BULLETIN of the MENNINGER CLINIC

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ACTIVITIES AT THE MENNINGER FOUNDATION

About fifty alumni of the Menninger School of Psychiatry, from fifteen states and the District of Columbia, came to Topeka with their wives on January 25 and 26 for the School's tenth anniversary reunion. The program included a scientific meeting at which the principal paper was "The Role of Faith in Psychotherapy" by Dr. Paul Bergman; a special edition of the Freudian Follies including hit selections from all the previous Follies since 1946; and a banquet.

* * *

In the annual meeting of The Menninger Foundation, October 12, 13, and 14, the Board of Governors voted to undertake the first step of a long-range building program. A committee of Board members, headed by Mr. Ned Fleming of Topeka, had been considering for the preceding year some of the Foundation's pressing needs for additional office space, research facilities and, particularly, an entirely new physical plant for the Southard School for children. Some of the committee's findings:

There is in the entire Menninger Foundation only one unassigned office for research, teaching, or clinical use—basements, storerooms and other opportunities for improvisation have been exhausted—the Southard School's buildings, a pair of remodeled Victorian homes on opposite sides of a busy highway, are costly to maintain, difficult to administer and severely limit the number and kinds of children who can be helped.

To meet these needs the Board adopted, at the committee's recommendation, a four-point building program for immediate action. The program will cost approximately two and a half million dollars. Included are:

1. An entirely new physical plant for the Southard School, including a classrooms and activities building and three residences with a total capacity of 50 children. The new School will be built on land adjacent to the Foundation, most of which has already been purchased. It is estimated that its total cost will be $1,145,000.
2. A research building with 30 to 40 offices and laboratories. This

there will be a continued struggle upward and outward in the direction of discovering optimum engagement; but we neglect the fact that for certain kinds of work—our own, for example—the prerequisites and preparations are so long and expensive that the goal cannot be reached unless one gets an early start.*

Choice

But while some have no apparent choice, for some fortunate individuals, whose destinies are not restricted by cultural and economic limitations or by inherent organic handicaps, there appears to be the possibility of *choosing* a preferred life work, certainly one of the most momentous decisions ever made by any individual. Yet, since it must be made before maturity has been achieved, when knowledge of the world is far from complete and when life experiences have been relatively limited, the decision must be made to a large extent on the basis of chance, childhood impressions, and the advice, counsel or inspiration of others. Such external influences are sometimes conscientiously solicited and utilized, but perhaps most often automatically acquired and unconsciously organized in the process of a definite decision.[2] The responsibility of parents and of oldsters for setting the right example, for inspiring, for counseling and advising (if asked), is nonetheless most important.

The so-called aptitude tests are of little help to us. We do not know precisely what an aptitude is, and the helpfulness of the questionnaire method of vocational guidance is rather limited.[3, 4] An approach, through projective tests, to the unconscious determinants of vocational choice has been made by Anne Roe,[5, 6] in her studies of eminent scientists manifestly successful in the career of their choice.** Eli Ginzberg, Sol Ginsburg,[7] Sidney Axelrad and John L. Herma have contributed a most important study in *Occupational Choice: An Approach to a General Theory*. What they demonstrated was that although nearly everyone has to work, many people have little choice and those who do, have little to guide them. One point of view is that occupational choice is largely fortuitous or "accidental." Another is the so-called "impulse" theory, for which we psychoanalysts are held responsible, the assumption that internal psychological needs determine or condition the responses of the individual to external possibilities. Finally, there is what might be called the "pedagogic theory," which holds that with

* This was tragically illustrated in the life of Morton F. Thompson,[1] author of a very popular novel depicting the life and development of a physician. He himself is said to have always longed to study medicine.

** Her work, still in its early stages, suggests that the specific vocations chosen by her subjects represented ways of dealing with unconscious conflict, occurring in early life, and that the nature of the conflict, and the time at which it occurs, may be important determinants.

proper counseling, vocational choice need not be left either to accident or to current impulse.

The authors cited examined the degree to which choice is possible, granted various innate capacities, and recognized that it usually represents a series of decisions, made over a period of years, which are connected with one another but which form an irreversible process and end in a compromise. First there is a period of *fantasy choices*, usually in childhood; then a period of *tentative choices* between ages 11 and 17 with four stages—an interest stage, a capacity stage, a value stage and a transitional stage. Then comes the period of *realistic choices* with a stage of exploration followed by a stage of crystallization and then one of specification.

I know of no other study that recognizes the need to investigate *how* vocational choices are made, and more than most studies it emphasizes the importance of a better knowledge of vocational choice, for the conservation of human resources. This latter point cannot but appeal to those of us who do what we can to identify those indications favoring or not favoring the large investment of time and money which a proper training now costs.

Motivation

Choice of a vocation obviously ties in closely with motivation. The motives of physicians have become of late the subject of intense popular concern. Attempts to institute so-called socialized medicine or compulsory health insurance in this country stimulated such vigorous and poorly presented rationalizations from official medical spokesmen that the motives of physicians, heretofore taken for granted as benign and selfless, began to be questioned by the public. Doctors seemed to resist efforts to make their services more widely available and less expensive, and laymen became increasingly disillusioned about their idols of benevolent healing. Since almost everyone has either had a serious illness or may one day develop one, it is disturbing to bring into question the integrity and good will of the men in the community who have power over life and death.

As though in response to the growing public interest in the inner life of the physician, several collections of autobiographical material by doctors have been published recently.[8, 9] Of these doctor authors, some evidently felt no compulsion to explain their interest in medicine; either they followed a long family tradition without questioning what they felt as their predetermined course, or else they said, simply, "I have always been interested in medicine." Others stated, as though this accounted fully for their choice, that their parents wanted them to study medicine. Still others were sure they became doctors in defiance of their parents' wishes. Some felt drawn to medical science because of its challenge and mystery—because so much remains unknown about health and disease. Yet others felt an attraction of

exactly the opposite sort: the study of medicine offered an escape from uncertainty, a chance to reduce mysteries to solid facts. Doctors for centuries have recognized in themselves the desire for prestige and honor and an adequate income; recently the power of these factors has increased.

The motive generally accepted as primary in all physicians is one which no doctor would disavow: the desire to show mercy, to relieve pain, to correct deformity, to preserve life. But while these familiar conscious motives may account, in part, for the initial desire to study medicine, they by no means account for the fact that doctors continue to practice it in spite of frustrations and disappointments. Similar motives of mercy must be prevalent among many nonmedical people. And many doctors, possessed of these same motives, are neither successful nor happy in their work. Memoirs, of course, are not written in terms of the *unconscious* factors that influence *conscious* choice. Even Freud himself (as the recent biography by Ernest Jones, and the letters to Fliess show) failed to explain why he elected to study medicine, or what turned him away from his original interest in organic structures and toward psychological functions.

Unconscious Factors

In the past 25 years, several thousand physicians have been psychoanalyzed. About 1,000 American psychiatrists are being psychoanalyzed at this very moment, in the course of their formal training. Many other physicians have undergone psychoanalysis for strictly therapeutic reasons. Could the knowledge derived from the study of all these colleagues be pooled, we should be in a position to generalize about the *unconscious* motivations of doctors, especially psychiatrists. There are obvious reasons why this information cannot be pooled in any systematic way, but the situation is not hopeless.

Many of us have ourselves been analyzed, and some of our discoveries we can remember, indeed, we must remember them, every day. Too, many of us have analyzed other doctors and from these experiences certain generalizations take form automatically in our own minds. This in turn is reflected in our attitudes toward various problems which we discuss in seminars and committee meetings with other colleagues who have also had these experiences, and who also express their attitudes. The result is a certain tacit recognition of agreed upon assumptions, based upon a common knowledge of unconscious trends and content with which we are familiar both subjectively and objectively. This is apparent in faculty meetings and selection committee conferences. Add to this the fact that psychoanalytic theory and the facts upon which it has been based have never been kept a secret.

Now the question arises as to whether we can formulate anything regarding these unconscious motives. If we do so, our efforts should be recognized as but speculations, groping attempts to outline some of the more probable explanations of experience.

Let us begin, for example, with the fact that doctors have doctor fathers. What does this tell us? It may or may not conform with the psychoanalytic specifications for an unconscious identification; often it is a quite *conscious* identification. It may be pedagogically determined.

But let us go further. Sometimes an identification with the father is demonstrated by the wish to surpass him, humiliate him, extinguish him; and at other times it is demonstrated by the wish to follow him, to help him, to emulate him. A benevolent identification may be regarded as a successful solution of the Oedipus complex. But another may solve the Oedipus complex successfully by *not* becoming the doctor that his father was; still another becomes a doctor, not because his father was one, but because his father wanted his son to be one. Still others (this is frequently mentioned in autobiographies) become physicians because they or a sibling or one of the parents was ill, and in a more or less dramatic experience this illness was relieved by the ministrations of the family physician, who came like a great healing god, perchance on only one great, memorable visit. Still other doctors would seem to become physicians, not so much through any relationship to the father as through a strong wish to please the mother (who may or may not have married a doctor) or from a strong identification with the mother, rather than the father, as the healing, restoring, comforting member of the family.

All these adolescent conflicts in regard to pleasing the father, challenging the father, disappointing the mother, pleasing the in-group, challenging the out-group, repeat and reflect emotional conflicts which occurred first in the infancy and childhood period, when pleasing or displeasing the parent or parents seemed a matter of life and death. The parents, who acted as protectors against these dangers, seemed to the child omnipotent.

