Psychopathic States. By D. K. HENDERSON, M.D., Professor of Psychiatry, University of Edinburgh. Thomas W. Salmon Memorial Lectures. Chapman & Hall, Ltd., 1939. Pp. 178. Price 8s. 6d.

This book is a critical review of various aspects of those states which cannot be classed as neuroses, psychoses or even mental deficiency, but which nevertheless make those concerned misfits who fail to adjust properly to their environment and who are liable to cause trouble by various asocial acts.

Some of this group were originally classified under the heading of "moral insanity", and later as "moral defective", and include those who, showing little intellectual disability, nevertheless are incapable of conducting themselves with decency and propriety in the business of life.

In the course of his description the author uses and quotes many highsounding words and phrases, such as "idiosyncratic" and "psychotoid", while "Watsonian behaviourism" might suggest the conduct at a famous school as well as that of a school of thought.

He describes as types

(1) The predominantly aggressive.

(2) The predominantly passive or inadequate.

(3) The predominantly creative.

He describes these, and discusses the relationship of alcoholism and epilepsy to them, and also the effect of cyclothymic and schizoid states. The problem of the sexual pervert is also referred to.

Among the creative types, Joan of Arc and Lawrence of Arabia are reviewed

as variants of the psychopathic state.

A plea for social rehabilitation for all cases requiring assistance is made. The author advocates a psycho-biological approach on the lines of Adolf Meyer, quoting that one must not be a mere psychotherapist but also a physician—as one never knows what complications may be found.

Emphasizing that the psychopath is the most disruptive element in society,

the author suggests the following method of resocializing these people:

- (1) A medical service, which reaches every member of the community.
 - (2) A psychobiology which is generally applicable.
- (3) An education system correlated with the development of spontaneity and working in harmony with preventive medicine.

It is a book written to a theme, but it gives constructive ideas for dealing with a real problem, and with mental health in general.

A. A. W. Petrie.

Report on Cardiazol Treatment and on the Present Application of Hypoglycæmic Shock Treatment in Schizophrenia. By W. Rees Thomas, M.D., F.R.C.P., D.P.M., and Isabel G. H. Wilson, M.D., M.R.C.P., D.P.M. H.M. Stationery Office.

This report forms a companion to the previous report by Dr. I. G. H. Wilson on Hypoglycæmic Shock. It is the result of critical observation of the work of others, and has the advantage that the authors are impartial in arriving at their conclusions.

The technique of cardiazol and insulin are reviewed, also the effects of a combination of these drugs. A useful review as to theories of causation is given, emphasis being laid on the effects of anoxia and alteration of the tissue

respiration. The need for combining psychological help and encouragement is emphasized. Comment is made on the variable prognosis claimed both for untreated cases and also those who receive this or other treatments. The type and degree of remission is discussed, and the varying precentages claimed. The impossibility of comparing results is pointed out, and a certain summary of conclusions is given.

A considerable bibliography will help those desiring to study the subject.

The report is cautious and careful, and will be most useful in guiding those who are entering on the work.

A. A. W. Petrie.

The Prognosis in Schizophrenia and the Factors Influencing the Course of the Disease. By Gabriel Langfeldt, M.D., The University Clinic, Vinderen, near Oslo. Copenhagen: Levin & Munksgaard, Ejnar Munksgaard, 1937.

The cases were admitted between 1926 and 1929, and evaluated in 1936. The results of 100 cases of undoubted schizophrenia are compared with a group of 100 cases of doubtful schizophrenia, admitted during the same period.

The undoubted cases of schizophrenia are divided into two main groups, the endogenous process schizophrenic and the atypical schizophrenic states. The genuine cases are divided into—

	Paranoid forms wit				•	48 c	ases
(2)	Paranoid katatonic	mixed	cases			23	,,
(3)	Typical katatonic f	orms .	•			12	,,
(4)	Hebephrenic forms					4	,,
(5)	Atypical forms					13	

Of the 100 cases, 66 were uncured or worse after 6 years. More individually, 54 cases got worse, and of these, 38 cases showed catastrophic development, and 16 cases had a chronic progressive course. Of the 34 cases which improved, 13 showed improvement, 4 were cured with defects, and 17 were completely cured. Of the 17 who were cured only 3 were fully endogenous in origin.

Of the doubtful schizophrenics, "process symptoms" give a bad prognosis, while depressive trends, self-reference tendencies and pathoplastic features have a good prognosis.

In general, the more typical schizophrenics with projection and depersonalization show a bad prognosis, while mixed and atypical cases exhibit a more favourable course.

The author's warning as to the need for stringent care in diagnosis before evaluating the effects of treatment is well justified. It is a pity that greater care was not taken in translating the work into English.

A. A. W. PETRIE.

Personality Structure in Schizophrenia. By Samuel J. Beck. New York: Nervous and Mental Disease Monographs, 1938.

This book is a record of an investigation of cases of schizophrenia by the Rorschach test, and an outline of the personality traits revealed by it in that disease. In the former aim it is more happy. It is a valuable addition to the knowledge that schizophrenics show less concentration of movement responses than the control group. I feel, however, that two at any rate of the other findings occur, not specifically in schizophrenia, but in other conditions characterized by a diminution in co-ordinated affectivity and loss of interest. I refer to the interpretation of details usually overlooked, and the tendency to interpret