

## Book Reviews

### THE BURGHÖLZLI TRADITION

**The Origin of Schizophrenia (Die Entstehung der Schizophrenie).** Edited by M. BLEULER and J. ANGST (with contributions from J. ANGST, S. ARIETI, G. BENEDETTI, M. BLEULER, D. ROSENTHAL, E. KLINGER, J. LUTZ and J. SHIELDS). Hans Huber. Bern. 1971. Pp. 118. Price DM 21.

In July 1970, a conference was held at Burghölzli, Zurich, to celebrate the hospital's centenary and to pay tribute to Manfred Bleuler who had recently retired after being Professor for 27 years. The theme for the occasion was the relative importance of genetics and environment in the origin of schizophrenia. The book is written in German except for three lectures (1) by Arieti (New York) on the psychodynamics of schizophrenia; (2) by Rosenthal (Bethesda) who reported on his genetic studies of children reared by adoptive parents; and (3) J. Shields (Maudsley) whose investigation of twins has led to his polygenic theory of schizophrenic inheritance, which accords in many respects with that of M. Bleuler.

Professor Bleuler himself gave an impressive exposition of schizophrenia based on his father Eugen Bleuler's book (1911), *Dementia Praecox, or the Group of the Schizophrenias* and his own book (1941), *The Course of the Disease in Schizophrenia, the Personality and the Family, and their Inter-relations*. His thesis is that our understanding of schizophrenia in the past century has been very little enhanced by any discipline other than clinical psychiatry itself, with the aid of dynamic psychotherapy. The key to the problem has not been found in neuropathology nor in diseases of children, nor in biochemistry, nor again in the study of animal behaviour. The Burghölzli programme of treatment is based on the supposition that the 'primary' cause of schizophrenia is Eugen Bleuler's 'autism', which here connotes self-absorption and retreat into a world of fantasy, while the 'secondary' causes include delusions, hallucinations and even dementia. If, however, the patient is treated with kindness, sympathy and empathy, and with a well-planned occupational programme, he can be coaxed back to participation in the real world. It was in this spirit that Manfred Bleuler in his Presidential address to the WPA at Zurich in 1957, said: 'The patient is my brother.' He sums up the statistical results thus: 'Of the 5,567 years that

my patients collectively have been alive between the first and last observations, 3,600 years, or a good two-thirds, were spent out of hospital, and 22 years after admission fifty per cent were gainfully employed outside.'

It has been said that psychiatry progresses on two legs—the psychological and the physical. The authors are strong on the first one but few would deny that one cannot do without the accumulated knowledge of physical treatments when used correctly and at the right time.

May we 'from out this Northern Isle' wish Manfred Bleuler a happy retirement and Jules Angst the best of good fortune in maintaining a very great tradition?

A. SPENCER PATERSON.

### MENTAL DEFICIENCY

**Families at Breaking Point.** A Report Published by the National Society for Autistic Children, 1a Golders Green Road, London N.W. 11. 1971. Pp. 9. Price 15p. (mimeographed).

In the British Isles there are, according to this report, nearly 8,000 autistic children and adolescents, some 2,150 below school age, 3,770 of school age, and 2,000 between the ages of 15 and 20. At the present time only around 300 of the school age children are being educated in units which specialize in teaching autistic children. The children who are least likely to receive help are those with the most difficult behaviour. Most parents are unwilling to let the child go to a conventional subnormality hospital, and try valiantly to look after him at home. The problem is overwhelmingly difficult with children around the age of five or six, when things are at their worst. Mrs. W. Landman, Headmistress of the Helen Allison School for Autistic Children, Gravesend, has carried out a survey, and has said:

'Many parents don't realize before the child is three that there is anything wrong. Even sub-normality hospitals have waiting lists of two or three years. Society therefore condemns parents like ours to cope with inhuman, screaming, changeling children; parents who may not have the superhuman talent or resources or strengths that are necessary to deal with this situation.'

