

and surgeons, makes a substantial contribution and provides valuable practical help and information to the psychiatrist engaged in such work, as well as offering fresh food for thought and stimulus to research.

J. HOENIG.

Das Paranoische Syndrome. (The Paranoid Syndrome.) By P. BERNER. Monographien aus dem Gesamgebiet der Neurologie und Psychiatrie No. 110. Berlin-Heidelberg, New York: Springer. 1965. Pp. 181. DM 48.

The monograph deals with a clinical investigation into the nature of delusions. This is a subject which has received very little attention in Anglo-American psychiatry, in contrast—as the extensive review of the literature in this book shows—to psychiatry in the rest of the world. The delusion is to the layman in a way the most central or characteristic aspect of mental illness, is almost identified with it; for the psychiatrist however, it has remained the most central enigma. After once again reviewing the extensive literature on the problem of delusion, the author finds that the subject could not be advanced beyond the point to which Mayer-Gross had taken it in 1950 in his "Psychopathology of Delusions" read at the International Congress of Psychiatry in Paris. The author sums up: "The review . . . shows first of all the impossibility of comprehending the phenomenon of delusions by objective criteria, and leads to the conclusion that we still have to depend [for its cognition] on intuition." This intuitive recognition of a delusion depends on the encounter with something one feels is "radically alien, for which there is no empathy". This failure of empathy the author feels is due mainly to one aspect of delusions, namely the incorrigibility with which they are held. Following the fundamental methodological rule of separating form and content in the investigation of psychopathological phenomena, the author investigates delusions in these two aspects: the choice of the theme and the factors connected with the "fixation" of the theme. From all admissions during a period of 18 years to the University Clinic in Vienna he collected 723 cases who at some time in their illness showed a paranoid syndrome, i.e. a syndrome in which delusions, delusion-like ideas or overvalued ideas dominated the clinical picture without the presence of hallucinations or impairment of consciousness. (The English speaking reader must beware of a possible misunderstanding here, as in English psychiatry as well as common English usage the word "paranoid" has come to be used for persecutory delusions and ideas.) Included here amongst the selected cases are

various forms of paranoia, also alcohol-paranoia, syndromes showing overvalued ideas such as sensitive delusions of reference, querulants, "inventors", cases of morbid jealousy, etc., but also compensation neuroses and other hypochondriacal pictures and finally—somewhat puzzlingly—compulsive neuroses. No explanation is given for the inclusion of this last group. Only those cases were chosen in which the uncontaminated paranoid picture had been in existence at some time during the illness, even though other symptoms might have appeared subsequently. The attempt to follow them up was successful in only 130 cases and it is these which form the material of this study.

In brief, the findings were that the cases fall into three groups: (1) those in which schizophrenic symptoms appeared later or a schizophrenic defect state was in existence; (2) those in which cycloid or dysphoric symptoms appeared, and (3) those in which the Rorschach test demonstrated the existence of—sometimes subclinical—organic brain damage. The author relied here mainly on Piotrowski's signs. In the third group the delusions or over-valued ideas presented differently from the others, showing "sticking circumstantiality" well known in certain epileptics and other patients with organic psychosyndromes. This "stickiness", "perseveration" and "loss of flexibility" is somehow taken to account for the incorrigibility with which the delusional belief is held and is considered to correspond to the brain damage, too slight to be noticed clinically, but demonstrated by the presence of Piotrowski's signs.

The delusions are often seen to have had a clear neurotic, i.e. psychogenic history, but are "captured", fixated by the organic lesion, turned by it into delusions by the addition of the element of incorrigibility.

As regards the content, the thematic choice, the author finds that this is rooted in the unique personal history, and the search for correlations between certain themes with social and others factors was on the whole unrewarding. No grounds were found from which to generalize. The "choice" seems to be guided by the same "defence mechanisms" which are part of the general human make-up.

