

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.

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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

the whole figure from consideration of a trifling detail. I feel, indeed, that several such characteristics of interpretation are really modes of reaction to the Rorschach test specifically, rather than traits to be found in any particular disease. The phenomenon of perseveration, to which Dr. Beck refers as occurring in schizophrenia, and which he admits can appear in other conditions, was found developed in deteriorating epileptics. I encountered this in my own work. I cannot but feel that this and the characteristics Dr. Beck mentions above may be modes of response occurring in dementias of widely-differing ætiology.

The sections on the psychological implications of the test, and on the integration of personality, are very open to criticism in that they express characterological peculiarities which are very difficult to assess in ordinary psychological terms. For instance, the statement that the schizophrenic's "intellectual orderliness" is likely to be very poor is particularly unhelpful, and the quotation of Skalweit's statement to the effect that this feature in schizophrenia is pathognomonic of the condition does not clarify the situation, because "intellectual orderliness" is far too vague a concept to be of much use as psychological data.

I cannot discover any very real addition to the knowledge of the schizophrenic personality, and much that might appear original is obfuscated by cloudy phrases. It is something of a shock to read that "the young woman's emotions are in the direction of the primitive rather than the other way". There are far too many statements of this nature in the book.

The author describes the test as objective, but he seems to me not insistent enough on the criteria which accompany psychometry. I cannot believe in the justification for outlining a subgroup of controls called "very superior" because they are "college graduates who are also engaged in professional occupations". Still less can I believe that knowledge of the words "arabesque" and "phallic" is necessary evidence of a patient's superior intellectual development. Everyone has known people in the habit of using such clichés who lacked the accomplishments and pensive charm of the average he-goat. There is far too much loose phraseology of this nature for the book to be impressive, and the description of a social and psychological personality does not help to eradicate this impression. Is the social personality non-psychological?

Mentioning four qualitative findings, Dr. Beck says that on envisaging these "we have a grasp of the organization of the schizophrenic personality". But two of these findings are "grasp of relationship" and "imaginative living". Possibly others can form clear conceptions of the psychological implications of these terms, but they elude me.

It seems a pity that the result of so much useful and obviously skilled work in the investigation of patients and controls should be mishandled in the vague generalizations of the last section of this book. It would, I think, be better to admit that orthopsychiatry is not an exact science, and I am beginning to believe that our best contributions to its study will be to avoid the inaccuracy occasioned by the psychometric utilization of psychological data. This book serves to confirm my opinion that the Rorschach test is being overworked as an aid to personality diagnosis. I still persist that the test fundamentals, e.g., the Erlebnistypus factors, are sound, but that other psychogram elements are less important than enthusiasts would have us believe. I experience an intense relief on hearing that it is not yet possible to distinguish the different types of schizophrenia by the Rorschach test, but the fact that it will be attempted soon just makes me shudder.

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