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DEAR SIR,

Hare's argument (*Journal*, February 1981, 138, 89–99) that insanity has changed in course and outcome due to changes in 'host immunity' may be correct to a certain extent, but he seems to have overstated the case considerably, a disproportion due to neglect of the frequency of organically caused psychosis. It is surely not controversial to state that certain cerebral affections (such as amphetamine intoxication and brain disease associated with focal epilepsy) may mimic more or less exactly so-called functional psychoses, and I suspect that these covertly organic psychoses were common and accounted for the deteriorations described, the two main causes being infections and toxins.

Infections are liable to change their geography and their virulence, and their effects are also related to the general health of the community and the individual. For example, in Shakespeare's day the fens of East Anglia harboured malaria, which is now a tropical (or travellers') disease; streptococci now rarely cause scarlet fever which was commonplace 50 years ago; the influenza pandemic of 1918 probably flourished on the debilitation of the surviving population and was associated with severe sequelae; encephalitis lethargica, too, is now hardly a common condition.

The same principles of availability and host susceptibility apply to the numerous poisons which man inflicts on himself, whether from contamination (such as lead from water pipes) or from self-medication (with substances such as bromides and opium): pink disease provides a good example of this latter problem. Alcohol was freely available in the 19th century and it is not likely that alcoholism was less common then than now.

The evidence that deteriorating psychoses were associated with brain disease was clearly presented by Kahlbaum (1874): the clinical features described in those with a downhill course included epileptic seizures and hemiplegias, while the post-mortem findings frequently showed macroscopic changes in the brain (although it is difficult to discern the exact nature of the pathological entities present). The other remarkable feature of the autopsy examinations is the high incidence of tuberculous lesions both pulmonary and intestinal. The idea springs to mind that tuberculous meningitis may have been responsible for a proportion of these cases, as it is notoriously difficult to diagnose, has a chronic course with variable outcome, and preferentially affects the base of the brain, i.e. those structures such as the brain-stem, temporal lobes and rhinencephalon implicated in latter-day neuroanatomical theories of psychosis.

The concept of changes in host resistance to the accession and chronicity of noxious influences is very appropriate if earlier psychoses often had an organic cause; if this is not the case it is difficult to understand why schizophrenia diagnosed today runs a more benign course and has a better outcome in developing than in developed countries (World Health Organisation, 1979). The argument that physical health in developing countries is superior is scarcely tenable, and one must invoke either additional factors accounting for course and outcome or posit an awkward extension of 'health' to cover psychological and social factors, with the addendum that these factors are so superior in developing countries as to more than counterbalance the physical debit.

The motivation of Hare's article apparently derives from past discrepancies in the terminology, descriptive psychopathology and prognosis of psychoses. Yet even now there are severe discrepancies on these points to the extent that consecutive papers on ostensibly the same subject adopt incompatible approaches (Ciompi, 1980 and Kety, 1980). The presence of these discrepancies does not necessarily indicate different events or illnesses but rather differing interpretations of comparable observations. Past discrepancies must be susceptible to similar differences, especially given that they were not contemporaneous, that there were fewer influences uniting the European cultural milieu than now, and earlier observers had the benefit neither of standardized assessments of psychological and physical abnormalities nor of powerful statistical procedures for analysing their data.

Finally, may I take issue with the 'rarity' of profound dementia in schizophrenics. Although it is certainly a minority of schizophrenics who develop

persistent severe handicaps, their resulting needs are so great that their numbers should not be minimized. I suspect that psychiatrists tend to be protected from this mass of morbidity by a thin red line of nurses in our understaffed mental hospitals and by the device of 'community care' whereby relatives are recruited to the nursing of these impaired folk. A very illuminating account of these severe impairments was given by Morgan (1977), and such deficits remain despite the easier access of people with acute, good-prognosis mental illnesses to in-patient care and epidemiological statistics.

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Book Reviews

Beyond the Information Given: Studies in the Psychology of Knowing. By JEROME S. BRUNER and Contributors. Selected, edited and introduced by JEREMY M. ANGLIN. Hemel Hempstead: George Allen & Unwin. 1981. Pp 502. £5.95.

Jerome Bruner has been one of the dominant figures in psychology over the past 20 years. His work spans an enormous range, and yet is strikingly coherent in the commonality of the themes which emerge across apparently diverse topics. These features of his approach are clearly brought out in the present collection of his papers, representing each of the five main phases of his work, and gathered under the headings: perception, thought, skill in infancy, representation in childhood, and education. Bruner has always emphasised man's cognitive nature, his character as a processor of information. The major common theme running through the papers collected here is, as the title suggests, Bruner's constant concern with the constructive nature of cognition, the tendency to draw inferences beyond the immediate data given. Other related threads are also present in each phase; for example, in Bruner's emphasis on motives and contexts in cognitive processing, whether the issue at stake is performance in a perceptual task or learning in school; or Bruner's emphasis on the ways in which different representational systems, whether constructed by individuals or passed on through cultures, act as tools of knowledge.

Bruner's ideas have been seminal in psychology. Reading this collection of papers one sees the genesis of many of the issues which define current psychologi-

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* Dr Hare was mistaken in stating that there is no English translation of Kahlbaum's *Die Kata-tonie*. It is cited in this reference.—*Editor*.

cal research, particularly in developmental areas. It is true that some of the papers, particularly those reporting earlier empirical work, now seem dated. But much of the theoretical material is as relevant today as when it was first written.

This reissue of the book in paperback is welcome; but since paperbacks are intended to open readership possibilities to the undergraduate, I have a slight reservation. Anglin's introductory notes to each of the five sections do an excellent job of pulling out the common themes and key elements in Bruner's approach. But they do rather less well in setting the work in its wider context. It would have been helpful, particularly for undergraduates and others coming freshly to this volume, to have a somewhat extended and updated commentary on Bruner's contribution, both in historical and in contemporary terms.

But the reservation is small. The book will stand by itself, both as a tribute to its author and as a continuing influence on psychological thinking.

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Neuropsychiatry. By MICHAEL R. TRIMBLE. Chichester: John Wiley. 1981. Pp 287. £13.60.

This book is interesting and readable. In the preface it is stated that it is intended for psychiatrists and neurologists in training, and those who wish to explore the borderlands between neurology and psychiatry. This last group will include many psychiatrists who work in settings with no particular neurological bias. They will find in this book a clear