Inevitably there occurs a disillusionment about the parents' omnipotence; the parent sickens, falters, dies, or in some other way betrays his vulnerability, and the confidence of the child is displaced to some more dependable bulwark. This may be a magical charm, a totem, a conceptualized deity, or—as just mentioned—often it is explicitly the family physician. The child later emulates this savior and accepts his gospel and way of life. He puts the same faith in medical science that he once put in the comforting arms of his mother and father.*

* How the desire to please the parents may operate unconsciously as a powerful motivating force is suggested by Havelock Ellis' account of his decision to study medicine. His own parents had never urged him toward any particular vocation, and, until the age of twenty, he was utterly without any idea as to how he wanted to make

Alan Gregg[10] put this beautifully in his paper "Our Anabasis" read before the Association of American Physicians:

> "You must have been about 11 years old when it happened. You had a very sore throat and after a night when the lamp never went out and your mother was at your side whenever you called for her, you awakened to see her anxiously scanning your face and heard her ask your father to call Dr. Lawrence. You used to see Dr. Lawrence go up Cascade Avenue in his new horseless carriage followed by his man driving the other older horseless carriage in case the new one broke down or blew out a pneumatic tire. When Dr. Lawrence came into your room he put his lighted cigar very carefully on the marble top of the dressing table. Your mother didn't seem to mind that at all. He smelled awfully strongly of tobacco when he leaned down and put his ear right on your bare chest. Then he asked your mother to get a pitcher of fresh water, turned to you and said, 'Now watch!' He took a bottle out of his medicine bag, uncorked it deftly with one hand and shook some shiny brown crystals into the water which immediately turned a wonderful purple. 'Let him' (he didn't say 'make him') 'Let him gargle with this every two hours,' and then turning to you, 'but don't swallow it! Two pounds of this powder would turn all Prospect Lake purple! By the way did you hear the sicklebill curlews night before last? Asleep? Well I was coming home from the Malones at three o'clock in the morning,' and turning to your mother he added, 'Eight and a half pound boy . . . and the curlews' eerie crying was beautiful.' Then he turned to your Mother and said, 'Mrs. Bacon, you haven't a thing to worry about. I'll be back day after tomorrow and sooner if you want.' Your mother suddenly looked very relieved and just after Dr. Lawrence had left you heard her say to your father, 'Doctor Lawrence is so *faithful*.' It was her highest praise, as anyone could guess from her way of saying it.
>
> "Four days later sitting in the swing in the bright September sun an idea suddenly swept you through and through: 'When I grow up I want to be a doctor.' You rather thought that with anything as big as that you ought to tell God about it immediately—and not just casually standing up, either. But if you knelt down then and there somebody might see you and ask why—and you couldn't tell. So you ran upstairs to the only room in the house that could be locked—the bathroom—and there you knelt down under three towels, an empty hot water bottle and your father's back-scratcher, and took the Almighty in on a decision that you never doubted nor regretted from that day to this."

I wish you could read all of this. It is so much better than anything I could say. He goes on to describe the facing of death, the witnessing of birth, the taking of responsibility, and so on to the "greatest danger and the greatest reward in medicine—and so the deepest bond between us all—the First Time a Patient Trusts You—with his life."

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his living. At this point he read the biography of James Hinton, and when he came to the account of how Hinton's parents decided upon a medical career for him, Ellis suddenly, and without any previous inclination in this direction, made the choice of medicine as a vocation. It was as though, not knowing how to please his own parents, he solved the problem by identifying himself with a man who had had it solved for him. (See Fabricant, *op. cit., supra.*)

Identification with the parents or family physician does not exclude the expression of aggressive impulses in this identification. The child's earliest anger against parents is generated by many frustrations, such as weaning, toilet-training, births, deaths, illness and absences of parents, rivalries, defects. In our culture, a crucial point in the development of hostility in the young child is reached with the dawning of conscious erotic impulses, which the child is constrained to conceal or deny. The mass of aggressive impulses thus stimulated find a variety of expressions, and many of them are repressed and forgotten, others suppressed and remembered. The impulse toward intended injury may be replaced by the effort to heal, to undo injury, to restore health even by painful methods. In this way the aggression is at the same time enacted, disguised, and atoned for.

The atonement and undoing aspects of this cycle deserve emphasis, for the physician's "mercy" may be seen also as his way of undoing injuries which, as a child, he inflicted in fantasy upon individuals now represented by his patients. Rescuing, restoring, and making whole, are well-known preoccupations of the unconscious mental life of many individuals; some invest much energy in symbolic restitution or atonement.

Another unconscious factor which enters into the election of a medical career, and perhaps more generally of all the biological sciences, is the curiosity about the body of the mother which is so intense in every child. Ernst Simmel first related the childhood "doctor game" to the adult "doctor game." Anatomy remains the core of medical education; and for every child anatomy is, for a considerable period, the core of things to be learned. Yet it is something about which his parents and teachers (in our culture) seem reluctant to instruct him. Nearly everything else is pointed out to him, explained to him, even submitted to him for examination: but not his mother's body. He rarely sees it except variously covered. It remains the great mystery.

The child makes his own explorations, and these efforts at self-education are often followed by punishment. Discovery that he himself came from his mother's body renders the already puzzling mystery infinitely more complicated. He has fantasies of having been cut from her abdomen or passed from her bowels. The fascinating obscurity of the external parts of her body is exceeded only by the inconceivable intricacy of her "insides." Not all children remain in such confusion, and not all children become physicians: but curiosity with respect to these mysteries remains the secret driving force of many lives.

As children grow older, they become interested in pets, which they examine carefully and furtively. They cut open dead animals. They observe with an intense fascination the cleaning of chickens by the cook. They take clocks apart to see what is inside.

PSYCHOLOGICAL FACTORS IN INTERMITTENT BUNDLE BRANCH BLOCK*

By EDWARD B. SWAIN, M.D.†

That emotions exert a profound effect on the function of the heart and blood vessels is widely known. Altschule,[1] reviewing the various effects of the emotions on the functions of the heart, lists changes in circulation time, cardiac output, blood pressure and pulse rate as occurring under stress. He adds that auricular flutter and fibrillation; auricular, nodal and ventricular premature contractions; The Wolf-Parkinson-White syndrome and minor degrees of heart block are all occasionally seen in emotionally unstable persons and in the absence of demonstrable heart disease.

Although the influence of emotional stress on blood pressure and pulse rate and in such conditions as angina pectoris is known, the effect of psychological factors on the cardiac conduction system itself has not been sufficiently emphasized. However, first degree heart block (slowing of conduction in the bundle of His) is found relatively frequently in association with psychiatric disorders. Logue and Hanson[2] studied one hundred patients with prolonged P-R interval. Of their patients, 11 per cent had only psychiatric conditions. Heyer and his co-workers[3] found atrioventricular conduction time to be greater than 0.20 seconds in 3 per cent of two hundred patients with mental disease, compared to an incidence of 0.5 per cent in their control group. Logue, Hanson and Knight[4] found prolongation of the P-R interval in 4.7 per cent of one hundred and fifty patients with neurocirculatory asthenia. A striking case is reported by Silverman and Goodman.[5]

Although first degree heart block is commonly associated with emotional disturbances, cases in which more advanced conduction defects are causally related to psychiatric disorders are rare. The medical literature in English for the past ten years reveals only a few case reports.

Benedict and Evans[6] reported a case in which second degree heart block and the Wenckebach phenomenon (progressive delay in conduction until an impulse is blocked and a "dropped beat" occurs) were associated with anxiety. They had found in the literature only five well-documented cases of second degree block and Wenckebach phenomenon occurring in the absence of organic heart disease or drug intoxication. In one of these five cases, the syndrome occurred during a draft examination which was presumed to be anxiety-provoking and the syndrome was absent the following

* Written to meet a requirement of the Scientific Writing Course in the Menninger School of Psychiatry.

† Austen Riggs Center, Stockbridge, Massachusetts.

day. In another of the cases cited there were associated signs of autonomic imbalance, emotional instability, or both, *viz.*, marked sweats, nausea, syncope and dizziness.

Cases of paroxysmal complete heart block are extremely rare from any cause. Roos,[7] writing in 1945, was able to collect only thirty-one cases from the literature. He felt that vagal stimulation played a prominent part in producing the block and noted that many times atropinization abolished the block. Despite the extreme rarity of paroxysmal third degree block, psychiatric factors have been mentioned in at least two published cases.[8, 9]

> Intermittent, partial or transient bundle branch block, while by no means as rare as intermittent complete block, is still a clinical curiosity. Sandberg and co-workers[10] reviewed the literature in 1951 and were able to collect only 159 cases, to which they added 12 of their own. Of these 171 cases, 13 had no demonstrable heart disease. In some of their other cases, although there was some heart disease present, bundle branch block did not occur until the factors of myocardial infarction, anemia, tachycardia, infection or metabolic disturbances were added.
>
> Hein and Sanazaro[11] state that the influence of the vagus on the branches of the bundle has been well established by clinical and experimental work. Autonomic imbalance, with or without heart disease, has been described as a causative factor in transient bundle branch block. This relationship, however, appears to be extremely variable from case to case. In some cases[12] an atropine effect abolished the block; in other cases[13, 14] atropine produced the intermittent block. Cases may be found in which an increase in heart rate is associated with the appearance of the block;[14] in other reports, the block appears at less than normal rates,[15] or does not seem to be correlated with rate at all.[10]
>
> In view of the effects of the emotions on heart rate and on autonomic function, it is perhaps not surprising that there have been occasional attempts to correlate bundle branch block with emotional stress. Graybiel and his associates[16] report a case of transient bundle branch block which they attribute to fright. In their patient, bundle branch block which persisted for two days appeared on a record taken within thirty seconds after a pistol had accidently been discharged near the subject. A previous record, taken a few minutes earlier, had been normal; and the patient had no signs of heart disease. Hellerstein[17] has recently reported a patient in whom bundle branch block may be induced at will by the mention of an affectively charged key word.

