BOOK REVIEWS


This small book considers in detail the case histories of 22 patients with epilepsy. The medical biographies of the cases are taken on broadly psychoanalytic lines with emphasis on emotional factors, analysis of dreams, and personality traits shown in reaction to the general stresses and demands of life, though it seems unlikely that the author is himself an accredited psychoanalyst. The cases are supposed to support the argument that epilepsy is a psychosomatic disease in the sense of a somatic reaction to psychological causative factors. Treatment on psychological lines, which is never mentioned in any detail, produced some improvement in most cases and marked improvement in a few. This is taken to support the author's thesis. However, the natural variability of epilepsy casts doubt on this latter argument, while case histories similar to those he quotes must be familiar to all psychiatrists in patients who do not have epilepsy, which weakens their evidential value for the psychosomatic nature of epilepsy. That psychological factors must play some part in the occasion of an epileptic fit is a logical necessity once dysfunction of thalamus and cortex is admitted as a background to epilepsy. This book, however, adds nothing of value to this very important aspect of the problem. On the contrary, it may be a stumbling block to progress, for it is written in a kind of pidgin English, bizarre and misleading, and sometimes ludicrous, and may thus encourage those reading it to dismiss, mistakenly, the whole question of psychogenic factors in epilepsy as part of the “lunatic fringe” of medicine.


The choice before the writer of a psychiatric textbook is hard: he must either tread in the respectable footsteps of his forerunners or run a little wild. Dr. Skottowe has elected for the former, and although his book is up to date and well organized it follows assured middle-of-the-road lines which are fairly familiar. Admirable advice is given; extensive use is made of the author's wide clinical experience, and the inexpert reader is not puzzled by obscure psychopathological excursions or pelted with references to specialized literature. The practitioners and students for whom the book is meant can depend upon it for a trustworthy and practically helpful picture of commonsense psychiatry; but they must not expect critical sallies or lively reviews of the pros and cons of unsettled procedures such as group psychotherapy, carbon dioxide inhalations, or projective tests of personality. The book is, in short, safe and sound.


This monograph is difficult to render into English which is easily comprehensible. Nevertheless, the author has made certain observations which will be of interest to clinical neurologists. Briefly, he has demonstrated that if a sharp object like a needle is dragged quickly, lightly, and evenly across the skin in any region of the body the subject will report an unequivocal sensation of pain only after the needle has traversed a given distance. For a given pressure the distance travelled before the onset of pain is proportional to the velocity of the point. The pressure used is not an important variable; it is only necessary that the point should be clearly felt and arouse no pain when dragged slowly across the skin. The author concludes that these observations are evidence of spatial and temporal “summation” of pain impulses, and in so far as pain aroused by radiant heat can be compared with pain aroused by mechanical means his observations are at variance with those of Hardy, Wolff, and Goodell.* The author demonstrates the importance of his observations in clinical neurology by indicating that the mapping out of dermatomes in cases exhibiting cutaneous hyperalgesia is often quite artificial owing to the failure of observers to take this effect of “summation” of pain impulses into account. He shows that any number of “pain” contour lines can be demonstrated in normal subjects depending upon the position on the skin at which the stimulus starts. When a number of such lines are mapped they are found to correspond to the contours of the body. He believes that hyperaesthetic zones in root and such-like nerve lesions are usually artificial and dependent upon the preconceived notion of the examiner when demonstrated in this way. He pleads that a succession of pinpricks also gives false information of a similar kind. He cites in support of his claims much neurohistological and physiological evidence for the view that a sharp border between adjacent nerve roots is unlikely.