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PHYSIQUE AND
CHARACTER

An Investigation of the Nature
of Constitution and of the
Theory of Temperment

ERNST KRETSCHMER

Second Edition revised with an Appendix by
E Miller



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PREFACE TO THE FIRST EDITION

WHOEVER believes in the progress of scientific knowledge, and experiences the swinging backwards and forwards of fundamental beliefs in the course of a century, is prone to picture scientific development as proceeding in a kind of spiral fashion. But those who are less confident only notice the changes of theory, and are pained by the narrow limits of the possibilities of obtaining knowledge, and these, with unwarrantable pessimism, also make use of the analogy of a pendulum, which swings now right, now left, but for them it never reaches a higher and more satisfactory position. Anyone who knows about the great problems in philosophy and psychology realizes that this is the state of affairs; the biologist and pathologist will be aware of it if he reflects on the age of Neovitalism and Antidarwinism; the Psychiatrist stands in the midst of an enormous variety of changes of attitude towards the ultimate relationship between body and soul, brought about by the latest discoveries in all branches of science in so far as they have a bearing on pathological events. Empirical science may with equanimity leave out of account such swingings of the pendulum in the often premature theoretical statement of the problem, but it may be forced to seek advice and methodological assistance from neighbouring fields of inquiry. Thus, after decades of laborious and successful collecting and arranging, clinical investigation has more than ever to call genealogists and biologists to its aid; introspective psychology ventures on a subtle analysis of the intelligibility of what is, *prima facie*, unintelligible, and in the distorted caricature of psychic anomaly it finds the corner-stone for a plausible psychology of healthy and diseased alike, the basis for a characterology which may unite theory and practice. Their study points towards the problems of heredity; and, then again, these problems find their answer in the investigation of morphological processes. And so the subject which is dealt with in a very general manner in this book emerges of itself—the problem of the relation between human form and

human nature. An intuitive glance stated the question, an exact method gave the empirical facts, and psychological technique unravelled the significance of strange phenomena of being ; an agile pen gave to what was observed the form of its explanation.

I do not doubt that the history of psychiatry will regard the work of Kraepelin on the two classes, manic-depressive madness and dementia præcox, as one of the most important achievements of our medical science. In this doctrine I see, however often actual practice may leave us in diagnostic doubt—an indestructible advance of psychiatric knowledge and capacity. Kraepelin's masterly delineation of the clinical forms of diseases has left only a few additions to be made in the last two decades. A deeper understanding of the symptoms and the individual contents in schizophrenic processes has been opened for us by Bleuler and those who have followed in his footsteps. A great deal that was not clear, and apparently contradictory, seemed to him to require an understanding of the character and history of the pre-psychotic personality and its ancestry. On such connections the clinic at Tübingen, which in its system follows Kraepelin in all essentials, has laid special stress for about a decade and a half. Thus Edward Reiss's book : *Über die Konstitutionelle Verstimmung und das manisch-depressive Irresein* (1910), shows our attempts to lay bare the relation of disposition to psychosis by means of the orthodox methods of clinical investigation. Other workers have been experimenting in the same direction (on paranoia, paranoiac disposition, hysteria, etc.). Theories of heredity, whose methodical elaboration in the sphere of psychiatry we owe to Rüdin in particular and the recent work of H. Hoffmann, force the clinician to direct his gaze far more than before to the distant past. The theory of internal secretions bring morphology and chemistry closer together. And so the time is ripe for an attack on a field of inquiry which so far has never been brought in the same way, or with such accuracy, into the psychiatric forum : the construction of the human frame is considered in connection with the psychic adnormalities and diseases which Kraepelin's master hand has dragged out of the bewildering chaos of clinical phenomena, and separated off into two great form-groups. But there is more in it than this : when Kretschmer, looking out over the walls of the clinic, saw before

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him the manifold phenomena of everyday life, and when he brought what had been genealogically established to bear on his investigations, together with historical information, he found that the boundaries between sickness and health became more and more blurred; the circular type of personality passes, without any observable leap, over to the "cyclothymic personality"; the schizophrenic psychopath finds his abortive form in the "schizoid," and in the healthy "schizothyme" his characterological rudiment, or rather his broad biological frame. And these two great types of human nature and disease have physical peculiarities which, although they are not always obvious at first sight, nevertheless are startling when they occur with their typical characteristics: such peculiarities are measurable, and of great significance for the understanding of the whole biological process. The biogenic study branches out into the general problem of the correlation between physical form and psychic nature, of which we may follow the two largest groups (cyclothymes and schizothymes) in their more extreme culturally important forms into the realm of history. And so the book is not directed merely towards the psychiatrist, but to all who are interested in psychology, and to whom the grouping of humanity in types seems an important branch of empirical investigation.