The latter two patients are the only ones which the writer was able to find in which there was a clear and immediate relationship between intermittent bundle branch block and anxiety. There are other reports, however, which suggest that such a relationship is not so rare. Wolfram,[18] reporting his experiences in a Veterans Administration outpatient cardiac clinic, found 52 cases of bundle branch block in 5000 patients. All of his patients but one apparently had permanent bundle branch block. In 33 of his cases, no heart disease was demonstrable, and in 11 of this latter group, there were associated anxiety states. Since many of his patients were being ex-

amined for pension purposes, he does not consider this to be remarkable. Without further speculation, it can only be said that he has reported a high correlation between bundle branch block without heart disease and with anxiety. Eichert's patient[14] is another example.

The mechanism of production of transient bundle branch block in susceptible individuals is a matter of considerable speculation. In patients with heart disease, the effect of subliminal conditions, such as an Aschoff body impinging on the bundle, may be augmented by such factors as increased vagal tone or tachycardia producing changes in oxygenation, refractory period, *etc.* Hein and Sanazaro[11] emphasize that complete blockage of conduction in one branch is not necessary for bundle branch block complexes to appear on the electrocardiogram. All that is necessary is that a slight delay, as little as 0.04 second, occur so that the ventricles discharge asynchronously. They refer to considerable experimental work to support the theory that vagal excitation tends to slow conduction in the bundle, and thus to produce the slight delay necessary for bundle branch block to appear. Minor metabolic alterations due to tachycardia could also produce a slight slowing of conduction.

The vagus may have other effects on transient bundle branch block besides that of slowing conduction time in the bundle. Vagal stimulation may cause reflex slowing of the heart beyond a certain critical rate necessary for reversion to normal conduction. This concept has been emphasized by Vesell[19] who has shown that relatively small changes in rate may be sufficient to change the mode of conduction. Various authors[10, 11, 18, 14] have experimented with the effects of carotid sinus pressure, deep inspiration, and drugs such as neostigmine; in many cases, reversion to normal conduction was obtained by these methods.

It appears certain that the autonomic nervous system plays an important part in certain cases of intermittent bundle branch block, although different mechanisms may operate in different cases.

Thus far, only those cases have been emphasized in which changes in heart rate or autonomic imbalance reinforce some pre-existing pathological condition. What about those patients in whom no heart disease can be demonstrated? The work of Lacey[21, 22] offers an explanation. According to Lacey, autonomic discharge does not involve all parts of the parasympathetic system equally. Each individual is said to react in a characteristic and consistent way, regardless of the nature of the stress with some parts of the autonomic system responding quite vigorously and others remaining essentially unchanged. Thus in patients with a certain "autonomic profile," the vagus fibers which influence the bundle of His and its branches would be particularly sensitive to stimulation, whereas in all others, they would be relatively indifferent to the effects of stress.

From the foregoing, it is evident that psychological stress may indeed play a role in the production of intermittent bundle branch block in some cases. In certain patients, anxiety may cause changes in pulse rate or autonomic stimulation which act in conjunction with a pre-existing pathological condition; in other cases, autonomic stimulation alone may be sufficient. Benedict and Evans' case of the young man with second degree heart block with the Wenckebach phenomenon certainly suggests that some more direct connection between psychic content and the cardiac conduction system may be operative in some cases.

The author has recently observed a case in which chronic, severe mental illness with pronounced anxiety and bundle branch block coexisted. While the connection between the patient's psychic state and the mechanism of his cardiac conduction was not as simple and graphic as in Graybiel's and Hellerstein's cases, the experimental evidence is strongly suggestive of such a correlation.

The patient is a 38 year old white, unmarried man who was admitted to the Winter Veterans Administration Hospital for the second time in August of 1954, complaining of chronic, severe tension and inability to adjust himself to society's standards and values. He was first hospitalized for his present illness in 1941, and since that time has been hospitalized almost yearly for varying periods of time. Since the onset of his illness, he has wandered all over the country; and, except to obtain a college degree between 1948 and 1954, he has never been able to work. On psychological examination, he was found to be extremely tense, easily angered, and, in his own words, full of hate toward the world in general. He projected his conflicts onto society, bitterly blaming his illness and present plight on the social system, the public schools, capitalism, and various governmental agencies. Strong unconscious homosexual impulses were evident. Also noted were loosening of associations, inappropriate affect, marked ambivalence and inability to form object attachments. He presented a number of physical complaints which he attributed to his feelings of tension, and was concerned about his health in general, but particularly about his nose and his heart.

His medical history is as follows: The patient stated that he had three attacks of "inflammatory rheumatism" at the ages of 17, 21, and 25, manifested by swollen, painful and reddened joints. He was thereafter told by several physicians that he had a leakage of the mitral valve. At no time has he had symptoms suggestive of rheumatic heart disease such as chest pain, dyspnea, edema or paroxysmal nocturnal dyspnea. Physical findings on admission included a short, rough, and at times musical systolic murmur at the apex after exercise or with the patient on his left side. No diastolic

murmurs were heard; the heart was not enlarged on X-ray. His face was chronically flushed and he had cold, sweaty palms.

His electrocardiogram was reported as follows: Rate, 80. Sinus rhythm. P-R interval .19, QRS .12–.14, QT .40. QRS complexes: broad, monophasic R I, II, III with slurring of T and M-configuration in II and III. T waves: diphasic in I, inverted in II and III. Unipolar extremity leads: low voltage RS_{AVL} with slurring and deep notching of broad R; M-shaped R_{AVF}; broad, deeply notched QS_{AVF}; T_{AVF} inverted, T_{AVR} upright. Precordial leads; High voltage rS V_1–V_4 with tall T waves in those leads; RSR′ V_5; broad, M-shaped R V_6; R duration .10 in V_5. Summary: sinus rhythm, left bundle branch block with R duration of .10 over left ventricle; abnormal tracing compatible with rheumatic heart disease; no evidence of rheumatic carditis.

A summary of his previous electrocardiograms obtained from his old chart is as follows: 1944, first degree A-V block; a second record in 1944 was read as normal; 1945 and 1948, normal electrocardiogram; 1951, left bundle branch block. Tracings in 1954 and in 1955 also showed left bundle branch block.

Detailed electrocardiographic studies were carried out to explore the connection between the patient's psychological state and his bundle branch block. The bundle branch block was unstable and appeared to be influenced by a number of factors. A change to normal conduction, for at least a few beats, could be induced almost at will by having the patient breathe deeply. All of the recordings were taken with the patient lying supine. His shifting slightly to a more comfortable position on the bed also occasionally produced a transient return to normal conduction.

The effect of atropine on the patient's conduction was tested. After an initial control period to ascertain that the patient's bundle branch block was relatively stable, one fiftieth grain of atropine was injected. This was sufficient to cause the patient to complain of dry mouth. On the first trial, the bundle branch block reverted to normal conduction for five minutes following the atropine injection. In a second experiment several days later, under apparently identical conditions, atropine produced no effect on conduction, although the patient experienced the side effects as before.

A series of recordings were made (1) during sleep, (2) when the patient was angry, (3) while he was being allowed to free associate and (4) when he was chatting amiably with the examiner. Other recordings were made when the patient was basal, or nearly so. This was sometimes difficult to judge; the patient was an inaccurate reporter, and usually replied with a snarl that of course he was tense—he could never relax. Rolls of electrocardiogram paper were used providing approximately thirty minutes of continuous recording. Six thirty-minute recordings were obtained and two of sixty minutes duration. The patient became so upset by the procedure that no further experiments could be carried out. Standard lead II was used in all of the following records.

Following are the results of the experiment:

Record 1: 60 minutes. The patient was relaxed and appeared to sleep lightly during most of the hour. Normal conduction was predominate, although extremely unstable. Bundle branch block reverted to normal conduction 27 times in the first 30 minutes. Bundle branch block occurred only 12 times during the last half of the hour.

Record 2: 30 minutes. The patient was tense, angry and flushed. During the entire time he kept up an angry tirade against society, the government, the hospital. Bundle branch block was present exclusively throughout the record, except for several periods of about 30 seconds to a minute during the last few minutes of the period.

Record 3: 30 minutes. The patient appeared tense and angry both before and after the recording but admitted that he felt sleepy several times during the period. Bundle branch block was predominate; there were, however, many periods of normal conduction ranging from a few beats to almost a minute, all occurring during the last half of the record.

Record 4: 30 minutes. During this recording, the patient chatted with the examiner in an unusually friendly and relaxed way about a variety of subjects. Only occasionally did he refer to his illness or to his hatred of various social institutions. Almost exclusively bundle branch block was recorded, except for three single beats of normal conduction during the last fifteen minutes of the record.

Record 5: 30 minutes. Taken late at night. The patient was asleep most of the time and stated that he was very relaxed when he was not actually asleep. Clinically, he appeared less tense both before and after the session than on any of the other occasions. The record shows less bundle branch block than any of the other seven experiments. When bundle branch block did appear, it was frequently associated with change in position and lasted only five to ten beats.

Record 6: 60 minutes. At the beginning of the session, the patient was fuming with anger and glaring at the examiner. After about fifteen minutes, he demanded permission to talk. During the last forty-five minutes, he was allowed to free associate. The content of his ideas was frequently grandiose and he constantly referred to his ideas about society and government. The predominate emotional tones were anger and bitterness toward the world and toward his symptoms, with some self-pity. The first 30 minutes were exclusively bundle branch block; normal conduction, for periods of 5 to 30 beats, occurred during the last half of the hour, increasing toward the end of the record.

Record 7: 30 minutes. The patient had a common cold and was receiving Pyribenzamine, Orthoxicol and Neosynephrine nose drops as well as aspirin. During this record he appeared quite angry, occasionally turning to glare at the examiner.

Except for occasional single beats of normal conduction associated with sighing, bundle branch block appeared exclusively.

