unrelated to her previous psychiatric condition. She was pleased that her book, written some years before, had been read with care and attention. She raised no objections to the article. She wrote:

"Your comments, arguments and points are most apt. I have been over them carefully with my present shrink, Dr. Z. He knew Dr. Y. well. He says that a larger percentage of psychiatrists would give one your term for my illness than would give one Dr. Y's. He is inclined to bridge the two since he is dedicated to depression, manic depressions, etc. . . . By and large I was amazed at the importance you give the book and awfully pleased." I have reviewed many books by those who have suffered from psychiatric illnesses and have found that they are often surprised and always glad that their writing should be considered essential for un-

understanding these conditions, which, indeed, they are. However, very few psychiatrists and psychologists are aware of the extent, the variety and importance of this literature, so that little use has been made of it in research, teaching and assisting patients to understand their illnesses.

Within a few days of Mrs. X's. letter, I received a very different kind of communication from a Dr. Q. His exact relationship to Mrs. X. remains unclear to me for she refers to Dr. Z. as her "present shrink" and successor to our mutual friend, Dr. Y. After some introductory remarks, Dr. Q. wrote: *"I read it carefully and I must tell you that I consider this one of the most injudicious, ill advised, and extremely careless documents I have ever read, for you to call this patient schizophrenic without ever seeing the patient, let alone examining her to send her a copy of your illuminations is the height of effrontery. Others at this medical center, including the director, have become aware of your questionable conduct and are equally indignant. I have been authorized by Mrs. X. and her attorneys to advise you that under no circumstances are you to publish this article on her book in the JOURNAL OF SCHIZOPHRENIA."* It seemed typical of him, that I have never actually had a letter from him, but a zerox copy of his letter to me. I replied to this impertinance in the words of Radical Jack Wilkes, the great libertarian, Lord Mayor of London during the 1770's. His custom was to answer correspondents, whose missives he found neither witty nor wise, while sitting on the close stool with, "Sir, your letter which is now before me, will soon be behind me." I have heard no more of him and it is one of the very few occasions when I would not regret making an enemy.

Within a few days, a second letter came from the lady herself. She was so confused and uncertain after talking with Dr. Q. and begged me not to publish. With such a friend, poor Mrs. X. needed no enemies, for by his blundering ignorance he was trying to suppress a favorable review of an author's book in a scientific journal, alleging that this was a "diagnosis." This was not only a strange departure from medical, scientific and literary custom, but also an unusual and weird form of censorship. It is always risky to try and prevent even bad reviews from appearing in journals, but it is unheard of to attempt to suppress good ones.

His threats to employ Mrs. X.'s attorneys on her authorization, were, if I understood her correctly, fictitious. It would have been an unusual task for lawyers to secure an injunction against the publication of what might not unfairly be called a rave review.

However good Dr. Q.'s intentions may have been, he had succeeded in needlessly alarming and distressing Mrs. X. while antagonising me. For one supposedly devoted to the study, teaching and practice of human relationships, derived from a long training and experience in psychiatry and psychoanalysis, this was a deplorable performance. The question remained, what should be done?

Here was an interesting and valuable book, which had been reviewed by a competent authority for a small scientific journal, yet the authoress, egged on by a well-known, though bad mannered psychiatrist, was demanding that any references to it be suppressed. This was absurd without being funny.

The medical censor, even though he be ten times psychoanalyzed and ensconced in the highest professorial chair is no more acceptable than the political censor. In his hasty zeal, Dr. Q. had failed to notice that the book being reviewed was in the public domain and a reviewer was entitled to comment upon it as he saw fit. It happened that my views were very favorable, but favorable or not, it makes no difference whatever in principle.

Yet I did not wish or intend to endanger this courageous lady's mental well being or even to cause her unhappiness. Although, since she had already weathered many appalling and sometimes horrifying experiences which she describes so well, it seemed unlikely that anything I wrote would harm her. Whatever Dr. Q. believed, her own psychiatrist, Dr. Z., took the matter calmly enough. Patients are seldom so naive as to suppose that doctors never differ.

