

The book covers a vast field, the first part of the book being concerned mostly with theories regarding unconscious mental mechanisms in the development of neurosis and psychosis, and enlarges very much on the theories of the dynamics behind them, with a bias towards Freudian concepts. The early part of the book provides many definitions of psychiatric terms which are too lengthy for quick comprehension.

Later, the book progresses to an informative outline regarding views on homosexuality, alcoholism and drug addiction, and eventually goes on to consider briefly love, sex and religion. The vastness of the area covered in a book of this kind makes it difficult to avoid being too technical and throughout one senses the author's dilemma in this matter. In his attempt to adopt an eclectic attitude, the author has of necessity been forced to be sketchy at times to the point of confusion and being unhelpful. The book provides an outline sketch of the theories and practice of psychiatry, but tends to be patchy, some subjects being informative and well written, while others are dealt with only superficially.

The author's dilemma in trying to present so wide a field of information within readable limits is obvious. One cannot help feeling, however, that this book would have been greatly enhanced in value had there been some further expansion of the effect of heredity on personality development, of autonomic organic reactions following emotional episodes, and the influences of the environment, not limited to the home, on children.

In reviewing this book I have kept in mind that it is essentially intended for the layman: the non-medical person who has no special training in psychiatry but of average education and average intelligence. One would expect, therefore, that it would provide hope for those suffering from emotional disorders, be a comfort to the relatives of such and indicate how much modern treatment can achieve.

The reader may also resent being told that the only solution of his emotional problems is to have a neurosis.

This book regrettably falls far short of similar books already written on this subject.

J. T. ROBINSON.

Problems of estimating changes in frequency in mental disorders. Group for the Advancement of Psychiatry, Report No. 50, 1961. New York. Pp. 54. 75 cents.

The Burden on the Community: the Epidemiology of Mental Illness. A report of a symposium. Published for Nuffield Provincial Hospitals Trust by O.U.P., 1962. Pp. 131. Price 5s.

Epidemiological studies form at present a large component of psychiatric research in Great Britain. These two publications will, therefore, probably be of wide interest.

The first, by the committee on preventive psychiatry of the Group for the Advancement of Psychiatry, is chiefly concerned with the theoretical aspects of some of the problems of planning epidemiological studies in psychiatry. It is an exercise in thinking.

The members of the committee, on the basis of their own experience and after consultation with other experienced colleagues, drew up a list of mental disorders in which they thought it reasonable to believe that a change of frequency has occurred in the past two or three decades. The list includes conversion hysteria, syphilitic psychoses, arteriosclerotic psychoses, psychoses associated with pellagra, deliria with pneumonia, alcoholic psychoses, cretinism, post-encephalitic encephalopathy, bromide psychosis, neurocirculatory asthenia, and psychoneuroses with diffuse anxiety as the primary manifestation. The list chosen sets out, not to be all-inclusive, but to provide illustrations for discussion of the "complex system of relations between disorder, patient, society and physician, which interact to produce an altered frequency of manifestations". For each example in the list there is a discussion of the problems involved in assessing a change in frequency in the disease concerned, and a review of the various hypotheses that might explain the impression that a change in frequency had actually occurred.

The second publication is more of a "do it yourself" paper-back for anyone about to embark on epidemiological surveys. Three chapters merit particular mention: Miss Cartwright on "Interview surveys", Dr. Martin on the "Selection and ascertainment of relevant social variables", and Drs. Sainsbury and Grad on the "Evaluation of treatment and services" provide an immense amount of practical information, illustrated by copies of the various forms for the recording of data, which were employed in the projects that are used as examples. Each chapter has a good bibliography. In short, it is an excellent publication at a modest price.

G. R. HARGREAVES.

Chronische Schizophrenie: Synopsis klinischer und neuroradiologischer Untersuchungen an defektschizophrenen Anstaltspatienten. By GERD HUBER. Heidelberg: Dr. ALFRED HÜTHIG VERLAG, 1961. Pp. 166.

In this monograph the author presents a continuation of his air-encephalographic studies of schizophrenia, this time on a series of 212 mental hospital patients (132 men, 80 women) all suffering from chronic schizophrenia with manifest defect. This series was a selection from a total of 428 patients (229 men, 199 women) not all of whom were available, for several reasons, for air-encephalography. The author admits this bias. Each patient was examined both clinically and radiologically. Dr. Huber appears to have used a strictly regulated technique and his criteria of pathological changes in the AEG are exacting. All patients were under 50 to exclude the effects of age and those who had suffered from any disease of the nervous system or who had had shock therapy were also excluded. The author graded both series into four groups according to presence and degree of defect, no defect, mild, considerable and severe. There was an increased frequency of men over women showing severe defect and the number of women showing none was about two and a half times greater than that of the men. It is not stated whether these differences are significant or not. The average duration of illness was 12.5 years. Two-thirds showed a progressively deteriorating course. Over four-fifths of the 212 patients showed pathological AEG changes, over two-thirds in the IIIrd and lateral ventricles but just over one-fourth over the cortex. The IIIrd ventricle alone showed changes in just over 40 per cent. Where both this and the lateral ventricles were affected, in over 70 per cent. the changes were most frequent in the IIIrd. Repeated AEGs carried out in some cases showed a slight majority in whom radiological was associated also with clinical deterioration. In a series of 1294 AEGs from the Heidelberg clinic covering a wide range of neurological disorders excluding tumours and endogenous psychoses, only 12.1 per cent. showed enlargement of the IIIrd without also associated enlargement of the lateral ventricles. The author discusses the difficulty of establishing a norm. It would, however, have been interesting to have had the results in a series of manic-depressives. The author expresses confidence in the reliability of his findings but must inevitably plunge into theory in their interpretation. He rejects as improbable the suggestion that the radiological changes may represent constitutional variants, malformations or the results of early or later acquired brain damage complicating a symptomatic schizophrenia. This may well be so, but his reasons do not seem to carry entire conviction. The author relates these diencephalic changes to the characteristic schizophrenic defect which, following Conrad, he regards as a "loss of energy potential." Thus an aetiologically non-unitary, non-specific diencephalopathy may be a predetermining factor, in itself insufficient, however, without also invoking an endogenous inferiority of certain subventricular regions. The author inclines to the view of a systemic atrophy or hypoplasia in which he comes very close to Kleist, an author to whom, surprisingly, he refers infrequently. This atrophy is regarded as due to a premature and localized ageing process significant not merely aetiologically but because its relationship to degree of clinical defect also has a certain prognostic value. The schizophrenic defect is conceived here as non-specific and irreversible, as against the acute, reversible, characteristic symptoms of the psychosis, some of which, however, as in the special form for which the author coins the term "coenaesthetic", characterized by bodily hallucinations and hypochondriasis, may, he