

however, very elementary. The dust jacket states that it is a guide for practitioners and students of psychiatry. It would seem, however, more suitable for the medical student or psychiatric nurse. No serious student of psychiatry would find sufficient material or detail. It is a pity that no references are given which would enable the reader who was stimulated to extend his knowledge.

One chapter is headed "Aspects of child-psychiatry, senile and puerperal reactions"; this does seem a most curious mixture, and there is nothing in the text to explain why these very different aspects of psychiatry are described together. Also, in this chapter it is suggested that the schizophrenic mother may kill her child and this is a very real danger. This is one of the psychiatric myths which the facts do not support. The real risk of injury to the child lies with the depressed mother. The risk in schizophrenia is of neglect.

The price is reasonable. The fact that this is now the sixth edition shows that the book has had some popularity. The general practitioner may find its practical approach and brevity an advantage but, here again, some references would make it very much more valuable to him. The book does live up to the claim of its preface for soundness and clarity.

A. A. BAKER

Clinical Psychiatry for the Layman. By F. J. FISH. Bristol: John Wright & Sons, Ltd. 1963. Pp. 59. Price 8s. 6d.

This little book arose out of the need to provide theological students and mental health officers with some of the fundamental facts of clinical psychiatry.

The Church and lay public today is becoming more and more aware of the necessity to understand human behaviour in the light of psychological research and knowledge of the cause and effects of emotional disturbances.

However, the language of psychiatry is often a barrier to the layman who requires some simple reference to psychological terminology and a description of the varieties of mental disturbances. These are provided in this book. To condense such information into so few pages has led to dogmatism and perhaps over-simplification of psychiatric illness and of this the author is clearly aware. It however fulfils a need, and will help intelligent laymen to a more tolerant understanding and sympathy for the emotionally disabled.

J. T. ROBINSON.

Textbook of Abnormal Psychology. By N. H. PRONKO. London: Baillière, Tindall and Cox. 1963. Pp. xxiii + 446. Price 68s.

This book is written by the Professor of Psychology in the University of Wichita and has a foreword by Professor Szasz, the author of *The Myth of Mental Illness*, who tells us: "Professor Pronko has no 'system' and frankly admits it. This, I think, is all to the good. Instead of a system of 'abnormal psychology' he gives us the fruits of his prodigious labours: he has culled from the recent and the classic literature of psychology and psychiatry, using his critical intelligence as his guide, those contributions which he considered significant for the contemporary student.

Needless to say the first chapter consists of a short summary of *The Myth of Mental Illness*. This is followed by a chapter discussing the relation of brain injuries to mental disorders which follows the usual line adopted by American "dynamic" psychologists and leaves one with the impression that the cranium might just as well be filled with sawdust as with nervous tissue. The treatment of genetics in this chapter reveals that strange American tendency to reject the idea that anything apart from arms and legs can be the result of inherited factors. In fact the uninstructed "contemporary student" might be misled into believing that even Huntington's chorea and all varieties of mental defect have no genetic basis.

However, what of Professor Pronko's selections from the classic literature of psychiatry? Since this was mainly written in French and German, Professor Pronko, who is apparently unacquainted with these languages, must depend on secondary sources. He seems unaware of such important works as Brill's translation of Eugen Bleuler's textbook and Barclay's translation of the section of Kraepelin's textbook on "Manic-depressive Insanity and Paranoia", so that he naturally is a victim of one of the "Myths of American Psychiatry" which is known as "*Kraepelinian Psychiatry*", but should be called "*Pseudo-Kraepelinian Psychiatry*". This bears as much relation to the views of Kraepelin as the "*Social Workers' Psychodynamics*" does to the ideas of Freud. Thus in the chapter on "Deterioration" we are told "Following Rothschild, Gallinek (1948) has been critical of the well entrenched theory of Kraepelin that sees the psychoses of old age as being due to either cerebral degeneration or cerebral arteriosclerosis".