Record 8: 30 minutes. This recording was made two days after record 7; the patient was still receiving the cold medications listed above. The effect of the cold and of the medications on cardiac conduction could not be estimated. During this record, the patient was quiet, sleepy and amiable. A few short bursts of normal conduction occurred toward the end of the record.

The experiments failed to demonstrate any simple, well-defined correlation between observable changes in the patient's emotional state and his bundle branch block, as in Graybiel's and Hellerstein's cases. If for example, the occurrence of bundle branch block had been a direct function of overt anxiety or anger, it would be expected that while bundle branch block would be predominate on record two or six, it would have been almost entirely absent on record four. This did not obtain, but the failure to demonstrate a one to one correlation does not necessarily mean that there is no important connection between the patient's psychological state and the mechanism of his cardiac conduction. There is, in fact, some evidence in the data to suggest such a correlation.

In the first place, the more relaxed the patient was during the recording, the more normal conduction predominated (records one and five, as contrasted to records two and six). This change was evidently mediated by pulse rate, which was somewhat slower in records one and five than in two and six. That pulse rate was a factor in the presence of the patient's bundle branch block is shown by the fact that on any given record, pulse rate intervals during periods of normal conduction were consistently slightly longer than those during bundle branch block. As emphasized by Vesell,[19, 23] a change in rate of only a few beats a minute is sufficient at the critical rate. In this patient, as in Eichert's case,[14] the critical rate changed slightly from day to day. In Vesell's patient, this fluctuation amounted to ten beats a minute. In the present case, no correlation between the variation in critical rate and the patient's emotional state was observed. In this patient the critical rate never exceeded 70.

In similar patients, for whom the critical rate for change from normal conduction to nonconduction (bundle branch block) was higher—90 for example—the correlation between emotional stress and the appearance of bundle branch block would be more dramatic. The change could be easily induced by discussing affect-laden topics with the patient which would be sufficiently anxiety-provoking to raise his pulse. This maneuver could not be performed with the present patient since his critical rate was too low and his general level of tension too high.

Another correlation between the patient's emotional state and his bundle branch block was suggested by the trend toward more normal conduction during the last half of the recording session which occurred, in varying degrees, on records one through six and on eight. This is difficult to account for physiologically, and probably is due to decreasing tension as each session proceeded. Clinically, the patient usually appeared less tense after the sessions than before. The acceptance, interest, and extra attention provided this very sick patient during these hours certainly provide a basis for such an explanation. This effect, too, appeared to be mediated by the pulse rate mechanism just described.

One can speculate further about psychological factors which may have influenced this patient's cardiac conduction. This patient was chronically tense; in fact, this was his chief complaint throughout his hospitalization. The physiological effects of acute and chronic stress are not identical, and it may be that the patient's chronic tension produced a state of heightened activity in some parts of his autonomic nervous system, such as the vagus fibers to the heart. This theory is supported by Lacey's work. The patient's variable response to atropine and the unstable critical pulse rate also suggest that, apart from simple pulse rate changes, autonomic factors played a part in his bundle branch block. Such autonomic influence, acting together with any pathological changes produced by the patient's rheumatic carditis, may have set the stage for the more immediate and obvious factor in increased pulse rate under stress.

Incidentally, this theory of abnormally high vagal activity due to chronic tension as a factor in intermittent bundle branch block offers a plausible explanation for the rare and poorly understood phenomenon of complete disappearance of permanent bundle branch block of several years' duration. Two such cases have been reported.[15, 24] Vesell and Friedfeld[23] cite evidence to show that after injury, a few remaining intact fibers could continue to function normally under favorable circumstances until some trigger factor, such as an increase in pulse rate, overloads the system. Since changes in pulse rate are a constant factor, it cannot be this any more than anatomical improvement which explains permanent reversion to normal conduction. Heightened vagal activity, which is known to impede conduction in the bundle of His,[11] seems to be the only factor which could change in such a way as to allow a permanent return to normal conduction. In turn, significant improvement in the emotional life of these patients could provide the basis for marked alterations of autonomic functioning in this condition, as in others such as duodenal ulcer.

Summary

Psychological factors appear to have a potent influence in some cases of bundle branch block of the intermittent type. Intensive study of this case

by means of extended periods of electrocardiograph recording indicated a connection between the two conditions.

The effect of psychological factors appears to be mediated by the autonomic nervous system. Changes in heart rate stimulated by autonomic activity may produce bundle branch block when a certain critical rate is exceeded. The vagus also is known to slow conduction in the bundle of His, and this effect on a damaged bundle branch could produce bundle branch block in response to psychologically induced autonomic stimulation. A decrease in chronic tension, with concomitant fall in vagal inhibition of conduction in the bundle of His, could cause the disappearance of apparently permanent bundle branch block of several years' duration. Since repair of the chronically damaged bundle of His does not occur, a change in psychological stresses, mediated by the vagus, appears to offer a satisfactory explanation for this rare and poorly understood phenomenon.

It is suggested that electrocardiograms taken under various conditions and for longer periods of time in patients with bundle branch block without important cardiac pathology might reveal many cases similar to the one reported.

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PUBLICATIONS BY MEMBERS OF THE STAFF

MURPHY, GARDNER: Affect and Perceptual Learning. *Psychol. Rev.* 63: 1–15, Jan. 1956.

The hypothesis is offered that affect can intensify or weaken certain aspects of a perceptual response in such a way as to influence later perceptual responses, *e.g.*, it can result in perceptual learning. Earlier experiments are cited in which one learns to see a situation in one way rather than another, because this way of perceiving has been rewarded, *i.e.*, has brought gratification; likewise the special conditions are explored under which one may learn to perceive the threatening or frustrating aspects of a situation. Experiments carried on at The Menninger Foundation under a grant from United States Public Health Service (M-715), dealing with these issues, are surveyed.

MURPHY, GARDNER: The Boundaries Between the Person and the World. *British J. Psychol.* 47: 88–94, May 1956.

Ordinarily, we think of the individual as sharply separated from the environment which envelops him. The line of separation is the skin. In point of fact, however, there are many physiological, psychological, and socio-cultural processes in which the meaningful interactions between what is inside the skin and what is outside the skin are mutilated by making this sort of distinction. There are interpersonal processes, field processes, especially processes of sympathy, empathy, and the communication of affect, in which the focus for analysis is the full structure of the interpersonal reaction itself rather than the fractionation of the event into an aspect performed by A and another aspect performed by B. Psychoanalytic and other psychiatric studies frequently encounter interpersonal realities of this sort, and parapsychology has come up with some very dramatic examples of the dependence of paranormal processes not upon a "special sender" or a "special receiver" but a special kind of interpersonal relations.

MURPHY, GARDNER: The Cultural Context of Guidance. *Personnel and Guid. J.* 34: 4–9, Sept. 1955.

The concept of personnel work and guidance which rests upon technical mastery of techniques for appraising individual abilities is contrasted with that which attempts a broad view of the human being in relation to his social environment, subordinating the technical skills to the larger interpretative issues. The position is taken that one of the greatest dangers in all counseling is narrowness, or the glorification of technical skill without reference to the humanistic and cultural issues which relate to the growth of the personality of the individual guided. The thesis is developed that no one should attempt personnel and guidance work who is not willing to assume the heavy responsibility for this larger view of persons, their potential growth, and their potential contribution.

MURPHY, GARDNER: What Constitutes a Well-Integrated Individual? *J. Home Economics* 47: 581–588, Oct. 1955.

A well-integrated individual is conceived to be one whose entire range of capacities, interests, and tastes is given freedom and encouragement to grow and expand. Integration will, in general, come about almost automatically if a basic belief in human nature is encouraged. This means in particular that if children are encouraged to observe, to feel, to think, to experiment with life, they will discover potentials within themselves and within their fellows which will integrate just through the sheer process of allowing the various capacities and interests to find expression. Competitiveness and egocentrism are, for the most part, results of over-stress upon some components and inhibition of other components in personality. Heavy emphasis is, therefore, placed upon the potential social out-goingness of the human individual, and the fact that respect for and response to a diversity of human beings, each accepted in his own terms, inevitably makes for the integration of a rich multiple-value system within the responding individual.

MODLIN, HERBERT C.: The Position of the Psychiatrist in the Administration of the Criminal Law. *Kansas Law Rev.* 4: 350–355, March 1956.

The psychiatrist's services to criminal law are usually confined to pretrial procedures. The author seeks to explain why the court seldom solicits psychiatric aid in posttrial administration of the law and suggests some contributions psychiatrists could make. The law's adherence to anachronistic "common sense" psychology is deplored; in contrast, the applicability of dynamic psychiatric principles to the understanding of human behavior and to rehabilitation practices, is presented. Establishment of a panprofessional research institute is proposed to increase knowledge of antisocial behavior and lead to more just and effective techniques of treating maladjustments that spawn criminality.

EKSTEIN, RUDOLF: Psychoanalytic Techniques. In *Progress in Clinical Psychology*, Vol. II. Daniel Brower and Lawrence Abt, eds. New York, Grune and Stratton, 1956, pp. 79–97.

The literature from 1952 to 1954 concerning psychoanalytic techniques is reviewed. It is limited to contributions based on classical theory. Technical innovations are discussed against the background of a basic model of technique in which the author puts equal emphasis on regressive and progressive features of the developing transference neurosis. This survey contains a bibliography with 75 references, covering classical analysis, analytic psychotherapy, and analytic work with children including borderline and psychotic conditions.

EKSTEIN, RUDOLF: A Clinical Note on the Therapeutic Use of a Quasi-Religious Experience. *J. Am. Psa. Assn.* 4: 304–313, April 1956.