The report sustains this view with parent's accounts of eleven children. The worst problems seem to be the incapacity to communicate with the

child, his restlessness and unteachability. Some families are in danger of breaking up because of the internal stresses. Help in the home would do much for many, and should not prove impossible to organize in urban areas; but what is more needed in the long term is a special type of residential training unit.

The difficulties of management of the autistic child have unique features, but in principle they are the same as with the severely subnormal. If society insists on keeping these wretchedly suffering little things alive, it is morally obliged to provide the necessary facilities. It is not right that normal parents should have inflicted on them a burden which they are not physically or emotionally able to carry, a burden which destroys the possibility of normal family life, both for them and their other children.

ELIOT SLATER.

**Diminished People.** Edited by NORMAN R. BERNSTEIN, J. and A. Churchill, for Little, Brown and Company. Boston. 1970. Pp. 340. Price £6.50.

When a new unit for autistic children in the London area was opened a few years ago a B.B.C. commentator gave details of the facilities offered and described some of the children for whose needs the centre had been brought into being. The commentator finished with the words 'and I shudder to think that only a few years ago these children would have been in an institution for the mentally defective'. My own thoughts were that I shuddered to think that mentally defective children could be in an institution at which one would shudder to think.

For too long it has been taken as a matter of course that the most meagre provisions would pass muster for mentally defective children and adults. The climate is changing, but it is still necessary to find advocates for offering a developmental view of mental retardation in which socialization and training is succeeded by the concept of developability.

Bernstein is an enthusiast and has gathered together fifteen authors who have taken topics such as educability, work, and parental attitudes. There are also contributions on personality development, the use of psychotherapy (which has yet to find its full place with the retarded), and there is also a short contribution on 'behaviour shaping'—a much better descriptive label than 'behaviour therapy'.

Each chapter has its own bibliography, which appears to be well chosen, and United Kingdom workers, such as the Clarkes, Gunzburg, Kushlick, Rutter, Tizard, Tredgold and the late Dr. Yudkin

are given appropriate recognition. The title *Diminished People* jars somewhat, but Bernstein and his fellow contributors write on the subject with compassion, and the book will give stimulus to those who are carrying the work with the mentally handicapped into the prestige areas of psychiatry.

J. H. KAHN.

**Mental Subnormality: Modern Trends in Research.** By B. W. RICHARDS (Ed.). London: Pitman Medical and Scientific Publishing Co. Ltd. 1970. Pp. 260. Price £3.00.

In this book a team of seven authors under the able guidance of Dr. B. W. Richards pool the results of their original investigations conducted at St. Lawrence's Hospital.

Richards' accounts of mongolism and other clinical syndromes contain new material, and his survey of demographic processes in the hospital population will supply administrators with important factors for their planning.

Rundle presents evidence, supported by figures, that genetical, endocrinological and environmental factors make for retardation of growth and delay in maturation in the mentally subnormal. Hermelin and O'Connor, in their review of psychological findings, indicate the unusual levels of arousal in the subnormal and severely subnormal, which deviate from normal expectations and, together with neurological abnormalities, contribute to psychological deficits.

Bryant's studies suggest that the severely subnormal are impaired in vocabulary development and spontaneous verbalization as well as in tasks requiring abstraction.

Griffith, in the chapter on drug trials, points out the facilities for this type of study provided by a large psychiatric hospital in the form of environmental stability, ready availability of control groups and accurate records often extending over many years. He also describes clinical trials of Librium, Valium and Ospolot which he finds beneficial in treatment of cerebral palsy and difficult behaviour in the mentally subnormal.

The lack of growth of brain which Sylvester correlates with endocrine disturbances completes the attempt to present the material with all the accuracy and clarity that might be expected from such distinguished authors and the editor has admirably succeeded in achieving unity of approach to mental subnormality by representatives of different scientific disciplines.

This well-printed, documented, illustrated and indexed book will be of value to all engaged in the