

out taking the entire course of the condition into account is useless. After Kraepelin the introduction of the method of phenomenology produced a rich harvest of symptom-analysis, and had all this been utilized in the design of the IMPS it would have made it a much more discriminating instrument. The authors refer to the low reliability in conventional diagnosis as shown in the studies by Kreitman (1961) and others; but these studies measure a variety of things, such as different views held by the psychiatrists, difficulties in the interview, and not least ignorance on the part of psychiatrists themselves. These studies do not necessarily show the inadequacy of diagnostic classification, but perhaps much more likely, the inability of a number of psychiatrists to make diagnoses. To design a diagnostic interview-schedule might have given a long-awaited answer to the question "what is at fault—the diagnostic scheme or the diagnostician?"

It is not an uncommon feature of contemporary psychiatric research to pay great attention to methods that are usually borrowed from other disciplines such as sociology, epidemiology, etc., but to ignore all expertise in psychiatry itself—psychiatric research without psychiatry so to speak. This applies to a certain extent to this work. The sophistication in statistics is matched by an almost complete disregard of clinical psychiatry itself.

From the statistical point of view it seems that perhaps the sampling has not received all the attention it deserves, at least this is not reported on. The sample of patients on whom the tests were carried out do not seem sufficiently defined and the word "psychosis" is nowhere defined, nor are the conventional diagnoses given in detail. In the instructions on the use of the IMPS (page 209) it says ". . . designed for use with functional psychotics or severe psychoneurotics who can be interviewed". So we find that the classification refers not only to the psychoses. Furthermore judging from the description of the syndrome called "Disorientation (DIS)" and "Conceptual Disorganization (CNP)", there must have been organic psychosyndromes included in the sample.

The authors state that the results reported here are only a beginning. Much more work will have to be done. The syndromes and types as they stand are little more than statistical phantoms until they can be shown to be valid in relation to prognosis, treatment-response, aetiology, etc. Computation techniques applied to diagnostics have aroused much interest in general medicine and the time is now here to apply it in psychiatry. The authors have the merit of having attempted this. But without sound clinical psychiatry these techniques are doomed to

failure. The authors have failed to transcend the limitations against which they, themselves, protest—the limitations of a psychiatry which has turned its back on nosology. They will nevertheless have rendered a great contribution if this book will stimulate others to interest themselves in this problem and apply similar methods, suitably augmented from the resources of clinical psychiatry.

J. HOENIG.

*Psychiatry for Students.* By DAVID STAFFORD-CLARK, M.D., F.R.C.P., D.P.M.; with a chapter on "Child Psychiatry", by Gerard Vaughan, M.B., F.R.C.P., D.P.M., and an appendix on "Clinical Psychology", by Jessie Williams, M.A. G. Allen and Unwin Ltd. 1964. Pp. 277. Price 35s.

In spite of the wealth, or welter, of psychiatric text-books, there has until recently been remarkably little written directly for the student, and this is therefore, very much to be welcomed. It is as Dr. Stafford-Clark says, a personal book; but, this does not mean that the views expressed would not be accepted by the bulk of psychiatrists, but that they are expressed more vividly, and yet more concisely than many authors could do. Throughout, the writer's, and so the reader's, interest in the humanity and human needs of the patient is kept through the descriptions of symptoms and of treatment. More could perhaps be written on psychotherapy, and on the students' and practitioners' reactions to the psychiatric patient, but this is a small criticism of an excellent book.

The sections by Dr. Vaughan and Lady Francis-Williams are in tune with the conciseness, clarity and attitude of the rest of the book. As a whole it is thus comprehensive, reliable and vivid; and should be read (and will be read easily) by all seeking some knowledge of psychiatry. Though designed presumably for medical students and general practitioners, there is much in it that the more experienced psychiatrist will learn from: and yet the intelligent non-medical student will also learn from its balance and simplicity.

R. F. TREDGOLD.

*A Manual of Psychiatry.* By K. R. STALLWORTHY. Sixth edition. Christchurch, New Zealand: N. M. Peryer Ltd. 1963. Pp. 389. Price 30s.