Certain treatment phases of a schizophrenic girl of thirteen are discussed in order to throw light on the therapeutic use of religious material used by the child during many phases of her treatment. Interpretation and communication takes place within the context of distant religious parables, medieval fantasies or delusional experience. Only after new ego resiliency is achieved and she herself calls attention to the mode of communication is it therapeutically useful to analyze the distance devices. The material is discussed in the light of observation on the ego psychology of borderline and psychotic conditions in childhood.

EKSTEIN, RUDOLF: Der Einfluss Freud's auf die Amerikanische Psychiatrie (The Influence of Freud on American Psychiatry). *Die Heilkunst* Vol. 69, No. 5, May 1956.

Against the original expectation of Freud, his psychoanalysis has gained influence in America unceasingly. Dynamic psychiatry is deeply influenced by his insights and his technical methods. The fast-growing group of psychoanalysts is hardly able to meet the many demands made on it. Pragmatic and technical interests seem to outweigh historical needs. The latter danger is met by the development of strong research centers where serious scientific analytical work is done. The most important progress can be noted in ego psychology as well as in the improvement of psychoanalytic methods, particularly for those patients who have been considered uncurable a few years ago.

EKSTEIN, RUDOLF: Termination of the Training Analysis within the Framework of Present-Day Institutes. *J. Am. Psa. Assn.* 3: 600–614, Oct. 1955.

Beyond surveying the literature on termination of analysis, this paper discusses the psychoanalytic training analysis and the special problems of its ending phase. Since the training analysis is a training requirement, the problem of authority—that is, the fact that the training analyst participates in decisions concerning the student—creates a special problem during the termination phase. Emphasis is placed on the difficulties created by the connection of termination with the total training program which is carried out, not by one individual, but by a collaborating group.

EKSTEIN, RUDOLF: Generic Problems in Psychotherapy. Published in three parts in the *Sask. Psychiat. Services J.* Part I, 1: 2–8, Oct. 1953; Part II, 2: 10–16, April 1954; Part III, 2: 25–31, July 1955.

Generic problems the beginning psychotherapist has to face with his patients are discussed. Typical situations are discussed in terms of what goes on between the patient and the therapist. Analysis is made of aspects such as beginning psychotherapy, developing transference manifestation, counter-transference difficulties, the relationship between emergency and emerging unconscious material, the use of metaphoric language, the place of secret information, the function of the alibi, work with collaborating personnel and relatives, transfer of patients, and the problem of ending.

LUBORSKY, LESTER: Neurotic Depression and Masochism. In *Studies of Personality.* Arthur Burton and Robert E. Harris, eds. New York, Harpers, 1956, pp. 191–212.

A case illustration for advanced students in clinical psychology and psychiatry demonstrates the use of psychological tests in estimating changes in a patient during psychotherapy. Its special focus is on the complex interrelationships between two commonly associated symptoms: depression and masochism.

AYLLON, TEODORA and SOMMER, ROBERT: Autism, Emphasis and Figure-Ground Perception. *J. Psychol.* 41: 163–176, 1956.

In the literature relating psychological need and perception, many studies have demonstrated the emphasizing value of rewards or pleasantness.

There have been few investigations in the area of perception where the emphasizing effects of unpleasantness have been studied. In this study, a mild electric shock was associated with certain aspects of a perceptual field. Subjects who reported the shock as moderately or very unpleasant, perceived more *shocked* than nonshocked faces in the test series. Subjects who reported the shock as only slightly unpleasant did not show the alerting or emphasizing effect. The results were interpreted on the basis of the instrumental value of attending to sources of unpleasantness for avoiding them in future situations.

MODLIN, HERBERT C. and FARIS, MILDRED: Group Adaptation and Integration in Psychiatric Team Practice. *Psychiatry* 19: 97–103, Feb. 1956.

A heterogeny of professional persons may develop into a cooperative group rather quickly; but an integrated psychiatric team is realized only through processive growth. This paper presents the three year history of a psychiatric team, describing its development through four stages: structuralization, in which professional roles and functions of each team member were clearly defined; unrest, in which personal dissatisfactions arose and team effectiveness was questioned; change, in which a group concept and improved communication occurred; integration, in which an internally structured group functioned maturely. A representative evaluation and handling of a case by the integrated team is included.

GREENWOOD, EDWARD D.: The Role of Psychotherapy in Residential Treatment. *Am. J. Orthopsychiat.* 25: 692–698, Oct. 1955.

Factors producing differences between psychotherapy in child guidance clinics and in residential treatment centers, and psychotherapy as related to the total treatment program in residential centers are discussed. Living conditions are essentially unchanged when in treatment at a clinic, whereas milieu is an important part of a residential center. Psychotherapy is the crux of the guidance clinic but only part of the total social treatment program in the residential center. The amount of acting out a center can handle is discussed. While recognizing the values and limitations of classical child analysis, emphasis is placed on full utilization of group living and the role of psychotherapy within the framework of an institution. More important than the therapist's professional background is his identification with the group, quality and type of supervision, and the integration of therapy with the total treatment program.

MENNINGER, KARL: The Psychoanalytic Approach to Alcoholism. (Proceedings of the Seventh National Clergy Conference on Alcoholism) *The Blue Book* 7: 30–50, 1955.

The author considers alcoholism a form of mental illness that undermines family unity, public safety, and one's own personal life. As a national problem, it should take more precedence in our attention and should be the subject of more research than it is. In a description of the many treatments for alcoholism, psychoanalysis is considered an impractical solution, except for certain individuals, and Alcoholics Anonymous is credited with helping more people than any other one approach.

BOOK NOTICES

Ministry and Medicine in Human Relations. By IAGO GALDSTON. $3.50. Pp. 173. New York, International Universities, 1955.

This brief volume presents a series of contributions to two conferences held at the New York Academy of Medicine. The contributors from psychiatry include Sandor Rado, George Stevenson and Gregory Zilboorg; from anthropology, M. F. Ashley Montague; and from religion, Paul Tillich and others. The papers are presented under two major headings: "Ministry and Medicine in Human Relations," where the accent is upon the convergence of these professions in their relation to the normal individual; and "Morals and Moralism" considered from the psychological, ethical, and religious points of view. (Thomas W. Klink)

The Great Mother. By ERICH NEUMANN. $7.50. Pp. 379. New York, Pantheon Books, 1955.

This book combines scholarship, intensive historical research, art, science and speculation. It is an attempt to make certain basic abstractions regarding the essence of the psychological conception of motherhood. The mother gods of many cultures and many ages are examined. The author is reputed to be recognized by Jung as his leading disciple, and from this one can realize how difficult it is to grasp or to be able to transmit the logic of the book. Both the graphic and the textual illustrations are of great interest and of stimulating value, and the material is tantalizing but obscure. One asks himself, for example, if "the downward pull of psychic gravity" is comparable to what we speak of as the regressive trend? (K. A. M.)

For People Under Pressure. By DAVID H. FINK. $3.50. Pp. 274. New York, Simon & Schuster, 1956.

In this "do-it-yourself" age the title of this book ought to have been "Be your own psychiatrist and save." Dr. Fink emerges again as a sympathetic but strict coach, who sees neurotic symptoms and character traits as "bad habits," which proper training and exercises will correct. Undoubtedly Dale Carnegie, Charles Atlas, and Dr. Fink, have helped and will help quite a few people this way. The question remains for how many suffering people they make it much harder to seek and find the help and understanding they need. (Paul Toussieng, M.D.)

Money and Motivation. By WILLIAM F. WHYTE. $4. Pp. 268. New York, Harcourt, 1955.

Mr. Whyte has edited a series of reports from sociologists and social psychologists. The result is an impressive job of developing a perspective on the psychological motivation of workers from these first-hand observations. One reads the book with a deep appreciation for the contributions of the observers who themselves worked in the plants to gather their data. No doubt the book will become a widely recognized, important tool. Little is added to the book by an attempt to integrate interaction theory with behavioristic psychology but the richness in content more than makes up for the weakness in theory. (Harry Levinson, Ph.D.)

Crestwood Heights. By JOHN R. SEELEY, ALEXANDER R. SIM and ELIZABETH W. LOOSLEY. $6.50. Pp. 505. New York, Basic Books, 1956.

This is an excellent study of the life of middle and upper class families and brings to the reader many significant social facts with reference to family, school, and community activities as they affect the lives of young people and adults in Crestwood Heights. This study is comparable to *Elmtown's Youth* and the St. Paul study done by Community Research Associates and has in it basic material for sociologists and psychiatrists who are interested in social aspects of psychiatry. (Robert G. Foster, Ph.D.)

Standing Room Only. By KARL SAX. $3. Pp. 206. Boston, Beacon, 1955.

The author restates the Malthusian position, contrasting the growth of the population and the decrease of arable land. He ends with a chapter on the conflict between creeds and needs and the hope that safe oral contraceptives may yet be found or developed. (Some are already used by certain primitives.) He does not mention Hediger's observation that with increasing human population innumerable species will continue to be exterminated, with a general impoverishment of nature. (K. A. M.)

Clinical Papers and Essays on Psychoanalysis. Vol. II. By KARL ABRAHAM. $6. Pp. 336. New York, Basic Books, 1956.

This volume, representing a new translation of Abraham's papers, edited and in part translated by his daughter, complements the first volume of his selected papers. It contains clinical papers written between 1907 and 1925, reviews of contributions of Jung and Reik and psychoanalytic essays. The papers, in spite of the passing of time, have remained indispensable classics and thus confirm Freud's high opinion of his early collaborator. (Rudolph Ekstein, Ph.D.)

Current Therapy. HOWARD F. CONN, ed. $11. Pp. 632. Philadelphia, Saunders, 1956.

