

streams, however, being under control. Or there may be two streams only one of which is controlled; the second is the one which gives rise to such phenomena as we see in automatic writing, water-divining, and hysteria. Thirdly, the streams remain dissociated but the main stream may be entirely replaced for a time by the subsidiary one, and then there results "double personality," somnambulism and spiritual trances. The first is a normal phenomenon; the second is designated "continuous dissociation"; and the third "abrupt dissociation." This theory is skilfully applied by Dr. Culpin to explain the various so-called "spiritualistic" phenomena. Believers in the preternatural origin of these will, of course, deny the validity of his conclusions. Dr. Culpin realises this, for man at the present stage of his evolution is still hampered in his efforts towards rational thinking by the force of emotion and by the fact that he has so many "logic-tight" compartments. This will prevent them from realising that his is an honest effort towards an "increase of knowledge (not about the supernatural, but about the ways of the human mind)." HUBERT J. NORMAN.

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*Treatment of the Neuroses.* By ERNEST JONES, M.D.Lond., M.R.C.P. Lond. London: Baillière, Tindall & Cox, 1920. Demy 8vo. Pp. viii + 233. Price 10s. 6d.

Now that the attention of the public has been drawn to the question of psychotherapy, especially through the lay press, it is all the more important that the physician should acquaint himself with the main principles of the subject. In order to accomplish this it is by no means sufficient to consult the medical journals: the divergent views therein expressed, advocating different methods and combinations of methods for dealing with the neuroses, can only tend to confuse and bewilder the uninitiated.

The present volume supplies just what is needed. It contains all the essential points in psycho-pathology and psychotherapy and, though space does not allow of any detailed exposition of psychological procedures, the book should prove useful both in the treatment and in the prevention of the neuroses.

In his former works, notably in his *Papers on Psycho-Analysis*, Dr. Ernest Jones has shown himself a staunch defender of the Freudian faith, yet he has had extensive experience with all the main methods of treatment. He has devised a scheme ("activity criterion") for classifying the countless modifications of psychotherapeutic methods into three chief groups, *viz.*, suggestion, re-education and psycho-analysis, according to the extent to which the patient himself actively participates in the mental changes taking place. Thus in the suggestion group the patient passively waits while the change in mental function is brought about by the personal influence of the physician. In the re-education group the idea of the physician still plays the major part; the patient is here, however, asked to assist in the treatment by recalling certain traumatic experiences which have become dissociated from consciousness. In the psycho-analytic method it is the physician who assumes a passive attitude, the patient himself being called upon to take a much more active part in the synthesis of the pathogenic complexes.

In order to render the various therapeutic procedures more intelligible a short account is given of the theories on which they are based. For example, in the suggestion method the symptoms are regarded as being caused partly by suggestion, but mainly by various internal wishes and strivings which have something of a dynamic nature. The treatment consists in opposing to this internal force an external force, *viz.*, the personal influence of the physician. Suggestion, therefore, means an interplay of forces, and the result depends on the relative strength of each. According to the re-education theory the symptoms are the result of definite psychological traumata on a defective mental constitution—the memories of these traumata being repressed (amnesia). The treatment consists in reviving the unpleasant memories, thus linking up the dissociated mental processes with conscious ones. The author draws attention to the fact that this procedure is not sufficient in itself, but that it has invariably to be amplified by other methods, especially suggestion. This is due, he says, to the insufficiency of the exploratory means at the disposal of the workers belonging to the present group. The psycho-analyst agrees with the theory that the symptoms are built on a series of mental wounds, but he disagrees with the view that the pathogenic effect of the trauma is due to its having acted on an unstable mental disposition. According to him the second factor is provided by various unfulfilled wishes and strivings which have their origin in infancy and early childhood. The energy pertaining to these primitive desires enters into conflict with certain inhibiting forces—standards of education, religion, etc.—and as a result of this conflict the desires become repressed and buried. They do not die, however, but succeed in manifesting themselves in one of two ways: (1) in the healthy individual they find expression in useful activities; (2) in the neurotic they lead to the formation of symptoms. The third view of the psycho-neuroses is thus seen to incorporate both the “traumatic” and the “wish” hypotheses in one. The psycho-analytic treatment aims at releasing the energy which is made manifest in the symptoms and diverting it into useful channels. This cannot be accomplished merely by the revival of a few ideas and traumatic memories; but the investigation must be continued until all the repressed, buried wishes, which constitute the original pathogenic factors, have been brought to light and completely assimilated in consciousness.

