

of every mental hospital in the English-speaking world. Perusal might have a chastening influence on those practitioners of neuro-psychopathology who affirm that there is an intractable form of "nerves" which they term "institutionalization," and should assure the public that prompt recourse to, and not avoidance of, specialized treatment, so abundantly provided at the Crichton and similar hospitals, is the surest way of securing the patient's restoration to physical and mental health.

DOUGLAS McRAE.

Personality and Mental Illness. By JOHN BOWLBY. London: Kegan Paul, Trench, Trübner & Co., Ltd., 1940. Pp. xii + 280. Price 10s. 6d.

This is an important contribution to orthodox psychiatry, the views here expressed being directly derived from Kraepelin and Kretschmer. On the other hand, they are at variance with psycho-analysts, who contend that psychoneuroses and psychoses are due to regression to specific fixation levels, and to such psychotherapists as Ross and Gillespie, who hold that psychoneuroses and psychoses are radically different qualitatively. In support of his thesis the author has made an intensive study of the pre-psychotic personality traits in 23 affective psychotic cases, 13 schizophrenics and 29 psychoneurotics. 105 traits are listed as indicative of an unstable if not pre-psychotic personality.

The following is a short summary of conclusions: (1) That most individuals can be recognized as belonging to one of two groups—cyclothymic and schizothymic. (2) That, as has been contended by Mapother, Meyer, Lewis and others, the only difference between the normal, the psychoneurotic and the psychotic is a quantitative one. For instance, an obsessional may be schizoid or syntonic. The former may progress to schizophrenia, the latter have a melancholic episode. In the author's opinion it is unscientific to isolate groups of cases into water-tight compartments on the strength of a few outstanding symptoms; the personality should be taken as a whole. (3) The author isolates 33 traits which he finds to be more or less specific for the schizoid personality, i. e. five traits or more indicate a schizoid personality, two or less a syntonic. (4) The other 72 traits are non-specific and merely suggest an unstable personality; any of them may be present in the schizoid. Therefore the diagnosis of the syntonic would be made on the absence of schizoid features, not on positive syntonic traits, as postulated by Kretschmer. There are a number of other conclusions which unfortunately cannot be listed here, particularly the evaluation of traits. Dr. Bowlby is the first to admit that his numbers are small, but the way is pointed for further research.

The only comment the reviewer would like to offer upon this valuable piece of research is that in the author's enthusiasm to show that there is only a quantitative difference between psychoneurotics and psychotics he has failed to remember that the two terms have a practical value. For the practising psychiatrist the term "psychoneurotic" means that the patient is mentally ill and must be treated adequately somewhere or anywhere, perhaps as a voluntary patient in a mental hospital. The term "psychotic" means that if nothing else can be arranged the patient should be certified. Here there is a real qualitative difference, but pragmatic rather than scientific.

Nothing can be added to Mapother's short prefatory note to the effect that he found the work "intensely interesting," and that he hoped that "you will get for your thesis the recognition which it deserves."

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