

Book Reviews

Syndromes of Psychosis. By MAURICE LORR, C. JAMES KLETT and DOUGLAS M. McNAIR. Oxford: Pergamon Press. 1963. Pp. 286. Price £3 10s.

Whereas in all other branches of medicine nosology was accepted as a necessity, in spite of the difficulties it presented, psychiatry has always had a love-hate relationship with it. Nosology in medicine is a classification of diseases mainly according to aetiology. Since aetiology is largely unknown in most mental disorders, nosology in psychiatry presents more difficulties than in other specialties and most psychiatrists would agree that a thoroughly satisfactory nosology is at present not available. To see the limitations of diagnostic classifications is one thing; to turn one's back on all efforts to classify nosologically is another. To do this means in fact to take the clinical science of psychiatry back to the chaos which preceded it, and is ruinous. The authors feel that this has indeed happened widely in American psychiatry, and they try to stem that tide. They point out that systematic observation, communication and collective research become impossible without classifying, but while objecting to the contemporary trend to neglect this, they nevertheless seem to share the generally prevailing view that no classification so far produced is worth bothering about. They start absolutely from scratch.

They took two groups of patients, a total of 566. The first group consisted of 207 patients selected from 44 private, state and federal hospitals "to assure representation of all likely sources of syndrome variation". That means there were an average of 4-5 patients from each hospital. No mention is made as to how they were selected. To this group were added 359 "newly admitted schizophrenics". No other details are given regarding this second group. These patients were interviewed for just under an hour each and afterwards the interviewer filled in a schedule called "In-patient Multidimensional Psychiatric Scale" (IMPS). This schedule contains 75 variables, some of them rating scales and some "Yes-No" answers. The items listed in the scale are very heterogeneous and vary from hallucinations to abnormal movements. With the help of factorial analysis the answers are grouped in 10 "syndromes".

Thus, by filling in and analysing this form, the interviewer can describe the patient in terms of 10 dimensions of psychopathology. These dimensions are item clusters. They are not mutually exclusive and more than one can occur in one and the same patient. These clusters are called "syndromes" just as the items are called "symptoms". It is made clear that these words are used here in a sense other than the normal. The 10 syndromes so arrived at are named in quite unconventional terms such as "Paranoid Projection" (PAR), "Anxious Intropunitiveness" (INP), or "Perceptual Distortion" (PCP). In the text the authors unhappily keep using the three capital letters (as indicated in the brackets) like telephone numbers, which makes it necessary to keep a matchstick permanently inserted on page 24 (which contains the key) so that one can turn back to it until one has learned them.

The next step was to ascertain if any of these "syndromes" tended to occur together in one patient, and whenever they did these new patterns were called "types". The "types" come closest to diagnostic groups, although they lay no claim to aetiological significance even as a working hypothesis, neither are they mutually exclusive as diagnostic groupings should be (unless there is a double pathology). There are six such types into which 25 per cent.-43 per cent. of all patients fall: they are called Excited-Grandiose, Excited-Hostile, Retarded, Intropunitive, Hostile-Paranoid and Disorganized. The other 57 per cent.-75 per cent. of patients do not fall into any type and are therefore not classified. Certain clinical tests of validity are applied to these types. A proper comparison of them with conventional diagnostic groupings however, could not be carried out.

One reads this book with mixed feelings. The stand for a classification of mental disorders, and for improvements on those that exist is applauded. Against the contemporary background as described by the authors in their introduction, the book is like a cry out of the wilderness. But why, one asks, did they not make more use of the past achievements in psychiatric nosology? The attempt to classify by cross-sectional symptoms alone was overcome long ago by Kahlbaum and by Kraepelin, who pointed out that classification without follow-up studies, that is with-

out taking the entire course of the condition into account is useless. After Kraepelin the introduction of the method of phenomenology produced a rich harvest of symptom-analysis, and had all this been utilized in the design of the IMPS it would have made it a much more discriminating instrument. The authors refer to the low reliability in conventional diagnosis as shown in the studies by Kreitman (1961) and others; but these studies measure a variety of things, such as different views held by the psychiatrists, difficulties in the interview, and not least ignorance on the part of psychiatrists themselves. These studies do not necessarily show the inadequacy of diagnostic classification, but perhaps much more likely, the inability of a number of psychiatrists to make diagnoses. To design a diagnostic interview-schedule might have given a long-awaited answer to the question "what is at fault—the diagnostic scheme or the diagnostician?"