According to the author the most widely-accepted psychological explanation of the war neuroses is the shock theory, on which the treatment by re-education is based. Many of the cases tended to recover spontaneously. At present the more refractory ones are being treated by all the methods mentioned above, and there is a decided tendency on the part of the workers in this field to adopt the more radical modes of treatment.

Although this work is chiefly concerned with psychological treatment, physical measures are recommended when the ætiological factors are predominantly physical in character, as is the case in the “actual neuroses.” If, in future editions, the author were to include a chapter dealing with the treatment of the neuroses resulting from auto-intoxication, the usefulness of this exceptionally interesting little book might be still further enhanced.

Brief reference is made to the question of State prevention of the practice of psychotherapy by any but qualified medical practitioners. It is a pity that Dr. Ernest Jones and other eminent specialists in this branch of medicine do not make known their views on this all-important subject.

NORMAN R. PHILLIPS.

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*Standard Method of Testing Juvenile Mentality by the Binet-Simon Method and the Porteous Scale of Performance Tests: A Uniform Procedure and Analysis.* By NORBERT J. MELVILLE. With an Introduction by WILLIAM HEALY, M.D. Philadelphia and London: J. B. Lippincott Co. Second edition. Crown 8vo. Pp. vii + 162. Illustrated. Price 12s. 6d.

This book comprises in a very handy form full directions and a large part of the necessary material for carrying out the tests of mentality associated with the names of Binet and Simon. The author provides a uniform method of procedure, which permits of the examination being abbreviated without very material impairment of the validity of the results obtained. The tests are arranged in series of one for each age, and the examiner, as a preliminary, tests the subject by his response to the question "What is this," on being shown a picture. From this mental level the subject may provisionally be reckoned at either 3, 7 or 15 years. The subject is then given the test in the (*a*) series for the year next above the level thus obtained, and the (*a*) test proceeds year by year until a failure occurs, when the (*b*) test for the preceding year is tried. If he succeeds (*b*) tests are given until he fails, thence with the (*c*) group, and so on. If he fails with the first (*b*) test the observer proceeds in the reverse order until a test is passed, when the (*c*) test for this age is tried, subsequent tests passing up or down the scale as indicated by the results.

In this newer and enlarged edition there is included full directions for the use of the Porteous maze tests, which are rapidly coming into use as accessory tests of very great value for certain aspects of social life. The Porteous test consists of a series of printed mazes, through which the subject has to draw a pencil so as to get out by the quickest route, making a fresh beginning on a new sheet after intentionally crossing a line, finishing a wrong attempt or beginning to retrace. Two trials are allowed below the age of 11 and four for the older ages with more complicated designs. The mazes have been graduated so that the large majority of children should be able to trace their way through the design corresponding to their chronological age. The correlation between these tests and the Binet tests is very high.

The chief criticism of the maze test is that some improvement undoubtedly follows practice, so that their repetitions for the purpose of subsequent examinations is not so reliable as the original tests.

Melville also provides a scheme for brief introductory testing of subjects in the later years of childhood, or over school age, by giving the Porteous tests and two of the Binet tests for the age of eight. These must be given carefully in accordance with the exact directions, when, if failure occurs, a provisional diagnosis of subnormality to an extent worthy of further investigation is made. If the eight-year-tests are passed