R. GAUPP.

Tübingen, January 1921.

PREFACE TO THE SECOND EDITION

WE may here collect the facts and surmises which have turned up in connection with our subject in the short interval ; dealing only with such workers as have carried out careful confirmatory examination or have added large series of facts out of their own experience.

Hitherto there has been confirmatory work, as far as the problem of physique is concerned, done by Sioli, Klott, and Meyer, in the clinic at Bonn.¹ The result of their investigations was that they recognized the validity of the types of physique described in this book, and also their biological relation to the two classes of psychoses ; the investigators also came to the same conclusion with regard to the schizoids and cycloids. This confirmation is important, because it was obtained from a people so unlike the Schwabians as the Rheinlanders.

A little work on schizophrenia and physique, which had nothing whatever to do with our inquiries, was published shortly after this book by Beringer and Düser² (Heidelberg clinic). Since this work was carried on from a different point of view, and with quite different terminological differentiations, their results can only conditionally be compared with ours. The more remarkable is the appreciable number of identical and similar results in the two publications : Beringer and Düser also establish the presence of Eunuchoidism and Feminism (and particularly feminine disposition of fat), in a small number of their exclusively male patients ; they mention the prevalence of abnormal conditions of the sexual glands and genitalia, mainly in the direction of hypoplasia, mixed with a few cases of hyperplasia ; further, the prevailing weak secondary-hair of the schizophrenes ; and finally the frequent occurrence of abnormal sexual impulses, especially in the direction of weakness of impulse. Apart from these facts, which

¹ *Report on Rheinische Psychiaterversammlung*, 19, xi, 21.

² Beringer and Düser, "Ueber Schizophrenia und Körperbau" (*Zeitschr. f. d. ges. Neur. u. Psych.*, 69, 12, 1921).

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are particularly interesting from the point of view of the endocrine glands, and which are in close agreement with our own results, other bodily characteristics are only briefly sketched. All the same, the group which is described by Beringer and Düser as the *weak-infantile* type is undoubtedly a border-line example of the same type which we have described as the asthenic, and the infantile-hypoplastic. Similar observations must lie behind a group of "pronouncedly masculine faces" as behind the group we describe as "athletics," and the "undifferentiated plump" remind us, in the short description which Beringer gives, of such forms as are described in this book when we deal with dysplastic fat-forms, and also sub-classes of athletics. In disagreement with our experience, their work mentions the more common occurrence of considerable layers of fat among schizophrenes.

Bleuler ¹ has dealt with the psychological part of the book in two publications; in summing up, he says that "only a few details in it do not agree with his experience; he had already known all the other individual facts for a long time, and had even thought of them together and demonstrated such relations."

We may also mention that many points have emerged which touch on the results of Rüdín and Kahn, who are studying the constitution at the München Forschungsanstalt. H. Hoffmann's book ² is the connecting link between the old and valuable observations of Rüdín's institute and those of our clinic.

Kahn ³ is the last to demonstrate the types of schizoid personality in accordance with his own investigations into the heredity of schizophrenic families, and has recognized the "psychæsthetic proportions" as being what is psychologically common; he also develops very valuable views as to the variety of the hereditary emergence of the schizoid and the schizophrenic "process-psychoses."

And now a few words as to the critical objections to the book. It has been suggested that we should exchange the expression "cycloid" for another, because it includes many cases without periodical variations of emotion. It seems to me that one can

¹ E. Bleuler, "Körperliche u. geistige Konstitutionen" (*Naturwissenschaften*, 9, 753, 1921); and Bleuler, Review of *Körperbau und Character* (*Münch. Med. Wochenschr.*, 33, 1057, 1921).

