

fitted from some indication of a standardized procedure even if only a tentative one. As it stands we have a collection of stimulating essays which form a useful entry into the literature of this complex area of mental function.

F. G. SPEAR.

DRUG INDUCED DYSKINESIA

Psychotropic Drugs and Dysfunctions of the Basal Ganglia. Edited by GEORGE E. CRANE and RUSSELL GARDNER, JR. U.S. Government Printing Office. Washington. Pub. Hlth. Serv. Pub. No. 1938. Pp. 179. Price \$1.75 (paper cover).

This book contains contributions to a multidisciplinary workshop organized by the Psychopharmacology Research Branch of the National Institute of Mental Health almost two years ago. Many of the leading clinical and research workers from Europe and the United States made contributions, and these are divided into four sections: clinical disorders of the basal ganglia, anatomy and physiology, pharmacology and therapy, and neurosurgical procedures.

Within these diverse contributions the main intent of the book, and its major interest to psychiatrists, are the discussions on tardive dyskinesia. This distressing syndrome of mainly facial and lingual choreoathetoid movements crept surreptitiously into the back wards of mental hospitals after nearly ten years of over-confident drug use. As one clinician contributor sadly remarks: 'We are not neurologists, and unless something is very obvious we are going to miss it.'

The papers discuss several pertinent (and still unresolved) controversies, including the precise role of drugs and organic deterioration in aetiology, the reversibility of symptoms, the relevance of monkey models, and the pathophysiology of the lesions.

The content of the book is slightly marred by its staccato typeface and the fact that several important papers were designed to accompany a filmed presentation. This gives the reader a frustrated feeling, like listening to a sound track when the lights have fused.

It is the fashion nowadays to publish the proceedings of workshops in book form. This may provide a tempting carrot to contributors, but publication delays ensure that the text is outdated for the expert, while the novice can discover the facts elsewhere in a more easily digested (and often less expensive) form.

B. BLACKWELL.

CLEGHORN *et al.*

Symposium on Hysteria. *Canadian Psychiatric Association Journal*. 1969. 14 (No. 6). Pp. 539-90.

The December issue of the above journal presents a group of articles dealing with hysteria. R. A. Cleghorn writes first on 'Hysteria—multiple manifestations of semantic confusion' and then provides a second article on 'Hysterical Personality and Conversion—Theoretical Aspects'. His first article provides a good brief review of the historical development of the concept, and then goes on to discuss the possible categories of hysterical reactions, taking as a starting point the following classification from Linford Rees (1967) (1) Dysmnestic (amnesias, fugues, etc.); (2) Conversion reactions (including paralyses, anaesthesias and visceral symptoms like vomiting); (3) Hysterical or histrionic personality.

For Cleghorn, the first two of these categories retain their usual significance with an emphasis on psychological causation. However, he notes with approval the evidence of Slater and Whitlock that in certain types of hospital practice organic brain disease is a prominent feature contributing to the appearance of conversion symptoms. On the other hand, he rejects the view, to which much work has been devoted by Guze and his colleagues, that a cluster of hypochondriacal complaints, conversion symptoms, histrionic expression and sexual maladjustment represents a true syndrome with a pathognomonic association. And although Cleghorn seems to recognize that pain may be a conversion symptom, he thinks it ought never to be called 'hysterical' but rather 'psychogenic regional pain' as suggested by Walters. Together with other writers he recognizes the strong evidence that conversion symptoms often occur in patients who do not have the so-called 'hysterical personality'. In this connection he draws attention to the important work of Lazare and Klerman defining linked traits in such personalities. This work supports the hypothesis that oral fixation is relevant to the development of the hysterical personality.

In his second paper Cleghorn deals with psychoanalytic theory in some detail. He also discusses and accepts N. E. Miller's and Engel's conclusion that learning of visceral responses permits them to serve as the basis for a later conversion reaction. J. Aufreiter comments briefly on this theoretical argument; and the symposium ends with a paper by Allan Walters, who argues that we should use the words 'psychogenic' and 'regional' to replace the term 'hysterical' as an adjective applied to paralyses, sensory deficits, fits, etc. This follows his earlier recommendation of the term 'psychogenic regional pain' which Cleghorn has accepted.