If I, as an author, published a description and a purported diagnosis of an illness occurring to me or anyone else, any critic has a perfect right to discuss description, diagnosis and treatment, too. In this book, because the authoress' excellent narration, combined with her detachment and humor, made it possible to follow what had happened, it was pertinent to raise these questions just as Freud did when he discussed the Schreber Memoirs in his essay.

I asked myself why Dr. Q.'s ranting had upset her so much and suspected that it had been the use of that word, schizophrenia, Bleuler's ambiguous and misleading invention. What had happened, I supposed, was that Dr. Q.'s exaggerations had frightened her and her family. I had a duty not to harm her but an equal duty to see that free comment was not suppressed by threats, even when those threats emanate from a physician who believed he was helping his own or someone else's patient. One does not give way to a bully, even when he attempts to clothe himself with medical authority.

I put the matter to the lady and sometime later we had a friendly and sensible chat together on the phone. She was now safely out of hospital and was beginning, I suspect, to see that there was a certain comicality about being caught in a cross-fire between two furious "mad doctors" (to use the 18th century word for us). I suggested that had she or her publishers consulted me before the book was printed, I would have advised her to use a pseudonym, a prudent and proper procedure which would have saved her just this kind of embarrassment.

I was not concerned that general readers should identify the book but I did want scholars and teachers working in this small but important field of study to be able to obtain it and to judge whether my high opinion of it was justified or not. I suggested that I would treat it as an anonymous record, of which there are many, and would only make the reference available to those who were seriously interested in it for professional reasons. Since there are still very few of us aware of the value of such writing, I doubt whether I shall have many enquiries.

But was of Dr. Q.? What can we learn from his behavior? First, for all his scorn regarding this review, there is no evidence that he has bothered to read Mrs. X.'s book and studied what she herself tells us. Neither has he related this to Lewis and Piotrowsky's paper and to later work deriving from that excellent research. Were he to do this, he might have to think rather than expostulate. It may be that years of teaching have made him unwilling to admit that there are any views other than his. Psychiatric residents at McGill in Canada have recently been making just this complaint about their teachers.

Second, psychiatrists sometimes urge and are less often encouraged by their admirers to make their skills in human relationships available to politicians and diplomats, thus sweetening the commerce between nations and so contributing to the general safety of our world. Should this happen, Dr. Q., who occupies a high position in a famous University, Department of Psychiatry, might be one of those called upon for this delicate exercise of our professional skills. If his behavior as a negotiator, which I have recorded here, is a sample of what psychiatry has to offer, perhaps diplomats and politicians should continue without our help. Compared with Dr. Q., that irascible and over bearing brinkman, the late John Foster

Dulles, whose self righteousness so dismayed Prime Minister Harold MacMillan, appears as silken and seductive as the esurient Talleyrand, prince of diplomats.

We psychiatrists, like shoemakers, should stick to the last. There are few better ways of doing this than by paying careful and courteous attention when our patients write about their puzzling and distressing illnesses and the strange experiences which so often accompany them.

POST SCRIPT

Not long after this review essay and its sequel was completed, I received a hard back version of the book as a present from the authoress. This does not differ in content from the paperback version, but it does carry an endorsement from the National Association of Mental Health whose Director of Research states:

"No psychiatrist or other mental health worker, nor any laymen concerned with how society handles the mentally ill, can afford to ignore this warm, human, and very real account." There is no naked lady on the front of the book but it has a pleasant picture of the authoress on the back. On its flap there is this statement:

"Much of the book remains as the author wrote it in journal form, under extreme duress in an attempt to hang on to some thread of reality while she was suffering a psychotic depression. Her ability to capture the extreme feelings of hopelessness and terror during this period makes this a spell-binding testament." I entirely agree with these statements, but the nature of her diagnosis must surely play a central part in this story.

The authoress' experiences do not resemble those suffered by most people diagnosed psychotic depression, and if her testimony is accepted without qualification, psychiatrists, mental health workers and concerned laymen might be greatly misled
regarding the ordinary experience of those suffering from the affective illnesses. Psychiatry is muddled enough already and muddles the public, too, without an admirable and officially endorsed book becoming an added source of misunderstanding.

