

somatotypes and neuropathology, it is not easy to see the necessity for depicting, in a book of this relatively advanced class, the apraxia for dressing in a case of Pick's Disease or the postures of schizophrenics.

It would be excessively sanguine to expect that the first edition of such a massive work as this, from the pens of several authors, would be entirely free from points of criticism; but its positive and constructive qualities far outweigh any imperfections there may be. No one could doubt that this is a sincere, valuable and reliable work, conceived in the disciplines of medicine itself and presented in a clear and most instructive form. It is unquestionably a major contribution to British psychiatric literature, and in addition to its instructional purposes, for which it is suited particularly to the needs of the specialist in training, it is a valuable basic work of reference for those who contemplate research in the clinical field.

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Prenatal Psychology. By M. LIETAERT PEERBOLTE. A. W. Sijthoff, Leyden, 1954. Pp. 182. Price D.Fl.15.

Dr. Peerbolte has considerable difficulty in distinguishing fact from fiction, memory from phantasy. It was to the very great credit of Freud's genius that he was not unduly discouraged when the "memories" of his patients were found on occasion to be phantasies: the important point being that it is the patient's mind that is being examined; and it is an important fact that the patient's mind produces phantasies.

But Dr. Peerbolte spoils his fascinating case by interpreting his material as the memory of prenatal experiences, rather than as the adult phantasy of prenatal existence. Thus Dr. Peerbolte says, "Of course it is possible that retrojection of postnatal ideas" was responsible for a certain patient's dream but the dream's characteristics "indicate a prenatal experience".

There is something disquieting about a prenatal psychology which avers that it is possible to remember being part of one's mother's ovary, to remember being born as an ovum, followed by the "shock" of fertilization, to remember being thereafter a personality developing in the womb. One has grave doubts whether in fact one has memories of intrauterine "traumatic events", such as the partial displacement of the placenta, or the father's penis in the vagina. Some of the so-called "facts" of intrauterine life are most dubious—thus "the original knowledge of the mother about her ovum is transferred to the egg itself after or during conception"; and "the fact that in prenatal psychology emotional life is localized in the fetus and the recording apparatus, or centre of the personality, in the placenta".

Dr. Peerbolte sometimes regards all this as phantasy, but more often as fact capable of being remembered. A certain patient during analysis "showed spontaneous fits of lowered consciousness which were accepted by the analyst as deep regressions into her inner self". In such a state she said, "I should like to pray that I may not be condemned to remain an ovum in all eternity, let me come into existence." Very well, the fact is she said that. After waking up from another such state of mind she said "I felt very near to God, but this is not possible; I nearly re-experienced my own conception; there was some holy ghost hovering over it, but one cannot summon this ghost". Again, one accepts that that was what she said and it was evidently of great import to her; no less so, were one to believe it to be phantasy. But Dr. Peerbolte says "The analyst could reply: it is not a question of summoning, it is only a question of recollecting."

One does not doubt that "prenatal occurrences can influence postnatal life", but one should be extremely cautious about believing one can recollect these experiences; and one doubts very much whether psychotherapy could influence to that depth behaviour modified by such early experiences. On the contrary the immense human interest, conscious and unconscious, in sex may be expected to give ample impetus for phantasies regarding conception and prenatal life. Notwithstanding Dr. Peerbolte's claims, it is from this point of view of phantasy that the material of this book may be expected to be of most value. One can more readily modify adult phantasies.

It is to be noted that the patient, who was dwelling on conception, was using religious terms: in this book there abound ideas of extrasensorial perception, of death and resurrection, of infinity and cosmic feelings, of re-incarnation and re-birth. It is to be hoped that prenatal psychology, having to concern itself with such notions, will contribute to a deeper understanding of religion than psychology has hitherto accomplished.

It is also of interest that prenatal psychology has material comparable to the animus and anima of Jung. It is refreshing to find points of contact between the different schools of psychology.

Dr. Peerbolte regards prenatal psychology as an extension of Freud's work and makes the important claim that prenatal psychology can treat cases "not well accessible to Freudian psychoanalysis"; these include "prepsychotic states and states of depersonalization". It is also stated "the author has not yet found any age-limit for prenatal analysis, . . . he even analysed a patient aged 59". In contrast also to Freudian psychology, the emphasis of Dr. Peerbolte's prenatal psychology is on the woman; "in dreams spermatozoons happenings are never recorded". One feels that neither of these extreme views, of the relative importance of either sex, has the ring of balanced truth.

The Dutch author is to be congratulated on his remarkably good English; and he writes quite modestly, for example he admits, in discussion of a certain point, "the ultimate root has so far escaped us". He repeatedly acknowledges his debt to Dr. Nandor Fodor, to whom the book is dedicated.

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