

reduced. This phenomenon contains a certain prognostic value, as it is much more pronounced in remitting patients. The author believes that the urinary changes are similar to those produced by genuine epileptic attacks. After the convulsions, traces of lactic acid were found in every case. On the average, acidity is increased by 26%, the ammonia content by 14%, the phosphate content by 10%; the chlorides decrease by 25%.

In presenting his results, the author refrains from quoting percentages, as in his opinion the number treated is insufficient for this purpose. He distinguishes only between cases of remission and of non-remission. Of the 110 patients under review, 54 remitted. Very little is said of what in the author's opinion are the criteria of remission. He is difficult to follow when he adopts three different ways of discussing his results. Firstly, he arrives, it would seem on *non lucendo* principles, at the conclusion that all patients who remitted belong to a group of "symptomatic schizophrenia", while those failing to remit are placed in a group of "endogenous schizophrenia". In the latter treatment is hopeless, no matter how short the duration of illness. Secondly, what might be called the anatomical phase of the disease plays an important role. Dr. Meduna distinguishes between three phases of schizophrenic disease: (a) The "acute process", represented by the initial onslaught of the disease; (b) the "process", i.e., the disease still going on, though the first onslaught is over; (c) the "post-process", in which the disease has come to an end, leaving defects behind. Arranging his cases under these headings, he finds that in phase (a) 39 of 41 patients remitted; in phase (b) 12 of 21; and in phase (c) only 3 of 48. He concludes that so far as so-called process-schizophrenia is concerned (represented by phases a and b), 82% remissions can be obtained, always on the understanding that such patients belong to the symptomatic variety. Lastly, the results are given according to the duration of illness. The author himself now prefers this way, which incidentally allows for comparison with the results of other forms of treatment. It was found that the following cases did not remit: Duration of illness under $\frac{1}{2}$ year, 3 of 36 patients; under 1 year, 1 of 7; under $1\frac{1}{2}$ years, 4 of 7; under 2 years, 5 of 11; under 3 years, 9 of 12; over 3 years, 34 of 37.

Dr. Meduna believes that convulsion therapy is only the first step on a biological road of influencing schizophrenia. Far from holding that his method is the only efficient therapy, he advocates—and those experienced in both forms of treatment will readily agree—that convulsion therapy and insulin therapy should not strive to outdo one another, but should rather reinforce one another in combating the disease.

H. PULLAR STRECKER.

The Growing Child and Its Problems. Edited by EMANUEL MILLER.

London: Kegan, Paul, Trench, Trübner & Co., 1937. Price 6s. net.

This volume adds another to the growing list of short books, written in a more or less popular style for the more or less informed public. The essays are contributed by five psychiatrists, all of whom can claim an unusually wide experience in the handling of problem children. None represents any particular school to the exclusion of all others, so that, as a general survey of the field of child psychiatry, the cases encountered, and the methods in use, this volume supplies a need.

But, as so often happens, for the lay reader one would imagine that such an essay as Dr. Allen's on "Personality Deviations" might prove perplexing;

while to the expert, others may do little more than repeat what must be common knowledge. So long as so wide a field is covered in 230 pages, it is certain that much will perforce be dealt with in a very superficial way.

Nevertheless, a sound attempt is made here to cover the field. The psychologist's role, both as to play material and educational assistance, is excellently described by Miss Chesters and Miss Simmins. The psychiatrists deal with problems of adolescence, in girls by Dr. Laura Hutton, and in boys in an admirable essay by Dr. Miller. Dr. Paterson Brown's essay on "Habits" is particularly clear and concise, and is really written about children rather than about child psychology. Neuroses in school-children by Dr. Burns discusses points in practical methods and therapy, and Dr. Allen discusses personality deviations from the Freudian standpoint.

The essays would certainly afford an interesting basis for a series of lectures, followed by, and serving to introduce, discussion, but no indication is given that this was, in fact, their purpose originally. One is thus left with a somewhat haphazard impression as to how much can be learnt and understood as a result of reading this book.

E. M. CREAK.

Reading, Writing and Speech Problems in Children. By SAMUEL T. ORTON. London: Chapman & Hall, Ltd., 1937. Price 10s. 6d. net.

Dr. Orton's work on the nature of reading, writing and speech problems in children deserves to be more widely known in this country than it is. Fortunately the occasion of the Salmon Memorial Lectures has given Dr. Orton an opportunity to collect and consider the outcome of his unrivalled experience in this field.

Dr. Orton has never deviated from his conception of the reading difficulty as part of an impairment in the development of the language function as a whole. His researches have done much if they have served to draw attention to the association sometimes of such problems as left-handedness and stammering, and mixed dominance and a failure to learn to read. All who are familiar with these cases in practice know how correct is his observation that one of the major difficulties experienced by these children is in the correct linkages of letter sequences in a word, whether read silently or spoken aloud, and his theory offers a comprehensive explanation, both for the group as a whole and the individual variations within the group.

No good, however, will be done by a theory which is valid only by assumptions. The physiological interpretations of the significance of cerebral dominance are more intriguing than they are convincing. Nevertheless, the spirochæte was suspected many years before it was found in the cortex of the general paralytic; perhaps some Noguchi of the future may succeed in locating the engram. While Dr. Orton has clearly withdrawn those assumptions which have proved untenable, it must be admitted that his conception, while clinically acceptable, is still a big pill for the cerebral physiologist to swallow. What he has undoubtedly added to our knowledge is the recognition of the syndrome of developmental language difficulty as a whole. A research based on ten years' painstaking work on nearly 1,000 cases cannot be lightly dismissed.

In discussing treatment, Dr. Orton is a convinced advocate of the phonetic method of teaching reading. It remains a fact that in skilled hands, even for the strephosymbolic, the "look and say" method may give excellent results in coaching and re-training. Possibly it is as true in this field as in