² H. Hoffmann, *Die Nachkommenschaft bei endogenen Psychosen.*, Berlin, 1921 (in Rüdín's *Studien über Vererbung*).

³ E. Kahn, "Bermerkung zur Frage des Schizoids" Jahresversammlung des Ver. bayr. Psych. (*Zentralbl. f. d. ges. Neurol. u. Psychol.*, 26, 567, 1921).

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use it quite reasonably in this derivative sense, just as we still say "melancholy" without thinking about "black gall" every time.

It has been thought improbable that there should be only two types of human nature. But we never said there were (cf. p. 177). This book is only a preliminary canter: by means of patient co-operation on the part of others it may perhaps be possible to divide up the types, which we have differentiated for the meantime, into sub-groups, and to discover new ones to add to them.

The numerous mixed forms, alloys, crosses, and a-typical examples have been brought forward as proof against the setting-up of the types. But in human inheritance, which is continually mixing together various dispositions, we must expect that from the very outset. If, in research into botanical heredity twice as many pink sweet-peas occurred as pure red or pure white, no one would use the pink flowers as proof against the red or white ones. The only question is this: are there statistical relational-frequencies between certain forms of physique and certain psychical dispositions? Here, in numerical relational-frequencies lie the fixed, provable facts, not in individual cases, which may be typical or a-typical.

Now for another technical remark. We think it obvious that psychiatric measurement of the body should keep as closely as possible to the anthropological methods which are in use. The technique which we have sketched out here varies from it only where such variations are demanded by the requirements of practical psychiatry.

In particular, the instruments must be reduced to a minimum, having regard to the restless environment in which the work is done, and individual points of measurement are suited to the peculiarity of our material, which is composed of patients. This is quite sufficient for practical diagnosis. But for more subtle calculations and comparisons one would have to base one's experiments on exact anthropological technique, with complete sets of instruments in accordance with the text-book of Martin.

We have improved many details in the text of this edition, and additions have been made, without any fundamental alterations.

E. KRETSCHMER.

Tübingen, February 1922.

NOTE TO THE SECOND ENGLISH EDITION

INTEREST in Kretschmer's now classical work on *Physique and Character* makes it necessary to go to Press with a new edition while the subject is still in a transitional state. There are now four or five thousand recorded cases published in all countries with regard to the main hypothesis of the work, but although some serious criticisms and modifications have been made by various observers, its broad classifications are generally accepted.

A review of the literature will bring home to any student that the study of human Morphology in relation to mental illness has had a normal line of development. That is to say, while Kretschmer's fundamental views are still held, the complexity of the subject has grown, because the manifold factors involved in type distinctions have been more clearly realized even if they have not been more clearly understood.

In his most recent work, Kretschmer has made certain modifications in his terminology. For example, in place of the term Asthenic, which implies certain physiological peculiarities in addition to those denoted by the physique, the more morphological term Leptosome has been substituted. Furthermore, a term introduced by Bleuler, "syntonie," is now used, and clearly defined. It is intended to convey a description of the harmoniously balanced individual without violent oscillations of mood and free from all schizoid features or reactions. The hypothetical normal person would therefore be regarded as the true sytonic; the cyclothymic and the schizothymic as the divergencies from this Norm.

Merely to concern ourselves with morphological differentia, however, would leave the subject clinically barren, although still fruitful to the student of pure anthropometry. But, whereas Kretschmer was dealing in the first instance with the subject of temperament in more or less general terms, he has to some extent found it necessary to restate his problem in terms of fundamental psycho-physical structure. In the

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present edition, therefore, though the original text has throughout been retained, with minor corrections, in the form in which it is familiar to a generation of students, an Appendix has been added to cover the latest contributions to the experimental psychology of Type and the more detailed discussion of temperament.

This Appendix is the work of Dr E. Miller, whose pioneer survey of the whole problem, *Types of Mind and Body*, was published in 1925, and who has since been conducting a series of investigations in this field which will later be printed *in extenso*.

In 1928 a translation of Kretschmer's *Men of Genius* was added to the Library, and to this volume, as well as to the supplementary researches of W. A. Willemsen in his *Constitution Types in Delinquency*, those interested in the further development of the Kretschmerian technique may also be referred.