Exact diagnosis is essential not only for appropriate treatment, but also to insure that the afflicted person receives adequate, sympathetic help. This book is a remarkable example of how accurately and explicitly an intelligent and brave woman was able to describe and communicate some very weird experiences during and after her grave illness.

It is because her descriptions are so vivid that one has real doubts whether even her very able psychiatrist was fully aware of the nature and extent of those perceptual distortions which fill so many pages of this book. It seems as if her doctor's attention was diverted from these perceptual anomalies by the severity of her depression.

This was exactly what Lewis and Pio-trowsky noted many years earlier, and although my colleagues and I emphasize this frequently today, most psychiatrists and psychologists are still insensitive to these perceptual disturbances and are incurious and even resistive towards grasping their implications for both pharmacotherapy and psychotherapy.

When severe malperceptions occur, those brain stimulating substances sometimes called energizers or anti-depressants, which can be so valuable in depression without malperceptions, often do much more harm than good. In addition, it is very difficult to reassure a patient effectively if one is unaware of the nature and extent of their perceptual disturbances and so cannot guess how these might interfere with social and personal relationships.

It is ironical and significant that simply by noting these oversights, which anyone who reads this book can see for themselves, that I should evoke angry threats and abuse

from a colleague. There will always be disagreement in medicine, but the idea that only certain kinds of opinion may be expressed about a published work which has been endorsed officially and that discussion of differences is not to be allowed, seems a dangerous principle for psychiatrists or anyone else to espouse.*

* According to Justice Hugo Black of the Supreme Court, as reported in the London *Times* July 3, 1971: (In 1791) "Madison proposed what later became the First Amend ment in three parts, one of which proclaimed:

"The people shall not be deprived or abridged of their right to speak, to write or to publish their sentiments; and the freedom of press, as one of the great bulwarks of Liberty shall be inviolable.' "

* Today we would say "project" or perhaps "display."

* Conclusive evidence for the crucial role of perceptual anomalies in schizophrenia was provided by Lewis and Piotrowsky (1954). They studied the hospital records of 122 patients, none of whom had been diagnosed as schizophrenic. They also interviewed some of the patients about whom these records had been written. The patients were finally rediagnosed according to carefully determined criteria which are clearly stated.

Of 70 patients discharged as manic-depressive, 39 or 54% had a clear cut schizophrenia. Of 52 patients discharged as psychoneurotic, 24 or 46% also developed schizophrenia during the follow-up interval. In this manner the total group of 122 patients was divided into the subgroups of genuine manic-depressive patients, 32 cases; genuine psychoneurotics, 28 cases; schizophrenic patients originally diagnosed as manic-depressive psychotic, 38 cases; and schizophrenic patients originally diagnosed as psychoneurotics, 24 patients.

Ten signs appeared much more frequently in the records of patients who later developed conspicuous schizophrenia than in the records of those who remained either genuine manic-depressive psychotics or genuine psychoneurotics.

At least five of these signs were concerned with perceptual disturbances.

One important implication of this study was that affective changes such as apathy, flatness, mood swings, inappropriate affects, etc., are among the least satisfactory means of diagnosing schizophrenia perhaps because it is peculiarly easy for psychiatrists to explain mood changes in terms of psychodynamic, interpersonal or situational factors. It is far more difficult to do this with perceptual anomalies and this may be one reason why they are a more reliable index of the presence and depth of schizophrenia. In addition, perceptual changes often give one much clearer reason for changes in affect (whether elation or depression) and often explain apparent bizarre behavior.

