80 to 90 per cent of juvenile delinquents will not carry their delinquency into adult years, so that efforts toward the prevention of delinquency have relatively little meaning in the reduction of adult crime.

While Bovet recognizes the reality of law and delinquency, he decides that prevention must be considered as an opportunity for an effective and strong mental hygiene effort. A serious approach, he concludes, can only be hindered by considering delinquents as a group and treating them according to their offenses. He offers a few practical modifications of present-day institutional and other methods of treatment.

The notable characteristic of this work is the author's ability to use knowledge from various schools of thought, both medical and nonmedical, on the subject of delinquency, organize it deftly, and present it concisely.

PAUL PAINTER

The Child Guidance Approach to Juvenile Delinquency

Eugene Davidoff and Elinor S. Noetzel
New York, Child Care Publications, 1951,
173 pp., \$4.50.

For material the authors draw largely on experience gained at the Syracuse Psychopathic Hospital during the period 1936 to 1942, and, more especially, from their previously published articles on the affects of mental hygiene clinics on juvenile delinquency. They devote several short chapters to their ideas of what the staff and function of a child guidance clinic should be, and a later chapter to the same sort of discussion of public institutions for children.

The major portion of the book, however, is about the classification, description, and treatment of conduct disorders and delinquency. The authors' classification is a working one; while it may have functioned well in actual practice, it was found to be somewhat confusing in the text. The descriptive material is good, and is fully illustrated by clinical cases. However, it is limited to superficial observations of behavior and contains few references to the feelings of the patients or to their family relationships.

The author's discussion of treatment includes such devices as puppet and story-telling techniques and advice to parents, but almost nothing is said about insight through play therapy for younger children or interview therapy for older children.

PAUL PAINTER

A Handbook of Psychosomatic Medicine: With Particular Reference to Intestinal Disorders

Alfred J. Cantor

New York, Julian Messner, 1951, 302 pp., \$5.00.

It is to the credit of Dr. Cantor that, in this book, he does not overemphasize either psychological (emotional) or physical factors in the causation of disease. His presentation and discussion are eminently impartial. Even after writing, "We may thus summarize laboratory and clinical findings by stating that a gastroduodenal ulcer is the result of emotional disturbances acting through the autonomic nervous system to produce altered motor and secretory function in the gastroduodenal region," he concludes, "Again, we must emphasize the fact that there are other factors at work in the production of certain types of peptic ulcer. Not all ulcers are emotionally conditioned."

As might be inferred from the subtitle of the book, the major portion of it-about two-thirds -is concerned with diseases or disorders of the intestinal tract. The details of treatment, dietary and medicinal, may not be of immediate interest to all readers. As for the possibly relevant precipitating or determining emotional factors in the discussion of etiology—either quoted from the literature or suggested by the author—they may or may not have validity. There are too many variables, too many possibilities, to permit exactness and certainty in psychiatric analysis. In the brief case histories given, the supposedly crucial emotional factors are not always convincing; and apparently Dr. Cantor does not mean them to be. He is writing of possibilities, of material he has elicited which may be perti-

In relating the case history of a young man who had suffered from pruritus ani for 4 years, Dr. Cantor states that he found that the patient's father had at one time told him "he ought to get his hands into something tangible." When the patient later joined the Marines, disturbing arguments with his Captain ensued. It was at this time that he began to "tear at" his perianal region. Following psychologic treatment plus tattoo-neurotomy the young man was relieved of the pruritus. (It seems that tattoo-neurotomy alone is frequently not effective in relieving pruritus of this type.) And when the patient was induced to follow his own inclinations rather

than submit to the will or admonitions of another, he was cured. Whether or not the frustration of his own needs was manifested in the pruritus (because his father happened to tell him to get his hands into something tangible) is a question. Some might argue that the pruritus was caused by anal-erotic traits which far antedated the remembered remarks of his father. Others might question the ultimate truth of the origin of the anal-erotic traits as revealed by

In the introductory chapter the author wisely cautions that "the pitfall of single causation" should be avoided. He doesn't neglect heredity, as is so often done by those overly enthusiastic in their pursuit of the emotional or psychological dynamics of disease. The argument that heredity and constitution are not and should not be emphasized because nothing therapeutic can be done about them anyway is hardly justifiable scientifically. In the long run, if heredity and constitution are important, something will have to be done about them if man believes that he can have any part in saving himself.

Although Dr. Cantor stresses what he considers to be the importance of early childhood experiences—influences of and reactions to these experiences—he also thinks that more recent or current life situations may be the "trigger" in psychosomatic illness. To quote him: ". . . a creative, constructive life, with generally recognized success for an individual, will often place that person above the restimulative level for his earliest emotional disturbances."