C. K. O.

February 1936.

PART I
PHYSIQUE

CÆSAR : Let me have men about me that are fat ;
Sleek-headed men, and such as sleep o' nights :
Yond Cassius has a lean and hungry look ;
He thinks too much : such men are dangerous.

ANTONY : Fear him not, Cæsar ; he is not dangerous ;
He is a noble Roman, and well given.

CÆSAR : Would he were fatter ! . . .

Julius Cæsar—SHAKESPEARE.

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PART I

PHYSIQUE

IN the mind of the man-in-the-street, the devil is usually lean and has a thin beard growing on a narrow chin, while the fat devil has a strain of good-natured stupidity. The intriguer has a hunch-back and a slight cough. The old witch shows us a withered hawk-like face. Where there is brightness and jollity we see the fat knight Falstaff—red-nosed and with shining pate. The peasant woman with a sound knowledge of human nature is undersized, tubby, and stands with her arms akimbo. Saints look abnormally lanky, long-limbed, of penetrating vision, pale, and godly.

To put it shortly. The virtuous and the devil must have a pointed nose, while the comic must have a fat one. What are we to say to all this? At first only this much: It may be that phenomena which the phantasy of the people has crystallized into the tradition of centuries, are objective documents of folk-psychology—jottings from the observation of mankind, worthy, perhaps, of a glance even from the eyes of the experimenter.

But this is beside the point. Our investigations do not proceed from such general reflections, but from the special problem of psychiatry, and only eventually, by a certain inner necessity, ever making wider circles, do they stretch out over the boundaries of that study into general Psychology and the realm of Biology. It seems advisable, in the presentation of the results of our inquiry, to choose the order in which they have appeared. On the psychological side, then, we have in the first place the advantage of already possessing, in the two great psychopathological types of manic-depressive or 'circular'¹

¹ We use the expression 'circular' throughout this book to stand for the manic-depressive type in the widest sense of the word, on account of its great linguistic advantages.

insanity and schizophrenia (*dementia præcox*), which have been distinguished by Kraepelin, something which is fairly tangible and with which we can set to work.

As soon as we have worked out the corresponding physiological types by the aid of these psycho-pathological types, we shall see at once that these bodily types not only correspond to the two psycho-pathological types, but that they have far more extensive relations to widespread normal-psychological types of temperament; which, on their side again, have close psychological and hereditary connections with the psycho-pathological types from which we started. Anyone, therefore, who ventures on this book without special knowledge of medicine, but with only psychological interests, will nevertheless not be able to avoid becoming involved in that part of the book which deals with psychiatry, because the whole work emerged from investigations in psychiatry and can be understood only from that point of view.

CHAPTER I

METHOD

INVESTIGATION into the build of the body must be made an exact branch of medical science. For it is one of the master-keys to the problem of the constitution—that is to say, to the fundamental question of medical and psychiatric and clinical work. Good isolated observations on the part of medical practitioners of the past do certainly exist: they remain unused. Belle-lettristic *aperçus* of a physiognomical nature do not get us much further. There is nothing for it: we must plod along the bitter, wearisome road of systematic verbal description and inventory of the whole of the outer body from head to foot; wherever possible, measuring it with calipers and tape-measures, photographing, and drawing. And not only must we do this in a few interesting cases, but we must take hundreds of observations, using every patient we can get hold of, and for each must we make out the same complete scheme. Above all, we must learn again to use our eyes, to see at a glance, and to observe without a microscope or a laboratory.

For the purposes of such an investigation the following scheme was worked out:

CONSTITUTION SCHEME

Name :	Day of examination :
Age :	Diagnosis :
Profession :	Special type of disease :

I. FACE AND SKULL

Face : large	medium	small		yellowish ; sallow ; brown ; congested ; dark red ; bluish ; pasty ; dirty ; smooth ; tight ; wrinkled ; creased ; faded ; hollow ; washed out ; bloated ; well-marked blood-vessels										
(in relation to head)	medium	short			Eyes : large medium small outstanding " deep-set shining " dull blue ; green ; grey ; brown ; black Upper orbital frame : overhanging ; high ; sharp ; blunt									
long		wide												
narrow	"	coarsely boned												
delicately boned	"	firm												
sagging	"	fat												
thin	"	soft, plastic (surface)												
sharply cut	"	thick-skinned												
thin-skinned	"	dull												
shiny	"	pale												
fresh red	"													