The eighth edition of this annual series again reflects the fine job of editing by Dr. Conn and his consultants. Much in the way of new information, new drugs, and new methods of treatment are discussed by outstanding authorities in their respective fields. Most of the articles are presented in outline form and are designed obviously for a quick perusal by the busy practitioner. Those sections devoted to the treatment of infectious diseases, diseases of the cardiovascular system and disorders of metabolism and nutrition are especially valuable. There is a good index. (Nathaniel Uhr, M.D.)

Psychical Research. By R. C. JOHNSON. Price $2.75. Pp. 176. New York, Philosophical Library, 1956.

This book achieves its aim successfully. It gives a simple, intelligible description and running commentary on the main branches of investigation, such as: telepathy, clairvoyance, foreknowledge, psychokinesis, mediumship and evidence for survival of death. The balance between spontaneous and experimental materials is appropriate, with good experimental material receiving appropriate emphasis when available. The undogmatic

tone combined with an effort at a broad philosophical view of the significance of the subject will appeal to most thoughtful readers. There are a few instances of unguarded acceptance of weakly documented cases. In general, of course, full documentation is impossible in so brief a volume, but the sources are well cited. This little book could well serve as an introduction for those wishing to begin serious study in the field. (Gardner Murphy, Ph.D.)

Politics and Science. By WILLIAM ESSLINGER. $3. Pp. 167. New York Philosophical Library, 1955.
This is an argument for the application of scientific thinking to practical politics and the scientific training of politicians. The author feels that enduring peace will depend upon a supra-national government with wise and determined leadership and that we can no longer afford to leave political leadership to expediently chosen untrained persons. He poses as a major question "whether our representative democracy can restore the relationship between leadership and the people which allows the necessary influence of 'exceptional individuals.' . . . persons who study political questions with the same effort with which questions of physical technique are studied." I cannot share his enthusiasm for an oligarchic kind of political leadership. (Harry Levinson, Ph.D.)

Schools of Psychoanalytic Thought. By RUTH MUNROE. $7.50. Pp. 670. New York, Basic Books, 1955.
I was vastly disappointed by Ruth Munroe's impressive-looking book, *Schools of Psychoanalytic Thought.* For her, Freudian psychoanalysis is "the libido theory," and this occupies one of five chapters, whereas two chapters are taken up with Adler, Horney, Fromm, Jung and so forth. American writers are for the most part unmentioned throughout. The author has done considerable reading and has organized her conceptions of the various theories somewhat systematically although the psychoanalytic section is necessarily very condensed while the dissident writers are treated with an unwarranted fullness. (K. A. M.)

A Follow-up Study of War Neuroses. By NORMAN Q. BRILL and GILBERT W. BEEBE. Pp. 393. Washington, D. C., VA Medical Monograph, 1956.
This long awaited statistical analysis of the extensive data regarding "war neuroses" in and after World War II is a monument to the painstaking work of the two authors—psychiatrist and statistician—and to all those in VA and armed services who assisted them. Nearly 300 tables and figures are presented, with discussions and summaries regarding the many aspects of the problem—pre-service status, stress variations, treatment, compensation, diagnosis, etc. The authors' first sentence is: "Comparatively little is known about the natural history of the neuroses." This book does not *add* to that knowledge, in spite of its prodigious efforts. It demonstrates, rather, that there is no such measurable thing as a "neurosis" but that the effect of various stresses occuring in war upon those participating in it is disabling to variable degrees depending on variable factors in the individual and in the specific stress situation. It also shows that these variables can be organized into forms permitting some degree of logical prediction of outcome on a statistical but not on an individual basis. (K. A. M.)

Great Men, Psychoanalytic Studies. By EDWARD HITSCHMANN. $4. Pp. 278. New York, International Universities, 1956.
This book is a collection of papers, previously published in German, and with a few recent additions. The three main papers are psychoanalytic studies on the personalities of Schopenhauer, Goethe and Brahms. Two papers devoted to Boswell and Eckermann throw interesting sidelights on dynamic motivations underlying the wish to associate oneself with a great man. A series of short studies, "new varieties of religious experience" are less convincing and contain a few surprising errors, for instance, on page 251, that Auguste Comte, in his old age, converted himself to Catholicism, while, on the contrary, he founded a new religion. (Henri Ellenberger, M.D.)

The Elements of a Community Mental Health Program. THOMAS PARRAN, Chairman of Round Table. $1.50. Pp. 226. New York, Milbank Memorial Fund, 1956.
The 1955 meeting of the Fund is reported as "a review of expert opinions which will help to provide content and orientation for those concerned with the development of community mental health programs." Four aspects of the subject are considered: consultation with community agencies, prevention, early diagnosis and treatment services, and rehabilitation. For each of these, a working paper is presented, followed by discussions of the paper by conference participants. Of particular interest to this sociologist-reviewer is a paper by G. R. Hargreaves, M.D., concerned in part with relationships between social structure and the etiology and symptomatology of mental disorders. (Charlton Price)

Just One More. By JAMES LAMB FREE. $3.50. Pp. 207. New York, Coward-McCann, 1956.
This is a book by an "ex-alcoholic" offering guidance to "the person who knows an alcoholic and would like to do something to help, but doesn't know how." It states its credo simply. "1. The cause of alcoholism is drinking. 2. The objective of treatment is total abstinence." This is accomplished by help in substituting "positive thinking" for the old, negative, defeatist thoughts with which the alcoholic is cursed. For those who need still further help, "a few visits to the right psychiatrist (or minister, or lay therapist) will work wonders." (Robert S. Wallerstein, M.D.)

Lehrbuch der psychologischen Diagnostik (Textbook of Psychological Diagnosis). By RICHARD BON MEILI. Pp. 447. Berne, Huber, 1955.
In a clear and informative way, Meili discusses the methods of clinical diagnosis used in Switzerland. In contrast to American, dynamically oriented, "clinical psychology," Swiss "psychological diagnosis" is focused on the analysis of the various intelligence factors and of the basic character structure, with particular reference to vocational counseling; projective tests are used in that connection. Although Meili's book con-

tains many references to American publications, it illustrates well the wide gap between Swiss and American methods of applied psychology. (Henri Ellenberger, M.D.)

The Life and Work of Sigmund Freud. Volume II. Years of Maturity. By ERNEST JONES. $6.75. Pp. 512. New York, Basic Books, 1955.

The majority of critiques on the two monumental Freud volumes have expressed the opinion that Ernest Jones has probably written *the* definitive biography of Freud. I was told that Jones remarked that there are folders accumulating on his desk which are labelled "Too Late," containing later collected material pertaining to parts of the book. No doubt, his laborious and loving research carried on with scientific passion and objectivity will stimulate many in our field to continue studies concerning the history of psychoanalytic thought. The second volume covers the period from the beginning of the century to the end of the first World War. It contains the history of the psychoanalytic movement and discusses with candor and unsparing frankness the stormy dissensions as well as the tremendous growth of psychoanalysis in terms of scientific achievement and social influence. This book, together with its companion volumes, will be "must" reading for the student and scientist both in terms of the fascinating spell that it casts over the reader and in terms of its being a fundamental key to the history of psychoanalysis as well as to the scientific and personal development of its founder. (Rudolf Ekstein, Ph.D.)

Mental Health and Infant Development. KENNETH SODDY, ed. $4.50. Pp. 289. New York, Basic Books, 1956.

This long-awaited two-volume work presents the cases and discussions of the "Chichester Seminar" held by the World Federation for Mental Health in August, 1952. Volume I includes reports on child rearing patterns in France, the United Kingdom, and the United States, which emphasize the variations in each of these major cultures; succinct reports by Bowlby on mother-child separation, by Anna Freud on experiences of young children "in times of social disturbances," and a variety of reports on community provisions for mental hygiene, and techniques for changing social practices. Volume II, makes available for the first time, sample case reports from some of the major longitudinal and cross section research investigations into child development in this country. There are also English and French cases especially prepared for the Chichester Seminar. The American cases are important for their documentation of resilience and the drive toward normality which in many quarters is attracting the attention of clinicians. (Lois Barclay Murphy, Ph.D.)

Group Processes. BERTRAM SCHAFFNER, ed. $5.50. Pp. 334. New York, Josiah Macy, Jr. Foundation, 1955.

A group of zoologists, animal psychologists and anthropologists discuss in a rather informal way a number of problems pertaining to group behavior among certain animal species. From such symposia, one cannot expect problems to be solved, nor any systematic surveys, but these discussions are stimulating. The difference of approach and of basic concepts between the American animal psychologists and the European "ethnologists" (Lorenz, Tinbergen) is at times striking. (Henri Ellenberger, M.D.)

The Negro Potential. By ELI GINZBERG. $3. Pp. 144. New York, Columbia University Press, 1956.

This is by far the most stimulating book I have seen on such an emotionally charged subject. There was none of the sensationalism and emotionalism that characterizes so much of the work of this type. It was factual, objective, and well written. This outstanding book will do much to destroy the stereotyped concept of many about the Negro. One sees that to maintain segregation is extremely expensive and wasteful. Surely after reading this book, it will be hard to treat lightly the "Negro Potential." (James M. Bell, M.D.)

Personal Adjustment in the American Culture. By FRANKLIN J. SHAW and ROBERT S. ORT. $4. Pp. 369. New York, Harper, 1953.

I suppose this book was intended to serve as a textbook for the beginning college student. Each chapter is presented with an introductory summary and a concluding summary. The exposition, which is didactic, deals principally with the author's concept of interactions between human beings and the final chapter deals with their theory of personal adjustment. In a summary of this last chapter the authors say "As psychological theory grows, books of this kind will become relics of a past era." (Martin Mayman, Ph.D.)

The Neuroses in Clinical Practice. By HENRY P. LAUGHLIN. $12.50. Pp. 802. Philadelphia, Saunders, 1956.