However, in 1896 Kraepelin stated that the majority of mental disorders in old age were depressive states. In a later edition of his textbook, the relevant part of which has been translated into

English, Kraepelin gave histograms of the age incidence of manic-depressive disease from which it appears that 7.2 per cent. of first attacks and approximately 11 per cent. of all attacks of this illness occurred over the age of 60 years.

Dependent as he is on the American literature it is natural that the author makes little sense of the problem of paranoia. After a few pages on such old chestnuts as religious paranoia, and litigious paranoia, we are given a "contemporary" view of paranoia. This begins with an example of a paranoid attitude arising from anxiety and lack of confidence of a teenager wearing her first pair of high-heeled shoes. This we are told will serve as a demonstration model for the paranoid principle as viewed by some contemporary workers. This "contemporary concept" of paranoid delusions arising from a sense of external change was put forward by Westphal at the end of the nineteenth century. Professor Pronko seems quite unaware that Gaupp and his pupil Kretschmer tried to explain paranoid psychoses on a psychological basis many years ago. He believes that the concept of sudden clarification put forward by Cameron in 1947 is new, whereas many classical writers including Karl Jaspers have pointed out the way in which paranoid developments or psychoses appear to crystallize suddenly at a given point in time. Needless to say, the author fails to deal with such important topics as process and development, primary delusional experiences, secondary delusions and Kolle's investigation of paranoia.

Sometimes Professor Pronko turns clinical psychiatry "into something rich and strange". The chapter headed "Obsessions-Compulsions" deals with eating in satiated rats subjected to electric shocks after satiation, over-eating in humans, sexual perversions, incest, passing dud cheques, repeated bigamy and gasoline addiction. Buried in the middle of all this is a grossly inadequate definition of obsessions and compulsions and a short description of a patient with an obsessional neurosis taken from Stekel. One could, of course, write another more extensive book dealing with the errors of omission and commission in this one. However, it does contain an interesting review of the work on sensory deprivation and the effect of anxiety on bodily function. These sections can be read with profit by the experienced psychiatrist who can separate the little wheat from the superfluity of chaff, but the beginner will spend his time more wisely reading Jasper's *General Psychopathology* which is only a little more expensive.

FRANK FISH.

This is My Story. By DANIEL CAPPON. Toronto, Canada: Burns & MacEachern Ltd. 1964. Pp. 28. \$1.00.

This is a 28-page questionnaire, given to the patient to complete at home after an initial psychiatric interview. Many psychiatrists encourage their patients to write their own life histories. This not only gives some factual information but also reveals attitudes and problems which are relevant to the patient's illness. There are, of course, serious limitations. The advantages of the questionnaire are that it provides a permanent record of the patient's statements at the beginning of treatment, which can be compared with his condition later, or used in research. It is also likely that some relevant problems will be mentioned which might be missed in an interview, particularly if the patient has relatively little questioning or guidance from the doctor. This type of questionnaire is more necessary in the case of those psychiatrists who prefer to ask the minimum of questions and rely on the patient's own spontaneous statements.

This questionnaire is comprehensive and covers all the usual psychiatric history. There is so much of it, however, that any patient who completed it would certainly score highly for obsessional traits. It is surprising to find that psychosis is nowhere mentioned, either in the patient's history or that of his family. Since most other illnesses are described in detail, it is surprising that this should be included—one must assume—under "Nervous Breakdown", for example, five psychosomatic conditions are listed but the possible varieties of nervous breakdown are nowhere mentioned. There is a complete page of religious beliefs which the reviewer found it difficult to understand, for example, one question reads: "God is in Heaven. Yes/No. Up/down." The patient's attitude to his own body and its functions is rightly given considerable emphasis. On the other hand, there seems to be an over-emphasis on oral activities but little emphasis on major sexual difficulties such as frigidity or impotence and the reasons for them.

As the introduction notes, reaction to the questionnaire is a diagnostic tool and the reviewer's criticism may merely reflect the reviewer's attitudes or problems. On the other hand, it could be argued that the length of the questionnaire and the interests most developed in it also reflect the attitudes of its author. It is very likely, however, that this type of questionnaire will become more popular because it can save time and there is undoubtedly a serious shortage of time in dealing with the large number of patients asking for help today.

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