

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 percentages 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—

(1) Paranoid forms with sub-groupings	48 cases.
(2) Paranoid katatonic mixed cases	23 „
(3) Typical katatonic forms	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