I. FACE AND SKULL—Continued

Nose: large	medium	small
long	"	short
thin	"	thick (cartilaginous part)
narrow	"	broad (bony part)
pointed	"	blunt
pulled forward	"	snubbed
pale	"	red
flat-saddled	"	deep-saddled
curved	straight	turned up
jutting out	medium	deep-set
strong outline	"	weak outline
Root of the defined	nose:	well-defined; weakly defined
Mouth: large	medium	small
firm outline	"	weak outline
Lips: thin	"	full
turning inwards	"	pushed outwards
flabby	"	firm
open	"	shut
pale	"	red
Upper lip: long; pursed; normal	short;	trunk-formed;
Cheek-bone: strongly developed	medium	weakly developed
outstanding	"	not outstanding
Lower Jaw: large	"	small
high	"	low
wide	"	narrow
sticking out	"	receding
sharp curve	"	flat curve
coarse	"	delicate
Chin: well-modelled	"	weakly modelled
cone-shaped		
Larynx: projecting	medium	not projecting
Teeth: large	"	small
regular	"	irregular
sound	"	diseased
Gums: steep	"	flat

Ears: large	medium	small
sticking out	"	lying flat
flat	"	rolled
thin	"	thick
in-grown	"	free
Fore-head: steep	"	sloping
high	"	low
domed	"	flat
broad	"	narrow
cornered	"	rounded
well-defined	"	weakly defined
Superciliary arch:	strongly developed;	medium;
	weakly developed	
Frontal protuberance:	strongly developed;	medium;
	weakly developed	
Glabella:	broad;	medium;
	narrow	
Profile: straight;	weakly arched;	strongly arched;
	angular	
	sharp; weak;	indefinite
	strongly projecting;	well-developed;
	undeveloped;	stunted
Frontal: broad shield-shaped;	flat five-cornered;	steep egg-shaped
Outline: shortened egg-shaped;	childish oval;	seven-cornered;
	uncharacteristic	
Facial form: masculine;	feminine;	too young;
	too old;	suitable to age
Cranium: large	medium	small
(in relation to head)		
long	"	short
broad	"	narrow
high	"	low
abnormally high top		
bladder-shaped cranium;	<i>caput quadratum</i> ;	tower-skull
Back of head: projecting	rounded	steep
Occipit:	well-developed;	medium;
	weakly developed	

II. PHYSIQUE

large	medium	small
round	fat	thick-set
broad-shouldered		lanky
long-limbed		short-limbed
infantile; masculine;		feminine; senile
Poise: limp	medium	stiff
bent	"	upright
Bone structure: delicate	"	coarse
Joints: narrow	"	wide

Musculature: thin	medium	thick
flabby	"	firm
Muscle relief:	well-defined;	medium;
	defined	weakly defined
Fat upholstery: thin	medium	fat
distribution;	infantile;	masculine;
	feminine;	circumscribed islands of fat
Head: large	medium	small
(relation to trunk)		
free	"	deep-set

II. PHYSIQUE—Continued

Neck: long	medium	short	Chest: flat	medium	vaulted	deep
thin	"	thick	long	"	short	
Arms: long	"	short	narrow	"	broad	
thin	"	thick	ptihlsic, emphysematous type			
Legs: long	"	short	pigeon-chested; cobbler-chested; concave			
thin	"	thick				
O-legs; X-legs			Stomach: thick	medium	thin	
Hands: large	"	small	firm	"	flabby	
long	"	short	compact fat stomach;	small pot-bellied;		
narrow	"	wide	loose-bellied; wasted			
delicate fingers	"	coarse fingers				
flabby	"	firm	Spine: firm	medium	loose	
soft	"	bony	lordose	scoliose	kyphose	
finger-tips: pointed; medium; flat			neck-	chest-	loin-spinal-cord	
Feet: large	medium	small				
long	"	short	Pelvis: Skeleton: well-developed; medium; weakly developed			
wide	"	narrow	Fat: well-developed; medium; weakly developed			
flat-footed; arched; toe-proportion			well-built; masculine; feminine; infantile; flat			
Shoulders: narrow	medium	wide	Flexure of the groin:			
sloping	"	level	steep	medium	flat	
outstanding	"	near together	well-defined	"	weakly defined	
bent (deltoid inner frame)						