REFERENCES

1. BEERS, CLIFFORD: A Mind That Found Itself. New York, Longman, Green & Co., 1908.
2. SCHREBER, DANIEL P.: Memoirs of My Mental Illness (trans, and edited, I. Macalpine and R. A. Hunter). London, Dawson, 1955.
3. FREUD, S.: Psycho-analytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides). In Collected Papers, 3,390, 1911.
4. HENNELL, THOMAS: The Witnesses. New Hyde Park, N.Y., University Books, 1967.
5. STEFAN, GREGORY: In Seach of Sanity. New Hyde Park, N.Y., University Books, 1966.
6. BALT, JOHN: By Reason of Insanity. New American Library, 1966.
7. OSMOND, H.: How to judge a mental hospital. Schizophrenia 1:95-99, 1969.
8. HOFFER, A. and OSMOND, H.: The Hallucinogens. Chapter III, Adrenochrome and some of its derivatives. New York and London, Academic Press, 1967, p. 346.
9. AARONSON, BERNARD: Hypnotic alterations of space and time. Internat. J. Parapsychol. 10: 5-36, 1968.
10. OSMOND, H. and HOFFER, A.: The case of Mr. Kovish. J. Ment. Sci. 104:435, 1958.
11. AARONSON, BERNARD: Hypnosis, depth perception and schizophrenia. Pittman, L. D. (Ed.): Readings in Abnormal Psychology. New York, Pittman, 1966.
12. LEWIS, N. D. C. and PIOTROWSKY, Z. A.: Clinical diagnosis of manic depressive psychosis. Hoch, P. H. and Zubin, J. (Eds.): Depression. New York, Grune & Stratton, 1954, pp. 1-24.
13. HOFFER, A. and OSMOND, H.: A card sorting test helpful in making psychiatric diagnosis. J. Neuropsychiat. 2:306-330, 1961.
14. EL-MELIGI, A. M. and OSMOND, H.: Manual for the Clinical Use of the Experimental World Inventory. New York, Mens-Sana Publishing, Inc., 1970.
15. ALTSCHULE, M. D.: Comments. Cancro, Robert (Ed.): The Schizophrenic Reactions. New York, Brunner/Mazel, 1970.
16. BATTIE, WILLIAM: A Treatise on Madness. London, Dawson of Pall Mall, 1962.
17. WILLIS, THOMAS: Stupidity or foolishness. Cranefield, P. F. (Ed.): A Seventeenth Century View of Mental Deficiency and Schizophrenia. Bull. Hist. Med. 35:291-316, 1961.
18. CONOLLY, JOHN: An Inquiry Concerning the Indications of Insanity. (Reprinted with Introduction by R. Hunter and I. Macalpine). London, Dawson of Pall Mall, 1964.

NEW HOPE FOR INCURABLE DISEASES

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We are suffering from a pandemic of relative ignorance about nutrition, i.e. the divergence between what is known and what is generally practiced is greater than it has ever been. It is true that there are many volumes about cookery, many volumes of recipes and books on dieting, but few of them have any direct relevance to clinical nutrition. They seldom discuss what happens

when people do not consume a diet which provides the 40 essential nutrients in the correct amounts. There is, on the other hand, a superabundance of reassuring (and erroneous) statements from medical groups, governments, and nonclinical nutritionists about the excellent state of our nutrition. Even increased height, which is probably due to excessive stimulation of the growth hormone of the pituitary gland by sucrose, is considered a mark of our improved health. In the meantime, it is becoming more and more difficult for the majority of people, uninformed, misinformed, and the poor, to obtain a good diet.

Before the massive consumption of refined sucrose (120 pounds per person per year) and other refined calories, when an abundant supply of whole foods (grains, nuts, fruit, and animals) were the only food sources, it was rather difficult to suffer from malnutrition without first suffering from starvation. Even the starchiest of whole foods, for example, potatoes, contained some protein, vitamins, and minerals.

Today a wide variety of attractively packaged, artificially sweetened (with sucrose) foods are available which provide primarily calories — empty calories which are devoid of vitamins and minerals and very low in protein and essential fats. The excessive use of sweetened foods has so perverted the palate of many that foods which were formerly very attractive by virtue of their high protein content are virtually ignored by many.

The dangers to our society have been amply documented by many clinical nutritionists.