This new textbook of the neuroses does not pretend to bring new theories, but rather an up-to-date survey of our knowledge of these affections under the point of view of psychoanalysis. The clear organization of the material, the illustrative case histories, the extensive glossary will no doubt make it a valuable reference book. (Henri Ellenberger, M.D.)

The Prevention of Cruelty to Children. By LESLIE HOUSDEN. $7.50. Pp. 406. New York, Philosophical Library, 1956.

Twenty pages are taken in this book to cover one point, namely that it takes an awful lot of doing to convince people that we need adequate and sound laws to protect our children, and to see that these laws are enforced. The historical tracing of the evolution of laws is interesting but overlong. (Cecile Briar)

Proceedings of the First International Conference of Parapsychological Studies. Pp. 136. New York, Garrett, 1955.

Students of parapsychology and other sciences met in Utrecht in 1953 and discussed from various approaches their findings: mathematical-statistical methods, psychoanalytic observations, analysis of spontaneously occurring phenomena, studies on "sensitive" individuals. Dr. Gardner Murphy made the opening address. This little book is stimulating and frustrating: because of the excessive shortness of the summaries, the curiosity of the reader is constantly whet anew and left unsatiated. (Henri Ellenberger, M.D.)

Progress in Psychotherapy. Frieda Fromm-Reichmann and J. L. Moreno, eds. $8.50. Pp. 352. New York, Grune & Stratton, 1956.

From the choice of editors for this book, one known for her work with schizophrenics, the other for his development of psychodrama, one may expect a wide range of psychotherapeutic approaches, united perhaps by a dynamic orientation. This is exactly what is offered. It indicates a sociological process in science, namely an attempt to build bridges between different schools of psychotherapy (see Part III) and to find common therapeutic principles (see Part II), which is praiseworthy and welcomed, particularly by those primarily concerned with the common denominators and disturbed by differences. This book, while not hiding the differences, is more interested in communication among different schools; it must necessarily disappoint him who looks for technical refinements in his specialty. (Rudolf Ekstein, Ph.D.)

Psychoanalytic Interpretation in Rorschach Testing. By Roy Schafer. $8.75. Pp. 446. New York, Grune & Stratton, 1954.

This is a major work that merits careful study by those concerned with problems of ego psychology. Schafer presents first a penetrating psychological examination of the varieties of experience and problems confronting tester and testee in the Rorschach situation. He then scrutinizes from a psychoanalytic point of view the response process, particularly as it highlights defensive, affective, and thought organization. In the current plethora of books on Rorschach's test, Schafer's stands out as thoughtfully conceived, simply and unpretentiously written, and provocative of many important research ideas. (Philip S. Holzman, Ph.D.)

Papers from the Eranos Yearbooks, Bollingen Series 30, Vol. 2, The Mysteries. $5. Pp. 476. New York, Pantheon Books, 1955.

There is no doubt that the Egyptian, Greek and other ancient religious mysteries amounted to a great extent to psychotherapeutic procedures. On the other hand, the concept of "individuation," a cornerstone of Jungian psychotherapy, can be recognized under various forms in many mystical and philosophical teachings of the East. For these reasons, the problem of the Mysteries were discussed in the Eranos meetings, in Switzerland, by Jungian psychologists and students of religion. The emphasis was, however, on the latter ones, which makes the present book extremely scholarly. (Henri Ellenberger, M.D.)

Psychopathology of Childhood. Paul H. Hoch and Joseph Zubin, eds. $6. Pp. 303. New York, Grune & Stratton, 1955.

Uniformly high level papers make these proceedings of the American Psychopathological Association 1954 annual meeting a useful reference. Especially rewarding for clinicians are the chapters on time concepts by Piaget, organic factors by Bradley, deprivations in infancy by Goldfarb, oppositional syndromes by Levy, and follow-up studies of autistic children by Kanner and Eisenberg. A research point of view is beautifully developed by A. L. Baldwin. (Walter Kass, Ph.D.)

Psychosomatic Aspects of Surgery. By Alfred J. Cantor and Arthur N. Foxe. $6.50. Pp. 220. New York, Grune and Stratton, 1956.

The senior editor of this series of papers (presented at the first "annual" meeting of the newly formed Academy of Psychosomatic Medicine) is a proctologist long active in promoting a more holistic, clinical approach to problems ostensibly surgical or medical. Despite the foreword by Hans Selye, which disparages descriptive psychosomatic reports in favor of more experimental investigations, the essays are almost entirely empirical and practical clinical discussions relating to various surgical conditions. (K. A. M.)

Psychosomatics. By Max Hamilton. $4.25. Pp. 217. New York, Wiley, 1955.

The author aims at a handbook, condensing the salient established data of this complex field. In his striving for an unbiased and comprehensive approach, he cites work done within varying conceptual frames of reference without any attempt at reconciliation or synthesis; that is, without building within a conceptual scheme of his own. In his striving for brevity, his presentation is so restricted that the reader has an inadequate basis for arriving at his own comparative assessments. The book has apparently been written as a primer for the eclectic searcher after the "established facts." (Robert S. Wallerstein, M.D.)

Sexuelle Konstitution. By Helene Stourzh-Anderle. Pp. 262. Vienna, Wilhelm Maudrich, 1955.

According to the author's theory, genius is a manifestation which may or may not take place (according to the individual's capacity for sublimation) on the basis of a "parasexual" constitution: *i.e.* a mixture of intersexuality and subsexuality. If not sublimated in the form of genius, this parasexual constitution may be the starting-point of sexual deviations, or of "depravation" (the reverse of sublimation) in the form of criminality. (Henri Ellenberger, M.D.)

Sin and Science. By Holtan P. Odegard. $3. Pp. 245. Yellow Springs, O., Antioch, 1956.

Despite its cleverness and lucidity this book will sadden many readers. It is basically an evaluation of Neibuhr's use in social analysis of the neo-Calvinist concept of sin, in terms of an implied, but not clearly stated, sinless doctrine of man. As a consequence, Mr. Odegard has written nearly 200 pages of protest—which is his privilege—without convincing anyone who questions the validity of his premise. In addition—and this is the reader's privilege—the book can be used as a rather stimulating introduction to Niebuhr's thoughts. (Paul W. Pruyser, Ph.D.)

Special Education for the Exceptional. Vol. III. Merle E. Frampton and Elena D. Gall, eds. $5.50. Pp. 710. Boston, Paul Sargent, 1956.

Entitled "Mental and Emotional Deviates and Special Problems," this volume concerns the physically handicapped. Fifty-eight contributors have written on such comprehensive topics as "The Intellectually Gifted," "The Brain Injured Child," "The Cerebral Palsied," "The Hemiplegic," "The Epileptic," "The Emotionally Disturbed," "The Aged," "The

Narcotic." Few contributions are longer than 20 pages, and some (*e.g.* Jon Einsenson's "Aphasia in Brain Injured Children") fill barely two pages. For this reason the book serves mainly as an opportunity to become acquainted with a miscellaneous variety of problems. Each chapter or section concludes with a list of appropriate agencies, periodicals, and bibliographies. (Ernest A. Hirsch, Ph.D.)

Homosexuality. A Cross Cultural Approach. By DONALD WEBSTER CORY. $5. Pp. 440. New York, Julian Press, 1956.

This volume contains a number of original papers on homosexuality most of them little known and unaccessible. Some of them were chosen for their historical interest, others with the assumption of their scientific value. Although much valuable material was gathered by the author, the worthless compilations of Richard Burton and of Hans Licht occupy about 120 pages of the book. The one-sided choice and the unequal value of the articles make Cory's publication an unreliable and confusing reference book. (Henri Ellenberger, M.D.)

A Survey of Clinical Practice in Psychology. By ELI A. RUBINSTEIN and MAURICE LORR. $6. Pp. 363. New York, International Universities, 1954.

Since World War II, clinical psychologists have increased meteorically in numbers and in the services they are equipped to offer to the public. This book consists of 27 contributions describing the variety of settings and professional activities of clinical psychologists in the United States. The functions of clinical psychologists in The Menninger Foundation are described in a chapter by Drs. Mayman and Schlesinger. (Philip S. Holzman, Ph.D.)

Talking with Patients. By BRIAN BIRD. $3. Pp. 144. Cleveland, Lippincott, 1955.

Such a book as this will be a boon to all physicians and it is fitting that it is one in the "Practitioner's Pocket Books" series. Clearly and in "basic English," Doctor Bird covers extremely well the business of "Talking with People." Unfortunately this has been an area which has been left to the doctor's own spontaneity on the false assumption that everyone knows how to do this. Those who participate in psychiatric training (teachers and students) know that this is one of the major areas of study. It would be worthwhile reading for all medical students and should be on the required reading list for psychiatric residents. (Irving Kartus, M.D.)

Thresholds of Existence. By UPTON C. EWING. $3.75. Pp. 286. New York, Philosophical Library, 1956.

This "Cosmogony and Theory of Evolution as a Way of Life" is a sincere and earnest but disappointing and unsatisfying presentation of the views of the author. The publishers blurb glories in the ". . . fresh approach to the understanding of a vitally real hypothesis," but the book unfortunately does not live up to the exhortation on the fly-leaf: "Then let reason show the way." It is not only the fanciful and rather fantastic appendices, *e.g.* on "Radiation and Diet," that disturb, but rather especially the distressing fact that this weird theory is proposed largely because of such familiar and solvable difficulties as that of reconciling physical evil in the world with a Providence exercised by a beneficent God. (Francis P. Furlong, S.J., S.T.D.)

Toward a Unified Theory of Human Behavior. ROY R. GRINKER, ed. $6.50. Pp. 375. New York, Basic Books, 1956.