III. SURFACE OF THE BODY

	(A) Skin		Pulse: beat, strong; medium; weak; easily excited; sluggish
thin	medium	thick	full; tense; respiratory irregularity; extra-systole
delicate	"	coarse	Gräfe. Aschner
flabby	"	stretched	Veins: outstanding; visible; invisible varicose
elastic	"	unelastic	
shiny	"	rough	(C) Hair
transparent	"	opaque	fair brown black grey white
Pigment: strong	"	weak	Head-hair: strong medium weak (relation to sex)
Sebaceous			Brows: strong medium weak
Secretion: strong medium weak			Beard: " " "
Eczema; acne; ferunculous; mucous-membrane pigment			Trunk: " " "
(B) Blood-vessels			Arms: " " "
Skin blood-vessels: clearly visible; dimly visible; invisible: in face, on hands and feet, on body			Legs: " " "
Dermography: strong; medium; weak			Genitalia: " " "
Vaso-motor-system of head " " "			Arm-pits: " " "
Head: bluish; dark-red; medium; pale			Head-hair: long medium short average limit
Hands: " " " "			receding from forehead; temples; nape growing into " " "
Feet: " " " "			Angle of Temples: indented medium covered horizontal frontal boundary
General colour of skin: dark-red; medium; pale			delicate hairs medium coarse hairs
Hands and feet: damp; medium; dry			smooth bushy brushy
Body: " " " "			sleek wavy curly
Hands and feet: warm; medium; cold			Baldness: on forehead; temples; back of head; separated; not separated; shiny-dull; 'moth-eaten'; incomplete
Body: " " " "			
Sweat of arm-pits " " "			
Arteries: strong; medium; thin and delicate			
hardened; coarse; soft			
winding; standing out			

An indiscriminate inventory of single bodily characteristics, which strike us at once when we look at separate patients lying on their sick-beds, can never serve our purpose ; for the simple verbal description must be as precise as possible, ever making use of the same comparable expressions and fixed categories, and, in particular, we must have clear spatial measurements and also notice the differentiations of skin texture. It is only in this way that we can avoid indistinct and ambiguous descriptions, and the omission of many points of detail. The schema was carried out as follows : We noticed, and immediately filled in point for point, the foregoing list, the patient standing naked before us in bright daylight, and we ruled a red line under whichever member of the groups of descriptions fitted the case. According to the pronouncedness of the characteristic, whether it was strong or weak, we drew a single or double line, so that we saved the time which a written description would have required, and obtained a diagram that provided a perfectly intelligible survey, which conveyed to us at a glance, later on, with no trouble at all, not only the general impression but each detail of the physique ; and thus we could make a comparison between every single point in different diagrams in a second. Such a verbal description naturally can, with any degree of certainty, include only the most obvious differences. When we obtained no clear optical or tactile impression, then we always underlined the expression "medium", which meant nothing for our later statistics and served only to prevent our attempting to force a characteristic where no characteristic was to be found. That a severe training is required in order to obtain a rough feeling for the average and the variations from it, I need not say. In each scheme only such characteristics are included as can be observed quickly, at a glance, or with but few touches ; while everything is excluded which requires a special technique of experimental examination. Not that the beating and auscultation of heart and lung, for example, are less important for an inquiry into the constitution, but because such an examination cannot be carried out within the limits of a serial investigation into general type. Naturally, such special examinations must later on be included to fill in

the more general data, in order to establish the important constitutional relations between the internal types and the psychiatric ones.