Of the two, the first finding is surely of greater interest. It means that not only delusions or delusion-like ideas occurring in psychotic states but also the over-valued ideas which occur in the setting of personality disorders are in a sense of an organic nature. Others have come to similar conclusions in relation to schizophrenic or primary delusions, as for instance did Matussck when he showed that they are accompanied by perceptual abnormalities or Conrad when he spoke of "crossing the border into the

organic", but it is a new view of the nature of overvalued ideas. It would reallocate these phenomena from the personality disorders into the organic psychosyndromes, or else make us think of the personality disorders themselves as "organic psychosyndromes". The findings also raise the new question of why organic brain damage is only accompanied by a paranoid syndrome in a minority of cases.

The work here described is interesting, but far-reaching speculations should perhaps be postponed until the findings are repeated, this time with a control group—a precaution not taken by the present author. For any one interested in this problem this book will provide an excellent introduction to the literature on the many questions surrounding the paranoid syndrome.

J. HOENIG.

Neurologie und Psychiatrie. By D. MÜLLER-HEGEMANN. Berlin: VEB Verlag u. Gesundheit. 1966. Pp. 768. £6 6s. 3d.

The author is Professor in the Neurological and Psychiatric Clinic of the Karl Marx University in Leipzig. In the foreword he acknowledges his indebtedness to his teacher K. Bonhoeffer and to a number of eminent co-workers from both East and West Germany. The work is a general text book for under- and post-graduate students in the two fields named in the title. To many it will seem that whether neurology and psychiatry are presented in a single book or in two separate ones is purely a matter of expediency or convenience. but this is not the view taken by the author. In the introduction we read "To treat the psychic and somatic manifestations of the pathological changes (of the nervous system) separately does not seem indicated nor advisable, particularly for general methodological and also didactic reasons, and also because there does not exist any empirical evidence whatsoever for theoretical concepts according to which soma and psyche are regarded as essentially different "entities" with different causal or otherwise understood connections".

To many this standpoint will appear to be a turning back of the clock to the mid 19th century, to Griesinger. To others, it may sound familiar and perfectly acceptable, e.g. to certain psychosomaticists, although in their mind the statement will perhaps be given a different slant from that intended by Professor Müller-Hegemann. In his hands what is psychic will tend to become "neurologized", in theirs what is neurological or somatic "psychologized". The author goes on to say that the danger of psychologizing is nowhere greater than in the fields of the

neuroses, and "this danger will probably not be finally banned until the neurophysiological, neurochemical and possibly the neuroanatomical basis of the psychoses and the other psychiatric conditions of unknown aetiology are discovered . . .".

The chapter on *Medical Psychology* shows that the author is here concerned with the "nature" of psychic events, i.e. with the question of philosophical dualism, and not with methodology which is very much an empirical concern. The essential question for psychiatry, or neurology for that matter, is not *what* the psyche is (although there is no shortage of books on that philosophical question by psychiatrists or neurologists) but what are the methods to be used in the study of our various clinical problems: are they objective or subjective. Clearly we have to, and in fact do, use both, but derive of course different orders of knowledge from each.

So much for the extensively argued "philosophy of psychiatry"; when it comes to the description of the diseases in the part on *Special Psychiatry* they are much the same as one might find in most textbooks. It seems that these speculative philosophical problems are still very remote from the empirical clinical reality.

In the English-speaking world of medicine, psychiatrists do not usually write such combined textbooks. Neurologists, it seems, find such restraint more difficult, and often append to their textbooks a little anaemic chapter on psychiatry. The views one finds there are usually quite out of date and banal, and the meagre information given is often misleading. The chapter often spoils an otherwise excellent neurological text. Such criticism cannot be applied to the book under review. One may not be able to agree with the views put forward, but both subjects are undoubtedly treated with equal care and thought.

The book is not likely to be translated. To some it might perhaps be of interest as an example of the Marxist approach to the subjects, particularly for those who like to think about the philosophical aspects of neurology and psychiatry.

J. HOENIG.

Depression and its Treatment. By JOHN POLLITT. London: William Heinemann Medical Books Ltd. 1965. Price 24s.

This is one of a series of short monographs on selected medical topics designed for general practitioners and specialists in other fields. In fact, psychiatrists may also find it interesting and thought-provoking.

The most striking feature of the book is the introduction of a new classification of depression. The