This is a series of contributions by nineteen authors to a symposium organized by Dr. Roy Grinker, Dr. Jurgen Reusch, Dr. John Spiegel and others, and held on several week end conferences since October, 1951, at the Michael Reese Hospital. The participants in the four conferences are from many fields of science, and since interruptions, questions and comments are recorded, the thinking of the group can be followed profitably. At the end of various sections the editor has contributed valuable recapitulations. (Paul Pruyser, Ph.D.)

Transference: Its Meaning and Function in Psychoanalytic Therapy. By BENJAMIN WOLSTEIN. $5. Pp. 206. New York, Grune & Stratton, 1954.

"We shall soon see," states the author about Freud "that he considered the transference phenomenon a return to the power of suggestion and that he had no clear-cut distinction between hypnotic suggestion and suggestion in transference . . . ." This point and closely related ones are repeated endlessly. Wolstein criticizes at length what he considers glaring deficiences in Freud's writings—much of which criticism present-day Freudian psychoanalysts would think of as furiously beating a straw man. Worthy of consideration are the interesting ideas and sensitive clinical observations and inferences in the book. I recommend it especially to those who can quell the temptation to respond in kind to the strongly negative aspects and who thereby can think carefully about the implications of its "function algenetic" approach to transference. (Gerald A. Ehrenreich, Ph.D.)

Treatment of the Delinquent Adolescent. By HARRIS B. PECK and VIRGINIA BELLSMITH. $2. Pp. 147. New York, Family Service Association of America, 1954.

This all too brief and engrossing study describes and discusses the process of psychiatric work with adolescents brought to the juvenile court. The authors combine an integrity of therapeutic attitude with an almost savage common sense in approaching the issues raised by these patients in the community, the court, the family, and within the delinquents themselves. The classical techniques of casework, group therapy, and individual psychotherapy take on a new life in their applications to the struggles of these teen-agers. The solutions presented are not novel, but they are practical, realistic, and best of all, readable exemplifications of first-rate psychiatric thinking in a problem area. (Joseph D. Noshpitz, M.D.)

Der Selbstmord (Suicide). By ERWIN RINGEL. Pp. 235. Vienna, Wilhelm Maudrich, 1953.

The findings of conscientious study on the psychogenesis of suicide, based on the study of 745 people who attempted to commit suicide but failed, confirm and enlarge those of von Andics: suicide is the termination

of a long process originating in unfavorable childhood life-situations; leading from thence to repeated failures in marriage, occupation and social life; from thence to a "pre-suicidal syndrome" (narrowing of the playground of life, inhibited aggressiveness, flight into irreality). The author, although primarily an Adlerian, takes into account works of other schools, notably Dr. Karl Menninger's researches. (Henri Ellenberger, M.D.)

Emotional Problems of Early Childhood. GERALD CAPLAN, ed. $7.50. Pp. 544. New York, Basic Books, 1955.

This is based upon papers presented at the International Institute of Child Psychiatry in Toronto in August, 1954. Containing twelve case histories, nine research reports, and four interpretive commentaries, it is in a sense a progress report organized around a number of areas of inquiry: preventive aspects of child psychiatry, the relation of physical and emotional factors, mother-child separation and problems of hospitalization, and problems of psychosis in early childhood. Absorbing accounts (placed in a critical perspective by discussions following them) and skillful editing make this a most valuable book and also one that is a pleasure to read. (Keith Bryant, M.D.)

Disorders of Character. JOSEPH J. MICHAELS. $4.75. Pp. 148. Springfield, Ill., Charles C Thomas, Publisher, 1955.

A chronologically ordered collection of papers by a single author about a central theme, this brief work is a study in the development of both the author and the syndrome he describes. The earliest paper was written from a neurological orientation; later papers show the influence of psychobiology; and the final and largest group bear the imprint of psychoanalysis. The work itself is a dynamic-descriptive essay in diagnosis. It spotlights that group of impulsive personalities whose lack of control is associated with enuresis. An admirable attempt to define and understand these people, it presents evidence for a truly holistic approach to their syndrome. (Joseph D. Noshpitz, M.D.)

Laughter and the Sense of Humor. By EDMUND BERGLER. $5. Pp. 297. New York, Intercontinental Medical Book Corporation, 1956.

Bergler reviews briefly but competently some eighty theories of laughter and funniness, including Plato's, Bergson's, Eastman's and Freud's (but strangely forgetting Fechner's). After a table showing the many contradictions involved in these theories on a dozen essential points (whether or not laughter is pleasurable, instinctual, aggressive), the author suggests his own explanation which is essentially an elaboration of Freud's economic theory. In a word, Bergler sees laughter as "a defense against a defense," related to struggles against super-ego tyranny. In the course of his thirteen well-written chapters he cites—in helpful classified groups—*over eight hundred* witticisms, jokes, ironic wisdom, many of which are excellent and, to this reviewer, refreshingly "new" even when actually old; "A physician is only a consoler of the mind (Petronius). A lie is useful only as a medicine to man (and their use) . . . should be confined to physicians (Plato). Nothing recedes like success (Anon.). I'm not interested in facts; I want the truth (Talleyrand)." Bergler believes friendly "razzing," in a "come off your high perch and be yourself" tenor, to be a typically American form of humor which startles and puzzles Europeans. (K. A. M.)

Problems of Consciousness. Transactions of the Fourth Conference. HAROLD A. ABRAMSON, ed. $3.25. Pp. 177. New York, Josiah Macy, Jr. Foundation, 1954.

Consciousness has gone through many vicissitudes from the scholastic to the physiologic in the three previous Josiah Macy Foundation conferences on this most subjective of subjects. In this Fourth Conference the presentations (by Grinker, Parsons, and Piaget) turn toward communication theory, but the discussants carry the focus brilliantly from aesthetics to electroencephalography, and from spirit to materialism. The issue becomes more and more how to approach our subject matter, to think about it constructively, and to achieve mutuality of understanding. Professor Piaget's contribution is particularly noteworthy. The entire work is fascinating. (Joseph D. Noshpitz, M.D.)

Sigmund Freud: Four Centenary Addresses. By ERNEST JONES. $3.75. Pp. 150. New York, Basic Books, 1956.

Freud's great biographer, an outstanding and creative analyst himself who combines the emotional strength of unwavering loyalty to Freud and his psychoanalysis with his own capacity for independent and creative thinking, gives us here on the occasion of the 100th anniversary of the birth of Freud, his four beautiful and touching centenary addresses about the man Freud, psychoanalysis as a scientific and social movement, and the cultural background out of which analysis grew and against which it had to struggle. The addresses were given to professional and lay audiences in two continents. (Rudolf Ekstein, Ph.D.)

Experiencing the Patient's Day. By ROBERT W. HYDE. $2.20. Pp. 214. New York, Putnam's Sons, 1955.

Subtitled "A Manual for Psychiatric Hospital Personnel," this book is a selection of group discussions of attendants together with the author and other staff members of the Boston Psychopathic Hospital. Formal classes covering basic principles of psychiatry and psychiatric nursing were not successful but group discussions about concrete situations involving patients and attendants were very helpful. Guest speakers oriented attendants to psychological testing, to physical therapy and to psychotherapy. The technique described is useful and generally accepted, the material is well developed and presented. I would take issue with the group leader who, while generally accepting, supportive, and nondirective, occasionally made interpretive remarks which are out of place in such group discussions. Recommended as easy reading and a helpful text to attendants and those concerned with their orientation and education. (Irving Kartus, M.D.)

Youth in Danger. By ROBERT C. HENDRICKSON. $3.95. Pp. 300. New York, Harcourt, 1956.

The author, former chairman of a Senate sub-committee to study the behavior of the nation's youth, reports in a popular style the facts and

impressions he gathered while acting as chairman. He believes that the derelictions of the older generations allows "incredible evils to exist" which have tempted members of the younger generation into paths of delinquency. "It is a miracle" he writes "that only five per cent of our children have become delinquents in the face of such temptations as Benzedrine tablets, narcotics, horror filled comic books, and violent television programs." He pays respect to the importance of the home and the need to bestow on our children adequate affection and warmth. Other than control of narcotics, suppression of pornography, and similar measures he offers no solutions for the perplexing problems of delinquency which this book quickly scans. (Robert B. Forman, M.D.)

Clinical Neurosurgery. Congress of Neurological Surgeons. Vol. 2. $6.75. Pp. 173. Baltimore, Williams & Wilkins, 1955.

For the second year this volume represents the principal clinical presentations at the annual meeting of "The Congress of Neurological Surgeons." At each meeting a distinguished neurosurgeon presents several papers on neurosurgical topics with which he has been particularly identified, then there is a symposia on current subjects of neurosurgical interest, paneled by speakers with specialized experience in different phases of the subject under discussion. Dr. Kenneth McKenzie of Toronto has had long experience in almost every phase of neurosurgery. His presentations are clear-cut and unbiased for anybody wishing general neurosurgical information or investigation specific problems. The subjects so well presented are: "Intracranial Astrocytomas," "Acoustic Neuroma," "Surgical Treatment of Spasmodic Torticollis," "Meniere's Syndrome," and "Trigeminal Tractotomy." The general discussions are a "Symposium on Cervical Trauma" and a "Symposium on Medico-Legal Aspects of Head Injury," the latter presented with great skill from the point of view of the lawyer, the insurance man, the electroencephalographic expert, and the neurosurgeon. (Robert P. Woods, M.D.)

Police Drugs. By Jean Rollin. $4.75. Pp. 194. New York, Philosophical Library, 1956.

The layman author of this small book is disturbed at the way in which drugs altering consciousness have begun to be used in criminal trials, at least in France where a particular case occurred in 1947 which illustrates general psychiatric competence more than it does the author's particular point. Meerloo discussed this danger of therapeutic coercion in his article in *Journal of Nervous and Mental Disease* 122: 353–360 last year, not cited by this author who does, however, list many references. (K. A. M.)