

Correspondence

GERSTMANN'S SYNDROME

DEAR SIR,

It has been suggested (Piercy, 1964) that custom alone endows the four symptoms of finger agnosia, disorientation for right and left, agraphia, and acalculia, with the status of a syndrome, namely "Gerstmann's syndrome".

Benton (Benton, 1961) pointed out that "the majority of case reports fail to mention the presence or absence of one or more pertinent accompanying defects", which may, as he mentions earlier in the same paper, include "general mental impairment." Gerstmann himself (1940), while saying that "investigations in a large number of cases of this type have so far failed to reveal any evidence of psychic, particularly intellectual, disorder", refers in support of this to at least two reports in which such disorder was in fact present in the cases described (Mussio-Fournier and Rowak, 1934; Strauss and Wernher, 1939). Gerstmann's original case had "eine geringe Herabsetzung der Merkfähigkeit, und eine leichte Schwerbesinnlichkeit" (Gerstmann, 1924). Of his next two cases (Gerstmann, 1927), one had "eine geringe Herabsetzung der Merkfähigkeit und des Gedächtnisses", and the other had "eine allgemeine intellektuelle Schwäche mässigen Grades" together with "eine starke Einbusse der Merkfähigkeit und des Gedächtnisses".

To cast light on the extent to which mental impairment can affect the diagnosis of the four "Gerstmann symptoms", I recently examined 100 patients in this mental hospital and found that 19 showed simultaneously all four features of the syndrome. Acalculia was tested by the method described in *Hutchison's Clinical Methods* (Hunter and Bomford, 1956), and finger agnosia was tested "strictly", not being recorded if even the thumb or little finger could be correctly pointed out and named.

The psychiatric diagnoses in these 19 cases were as follows: mental deficiency, eight—of which three were due to birth trauma, four of unknown aetiology, and one due to mongolism; schizophrenia, five; senile psychosis, four; psychosis with mental deficiency, one; and psychosis with neurosyphilis, one.

In 51 of the cases it could be definitely said that none of the four symptoms were present, and this group included all the cases of psychoneurosis and personality disorder in the series.

The remaining 30 cases showed varying combina-

tions of one, two, or three of the symptoms, and this group included four illiterate mentally defective patients.

The remaining 30 cases showed varying combinations of one, two, or three of the symptoms, and this group included four illiterate mentally defective patients.

The 100 patients tested included all the chronic in-patients under my care, and 32 consecutive admissions. Patients with fever, pain, coma, or breathlessness were excluded.

It so happened that all 100 patients showed evidence of responding to, or understanding, spoken speech, but no attempt was made to select or classify them in this regard. One schizophrenic woman (included in the first group of 19 cases) did not utter any coherent speech during the examination.

It would seem that the reason that these results show so much more apparent cohesiveness of the four symptoms than do those of Benton (Benton, 1961) is simply that he was careful to exclude any cases of gross mental disorder from his series.

I do not suggest that these results represent anything more than a very crude quantification of what is clinically obvious and well recognized, namely the necessity of taking into account the patient's mental state in assessing the significance of the diagnosis of any esoteric form of aphasia or agnosia.

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WHAT THEY REALLY SAID

DEAR SIR,

Dr. Stafford-Clark kindly sent me a copy of his letter to you (*Journal*, June 1967, p. 683) about the review by Dr. Flanagan (*Journal*, April 1967, p. 453) of my book, *What Jung Really Said*. Perhaps I may be allowed to comment.

He is mistaken in saying that neither Jung nor Freud ever claimed to have subjected the other to a personal analysis or to have received one at the other's hands. Jung made this claim in his *Face to Face* interview with John Freeman in 1959:

"Freeman: Tell me, did Freud himself ever analyse you?"

Jung: Oh yes, I submitted quite a lot of my dreams to him, and so did he.

Freeman: And he to you?"

Jung: Oh yes.

Freeman: Do you remember now at this distance of time what were the significant features of Freud's dreams that you noted at the time?"

Jung: Well, that is rather indiscreet to ask. There is such a thing as a professional secret.

Freeman: He's been dead these many years.

Jung: Yes, but these considerations last longer than life. I prefer not to talk about it." (1)

Again in *Memories, Dreams, Reflections*, Jung writes: "The trip which began in Bremen in 1909 lasted for seven weeks. We [Freud and Jung] were together every day, and analysed each other's dreams." (2) It was Freud who suggested the analysis. He asked for Jung's help because of certain symptoms. Freud suffered from "troublesome complaints" which he called his "neurasthenia". (3)

Dr. Stafford-Clark says that I devoted almost two pages to challenging three-and-a-half lines from his book, *What Freud Really Said*, in which he wrote: "There is an amusing, but almost certainly apocryphal tale about an attempt at mutual analysis between Freud and Jung which supposedly contributed to their ultimate disagreement and separation." It is true that these pages, in addition to other material, contain, *en passant*, my criticism of his statement; but their main subject-matter is Jung's hypothesis of the collective unconscious and its origin (4). This was derived, though much later, from one of several dreams Jung produced during this analysis with Freud. Jung attached great importance to this dream and its

consequences. Of Freud's failure to understand it, Jung writes: "I did not regard this as any reflection upon him . . . it was a human failure, and I would never have wanted to discontinue our dream analyses on that account. On the contrary, they meant a great deal to me, and I found our relationship exceedingly valuable." (5)

Dr. Stafford-Clark seems to infer that because the "experiment" did not continue after the trip, it simply petered out. This inference is unjustified. The analysis ended because Freud, having submitted a dream to Jung, declined to supply him with additional details. There was a pause, writes Jung, and then to his surprise Freud answered, "But I cannot risk my authority!" "At that moment," Jung continues, "he lost it altogether. That sentence burned into my memory; and in it the end of our relationship was already foreshadowed. Freud was placing personal authority above truth." (6)

The termination of his friendship and collaboration with Freud, while regretted by Jung, did not drive him into "bitter schism". On the contrary, he saw that it raised an important psychological problem: why had the break occurred? His study of this problem resulted later in the systematic description of his typology.

Dr. Stafford-Clark may not have thought it likely that Freud and Jung would have engaged in mutual analysis or that such a brief interchange should be so described. Nevertheless he would probably agree that the significance of an analysis is not measured by its length.

I am sorry Dr. Stafford-Clark considers my reference to his remarks about the Freud-Jung analysis to be "an uncharacteristic lapse into tendentious factionalism". I suppose this means that he thought I wanted to perpetuate the division between Freudian and Jungian ideas. I had no such intention. My purpose was to correct his misunderstanding by stating the facts. I feel sure that had he been aware of these facts he would not have looked upon the matter as "a fairly trivial incident", nor would he have dismissed it by saying "Freud and Jung swapped dreams".

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3. JONES, ERNEST (1953). *Sigmund Freud, His Life and Work*. London: The Hogarth Press, Vol. 1, p. 186.
4. BENNET, E. A. (1965). *What Jung Really Said*. London: MacDonald, p. 71 et seq.
5. JUNG, C. G. (1963). *op. cit.*, p. 154.
6. — (1963). *ibid.*, p. 154.