As with most books presenting a way or theory of treatment, this one does not include a discussion or statistical evaluation of therapeutic results. However, the bases on which therapy is constructed are given in some detail. Dr. Cantor thinks that "conventional psychoanalysis and most other psychotherapies" frequently fail because both patient and doctor are dealing only with words. The intellectual or reasoning insight thus attained is not enough. It is the "silent level" that needs to be reached. This is the level on which autonomic and vegetative functioning operates, reverberating to unnamed conflicts, frustrations, and maladjustments. The silent level is reached only when the patient relives the situations that have disturbed him. Of course, generally he does not consciously associate his present psychosomatic illness with the original emotional causes.

Dr. Cantor says: "It is my contention that

adequate therapy can only be achieved (or is mainly achieved) at the silent level. This is the level of tears, rage, grief in all its manifestations, . . . emotion or affect. It is not only the level of talk . . . At the silent level the emotional conflict can only be expressed by tears, actual living grief, and bodily expression, and this can only be achieved by reliving the original situation with full affect."

Dr. Cantor calls his form of psychotherapy "guided association analysis." To help in the discovery of the significant emotional traumata, besides history-taking, he uses key stimulus words or phrases derived from the history. This procedure seems comparable to the word association process proposed by Jung some years ago. Notwithstanding his contention that verbalization alone is not enough, Dr. Cantor finds that words in themselves can be very important. The book includes a chapter on "General Semantics," based on the work of Korzybski. Since we do react to words, and since many people react to a word as if it were the "thing" or situation itself instead of a symbol, Dr. Cantor explains that a patient may be ill because he has come to an illogical or unwarranted conclusion due to his particular emotional or thalamic associations with a word. For example, one patient's mother had suffered from diarrhea. A diagnosis of cancer of the rectum from which she eventually died, was made. At the onset of the patient's psychosomatic illness, diarrhea was present. He became unduly disturbed in concluding that he too would die of cancer of the rectum.

The author states in his preface that he claims no originality in the method he expounds. However, in the exposition of psychotherapeutic principles there is at least new emphasis on some points. It is questionable if the burden of this emphasis could be proved to be justifiable. This reviewer thinks that good psychoanalysts and other accredited psychotherapists would not agree with Dr. Cantor that their methods or techniques are largely ineffective because they rely on "... words, words, words... only words!" Any well-trained psychiatrist knows that intellectual insight alone does not effect cure and his therapy surely is, or should be, directed at emotional reorganization. Dr. Cantor suggests that it is not.

Evaluation of therapeutic results in psychiatry or psychosomatic medicine is difficult, perhaps impossible, within a single lifetime. The impressiveness of the individual physician and, in numerous ways, the impressionability and suggestibility of the patient or public to "new ways" in anything cannot yet be disregarded in a consideration of psychosomatic theory and treatment. VERNON P. WILLIAMS

A Doctor's Report on Dianetics— Theory and Therapy

J. A. Winter

New York, Julian Messner, 1951, 227 pp., \$3.50.

From the tone of the author's introduction (as well as most of the previous articles about dianetics) it appears to be difficult to discuss the subject in a dispassionate manner. For example, in his introduction, Dr. Perls writes: "At the time when psychoanalysis itself was' commonly dismissed as a 'crackpot' theory, I learned not to be intimidated by name calling." And again, he says, "While I am far from being a dianetician (it is not fear of what people might say that prevents me from being one). . . ."

vents me from being one)...."

Despite this well-intentioned defensiveness against intimidation, Dr. Winter does a relatively good, factual job of wending his way through a theory dotted with theoretical, personal, and moral disagreements, as well as the incomplete ideas of an extremely new hypothesis.

As with all psychotherapies, any evaluation demands personal experience with its practitioners, its hypotheses, and its methods. No useful criticism can be made on the basis of readings alone. But for those who are interested in a fairly clear, dispassionate discussion of dianetics, this book will be of help.

Frank R. L. Egloff

Hypnoidal Psychotherapy

Margaret Steger

New York, Froben Press, 1951, 150 pp., \$3.50.

The study of various states of consciousness and the application to psychotherapy of the knowledge gained are certainly important problems, but this book will contribute little or nothing to their solution. It is a description of what the author calls her own creation—hypnoidal psychotherapy, hypnoidal evidently being synonymous with hypnogogic.

The author uses the hypnoidal state either to elicit more material than is obtained in ordinary consciousness, or as a state in which to reinforce by suggestion insights derived from the usual psychotherapy, or for both purposes. The author's psychotherapy is evidently of a rather idiosyncratic brand, confused and often bombastic. The discussion of the hypnoidal state is principally an opinionated, unsubstantiated diatribe against hypnosis, which is regarded as an abnormal, dangerous state, while the hypnoidal state is regarded as a normal and useful one. There are irrelevant excursions into homosexuality and alcoholism.

MERTON GILL

Erratum

The review of Consciousness and Behavior by James T. Culbertson in the January-February issue of Psychosomatic Medicine (Vol. XV, p. 92) incorrectly gave the price as \$4.75. The correct price is \$4.25.