

Owing to the very small amount of psychosis in the British Army, Brigadier Rees considers that this is a matter of low priority as compared with the neuroses, which are abundant. It is not suggested that this is due to the efficiency of those who confine their activities "within four walls." On the contrary these are constantly exhorted to extend their frontiers. However, within those "four walls" conditions have sadly deteriorated and, if the author's priorities are taken seriously, it may be that in World War III psychosis will be a major problem in the Forces.

There is a proverb—but of course anything so traditional as the proverb is anathema to the "planner"—that a shoe-maker should stick to his last.

S. M. COLEMAN.

**Conceptions et Traitement des États Neurasthéniques.** By J. TINEL.  
Paris: Librairie J. B. Baillière et Fils, 1941. Pp. 64. Price not stated.

Dr. Tinel is of the opinion that there should be a place for neurasthenia as a distinct clinical entity. The descriptive section is clearly set out, the fundamental or primary symptoms, asthenia, depression, hyperemotivity and obsessive rumination, being studied first. The secondary symptoms cover practically the whole field of the psychoneuroses and perhaps beyond. There are chapters on diagnosis and on treatment which call for no special comment.

The section on psychopathology is interesting. The writer, though apparently unaware of the Ross controversy in this country, comes down heavily on the side of his adversaries, and this despite the fact that he himself is a disciple of Déjerine. Clinical experience has forced him to regard neurasthenia as a minor psychosis, only quantitatively different from the melancholic episode. For Tinel neurasthenia is a reaction to an emotional shock or to prolonged emotional strain in a predisposed person. The recovered neurasthenic is now conditioned to react in the same way to minimal emotional experiences. Later these recurrent attacks may take place spontaneously, be more severe and so approximate to melancholia. More speculatively, it is suggested that the acquired characteristic, recurrent neurasthenia, will provide an hereditary predisposition to melancholia in the next generation. It would seem that a large proportion of Tinel's neurasthenics would be described as cases of reactive depression in this country.

S. M. COLEMAN.

**Rebel Without a Cause : The Hypno-analysis of a Criminal Psychopath.**  
By ROBERT M. LINDNER, Ph.D. London: Wm. Heinemann, Ltd.,  
1945. Pp. xii + 260. Price 21s.

This case-report of a criminal psychopath treated by hypno-analysis will well repay careful study. The bulk of the book is devoted to a verbatim report of the 46 analytical sessions. It is an exceptionally complete record of an analytical procedure, provides an exceptional opportunity of gaining insight into the mind of the psychopath, and should, therefore, be of interest to many besides those engaged in the study of the criminal's mentality. An introductory essay on the whole problem of psychopathy includes a striking picture of the salient features of this clinical entity. Psychopathy is ultimately defined as "a disorder of behaviour which effects the relationship of the individual to the social setting." It would seem that a number of other conditions besides psychopathy come within the purview of this definition, and that the author has been no more successful than others before him in setting the limits of psychopathy.

Turning to the psychopathology, it is concluded that there is a constitutional basis, but that a series of psychic trauma, starting in infancy, are also necessary in order to establish the antisocial pattern of behaviour. The author finds that the psychopath is always fixated at a pregenital level. However, it is