This *Manual of Psychiatry* is reasonably brief, easily read, and up-to-date in its details and attitudes. It is,

however, very elementary. The dust jacket states that it is a guide for practitioners and students of psychiatry. It would seem, however, more suitable for the medical student or psychiatric nurse. No serious student of psychiatry would find sufficient material or detail. It is a pity that no references are given which would enable the reader who was stimulated to extend his knowledge.

One chapter is headed "Aspects of child-psychiatry, senile and puerperal reactions"; this does seem a most curious mixture, and there is nothing in the text to explain why these very different aspects of psychiatry are described together. Also, in this chapter it is suggested that the schizophrenic mother may kill her child and this is a very real danger. This is one of the psychiatric myths which the facts do not support. The real risk of injury to the child lies with the depressed mother. The risk in schizophrenia is of neglect.

The price is reasonable. The fact that this is now the sixth edition shows that the book has had some popularity. The general practitioner may find its practical approach and brevity an advantage but, here again, some references would make it very much more valuable to him. The book does live up to the claim of its preface for soundness and clarity.

A. A. BAKER

*Clinical Psychiatry for the Layman.* By F. J. FISH. Bristol: John Wright & Sons, Ltd. 1963. Pp. 59. Price 8s. 6d.

This little book arose out of the need to provide theological students and mental health officers with some of the fundamental facts of clinical psychiatry.

The Church and lay public today is becoming more and more aware of the necessity to understand human behaviour in the light of psychological research and knowledge of the cause and effects of emotional disturbances.

However, the language of psychiatry is often a barrier to the layman who requires some simple reference to psychological terminology and a description of the varieties of mental disturbances. These are provided in this book. To condense such information into so few pages has led to dogmatism and perhaps over-simplification of psychiatric illness and of this the author is clearly aware. It however fulfils a need, and will help intelligent laymen to a more tolerant understanding and sympathy for the emotionally disabled.

J. T. ROBINSON.

*Textbook of Abnormal Psychology.* By N. H. PRONKO. London: Baillière, Tindall and Cox. 1963. Pp. xxiii + 446. Price 68s.

This book is written by the Professor of Psychology in the University of Wichita and has a foreword by Professor Szasz, the author of *The Myth of Mental Illness*, who tells us: "Professor Pronko has no 'system' and frankly admits it. This, I think, is all to the good. Instead of a system of 'abnormal psychology' he gives us the fruits of his prodigious labours: he has culled from the recent and the classic literature of psychology and psychiatry, using his critical intelligence as his guide, those contributions which he considered significant for the contemporary student.

Needless to say the first chapter consists of a short summary of *The Myth of Mental Illness*. This is followed by a chapter discussing the relation of brain injuries to mental disorders which follows the usual line adopted by American "dynamic" psychologists and leaves one with the impression that the cranium might just as well be filled with sawdust as with nervous tissue. The treatment of genetics in this chapter reveals that strange American tendency to reject the idea that anything apart from arms and legs can be the result of inherited factors. In fact the uninstructed "contemporary student" might be misled into believing that even Huntington's chorea and all varieties of mental defect have no genetic basis.

However, what of Professor Pronko's selections from the classic literature of psychiatry? Since this was mainly written in French and German, Professor Pronko, who is apparently unacquainted with these languages, must depend on secondary sources. He seems unaware of such important works as Brill's translation of Eugen Bleuler's textbook and Barclay's translation of the section of Kraepelin's textbook on "Manic-depressive Insanity and Paranoia", so that he naturally is a victim of one of the "Myths of American Psychiatry" which is known as "*Kraepelinian Psychiatry*", but should be called "*Pseudo-Kraepelinian Psychiatry*". This bears as much relation to the views of Kraepelin as the "*Social Workers' Psychodynamics*" does to the ideas of Freud. Thus in the chapter on "Deterioration" we are told "Following Rothschild, Gallinek (1948) has been critical of the well entrenched theory of Kraepelin that sees the psychoses of old age as being due to either cerebral degeneration or cerebral arteriosclerosis".

However, in 1896 Kraepelin stated that the majority of mental disorders in old age were depressive states. In a later edition of his textbook, the relevant part of which has been translated into