The information is getting out very slowly since there are no huge budgets to propagandize these important observations. Until now, the burden has been carried by popular nutritionists like Adelle Davis, Carlton Fredericks, and others. A number of physicians are now joining the battle by releasing their observations. This book by Cheraskin and Ringsdorf is a valuable addition to the library of good clinical books on nutrition. The authors describe the medical findings which show that heart disease, glaucoma, alcoholism, multiple sclerosis, schizophrenia, aging, and several other conditions can be alleviated or cured by the application of Orthomolecular methods, i.e: by the use of nutrients in adequate quantities. The fact that these conditions can be alleviated suggests that they would not have occurred if these nutritional conditions had been met in the first place. This is a reflection of our current state of health.

Every person who has the slightest interest in his own good health and that of his family, neighbors, and society must read this book, not only because it may help him deal with chronic problems of his own, but because it may provide him and therefore society with ideas for dealing with the pandemic of degenerative disease in our society.

People interested in good health have no other sources of reliable information. In the past few years, I have treated several nutritionists and several physicians for conditions they produced in themselves by eating excessive quantities of sucrose. Nutritionists and physicians are not reliable sources of information about good nutrition.

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THE HEALING FACTOR "VITAMIN C" AGAINST DISEASE

I. Stone

Grosset and Dunlop
New York, New York, 1972

Orthomolecular medicine, a new advance in therapeutics, is growing very rapidly. It

focuses attention on the use of optimum quantities of nutrients for the prevention and control of a large number of diseases for which rather ineffective standard treatments are available. The key and controversial word is optimum. The optimum dose of vitamins depends upon one's orientation. To a nutritionist unfamiliar with clinical nutrition, the optimum dose is usually that required to prevent a vitamin-deficiency disease. The dose is small — a vitamin dose. Thus 25 milligrams per day will prevent scurvy. This is then considered the optimum dose.

However, it has been shown that much larger doses have properties totally unexpected from a knowledge of vitamin doses. Nicotinic acid in doses of 3 grams per day is an effective broad-spectrum hypolipidemic agent. This could not have been predicted from a knowledge of its pellagra-preventive properties. Orthomolecular physicians use very high dosages compared to vitamin doses for the treatment of conditions not accepted as vitamin-deficiency states. This, then, is the basis for the controversy. The disbelief of the medical profession which is relatively ignorant of vitamin biochemistry and physiology is opposed by the practical experience of many hundreds of physicians who have treated perhaps over 100,000 patients. It is between physicians who on a priori grounds know that large doses of vitamins are of no value, and physicians who have seen it work.

This book, by one of the pioneers in Orthomolecular science, describes the effect of large quantities of ascorbic acid on a wide variety of conditions. The conclusions are amply documented by referral to the scientific literature. According to Dr. Stone, ascorbic acid should not be classed with the vitamins, but as an essential liver nutrilite; in other words, it is more like a sugar or an amino acid in being required in large quantities. Man is one of the few species who cannot manufacture any ascorbic acid. Fortunately, we do not need much to remain free of scurvy, but unfortunately, optimum health may require 3 to 5 grams per day; under stress of any kind we may require two to three times as much, and treatment of very serious viral diseases may require up to 50 times as much.

Any person who receives ample quantities of ascorbic acid will resist any infection more effectively and will respond better to treatment. As ascorbic acid is water-soluble, large quantities can be given with safety. What is not needed is excreted. Ideally slow release preparations would be best since this would more closely reproduce the situation in mammals, e.g. cattle, who can make ascorbic acid in their livers and do so, steadily releasing small quantities into the blood as needed.

The list of illnesses discussed ranges from the common cold and other viral infections to cardiovascular degenerative changes, the allergies, joint disabilities, cancer, and schizophrenia. To a physician working only within the one disease — one treatment concept, this is unacceptable. He will have to change his orientation. The nutrient deficiencies seldom produce one deficiency disease. They do produce a variety of symptoms from a variety of organ systems. The entire body is ill because every cell fails to obtain its required nutrient. But each tissue expresses its illness in a different way, depending upon its primary and secondary functions.

We need similar volumes for each of the 40 or so essential nutrients.

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