It is not an uncommon feature of contemporary psychiatric research to pay great attention to methods that are usually borrowed from other disciplines such as sociology, epidemiology, etc., but to ignore all expertise in psychiatry itself—psychiatric research without psychiatry so to speak. This applies to a certain extent to this work. The sophistication in statistics is matched by an almost complete disregard of clinical psychiatry itself.

From the statistical point of view it seems that perhaps the sampling has not received all the attention it deserves, at least this is not reported on. The sample of patients on whom the tests were carried out do not seem sufficiently defined and the word "psychosis" is nowhere defined, nor are the conventional diagnoses given in detail. In the instructions on the use of the IMPS (page 209) it says ". . . designed for use with functional psychotics or severe psychoneurotics who can be interviewed". So we find that the classification refers not only to the psychoses. Furthermore judging from the description of the syndrome called "Disorientation (DIS)" and "Conceptual Disorganization (CNP)", there must have been organic psychosyndromes included in the sample.

The authors state that the results reported here are only a beginning. Much more work will have to be done. The syndromes and types as they stand are little more than statistical phantoms until they can be shown to be valid in relation to prognosis, treatment-response, aetiology, etc. Computation techniques applied to diagnostics have aroused much interest in general medicine and the time is now here to apply it in psychiatry. The authors have the merit of having attempted this. But without sound clinical psychiatry these techniques are doomed to

failure. The authors have failed to transcend the limitations against which they, themselves, protest—the limitations of a psychiatry which has turned its back on nosology. They will nevertheless have rendered a great contribution if this book will stimulate others to interest themselves in this problem and apply similar methods, suitably augmented from the resources of clinical psychiatry.

J. HOENIG.

Psychiatry for Students. By DAVID STAFFORD-CLARK, M.D., F.R.C.P., D.P.M.; with a chapter on "Child Psychiatry", by Gerard Vaughan, M.B., F.R.C.P., D.P.M., and an appendix on "Clinical Psychology", by Jessie Williams, M.A. G. Allen and Unwin Ltd. 1964. Pp. 277. Price 35s.

In spite of the wealth, or welter, of psychiatric text-books, there has until recently been remarkably little written directly for the student, and this is therefore, very much to be welcomed. It is as Dr. Stafford-Clark says, a personal book; but, this does not mean that the views expressed would not be accepted by the bulk of psychiatrists, but that they are expressed more vividly, and yet more concisely than many authors could do. Throughout, the writer's, and so the reader's, interest in the humanity and human needs of the patient is kept through the descriptions of symptoms and of treatment. More could perhaps be written on psychotherapy, and on the students' and practitioners' reactions to the psychiatric patient, but this is a small criticism of an excellent book.

The sections by Dr. Vaughan and Lady Francis-Williams are in tune with the conciseness, clarity and attitude of the rest of the book. As a whole it is thus comprehensive, reliable and vivid; and should be read (and will be read easily) by all seeking some knowledge of psychiatry. Though designed presumably for medical students and general practitioners, there is much in it that the more experienced psychiatrist will learn from: and yet the intelligent non-medical student will also learn from its balance and simplicity.

R. F. TREDGOLD.

A Manual of Psychiatry. By K. R. STALLWORTHY. Sixth edition. Christchurch, New Zealand: N. M. Peryer Ltd. 1963. Pp. 389. Price 30s.

This *Manual of Psychiatry* is reasonably brief, easily read, and up-to-date in its details and attitudes. It is,