The defects of such a verbal description, however carefully chosen, are obvious. Against this objection it must be urged that such a method is unavoidable as the basis for any investigation into bodily structure, and that it offers much which cannot be replaced either by measurement or by means of photography. In the first place, there are numerous important characteristics, such as the colour of the skin, vascular conditions, thickness of the hair, which can be described verbally in familiar language but which cannot be measured or portrayed, or only with disproportionately complex methods. In this way much comes out in direct optical impression far more significantly and definitely. We shall soon be convinced by consideration, say, of a slight form of "Tower-Skull", which for every observer is clearly recognizable at the first glance, while it finds only insignificant expression in the results obtained from a pair of calipers and a simple tape-measure (the kephologram is clearly excluded in the examinations of large numbers). Besides this, there are also many dimensions in the living man which can be obtained only inaccurately and approximately: that is to say, it will soon be borne in upon one that in the investigation of the body, accurate measurements and optical impression must support one another.

We place in our schema the optical description of the measurement first, for both should be obtained as far as possible independently of each other, and the eye must not find an asses' bridge already prepared for it in the shape of accurate measurements. Everything depends on a complete, artistic, and sure schooling of our eyes, for a scholarly list of single measurements without any idea or intuition of the general structure will not bring us much further. The tape-measure sees nothing: it never leads us to a grasp of the biological types which are our object. But if we have learnt to see, then we shall notice that the calipers bring us exact statements and numerical formulations, and also in some places important corrections of what we have discovered with our eyes. Certain conditions which are not prepared for in this schema will

emerge here and there, and may then be written in ; occasionally at certain points a much fuller and more distinct description of the æsthetic impression is required. It is very profitable, while the impression of the examination is yet fresh, to give a short résumé of what are the essentials, for which a half-sheet is left free at the end of the foregoing schema.

The large schema is worked out more for the purpose of investigation, and we now use for hurried clinical purposes a shortened schema, which can be filled in according to the same headings as the big one.

CONSTITUTION SCHEME

Name :	Profession :	<i>{ Date of examination</i>
Age :	Diagnosis :	

I. MEASUREMENT

Skull :	Horizontal circumference Sagittal diameter Frontal " Vertical " Height of face Breadth of face Length of nose	Circumference : chest stomach hips Weight : forearm 1 hand 1 calf 1 Length : legs ; arms Breadth : shoulders ; pelvis
Height :		

II. FACE AND SKULL

Shape of head : high-head ; pyknic flat-head ; small round-head ; tower-skull ; bladder-shape skull ; indefinite	Frontal outline : broad shield-shaped ; flat five-cornered ; steep egg-shaped ; shortened egg-shaped ; childish oval ; seven-cornered ; indefinite
Profile : angular profile ; long nose profile ; hypoplastic ; pyknic profile ; indefinite	Height-proportions : (middle-face ; chin) Nose : Description :

III. PHYSIQUE

Bones :	Stomach :
Musculature (Relief) ?	Pelvis :
Fat :	Extremities (esp. length) :
Neck :	Hands and feet :
Shoulders :	Description :
Chest :	

IV. HAIR

Head-hair :	Vascular condition (esp. colour) :
Brows :	Trunk :
Beard :	Arms :
Pubes :	Legs :
Arm-pits :	Description :
Skin-condition :	

V. GLANDS

Thyroid :	Genitalia :
Mammary :	
Testicles :	Sexual anomalies :

VI. TEMPORAL

Commencement of Mental Disturbance :	Commencement of Fattening :
„ „ Puberty :	„ „ Emaciation :
„ „ Involution :	„ „ Certain physical diseases :

CONCLUSIONS

With regard to the method employed in mensuration there are a great number of not unimportant details to mention, which anyone who deals fundamentally with this question will find out best for himself. Technical instruction can be found in text-books on anthropology.¹ If we refer to what Riezer, in his witty concise way, has said about the value of figures and simple body-measurement in his monograph *Die Mess-stange*, we can thereby save ourselves many a word. The measurements given in our schema give the majority of those measurable body-proportions which are of importance for us, and they also, particularly in the circumference-measurements of the stomach and extremities, provide certain complex points of vantage from which we can study the development of the fat, bone, and muscle. The following remarks

¹ R. Marter, *Lehrbuch der Anthropologie*; Jena, Fischer, 1914; and, on many points to do with Psychiatry see the work of Riezer and Reichart, to whose painstaking and meritorious studies on the exact and clear technique of microscopic body-mensuration special reference may be made in this connection.

have to be made from a statistical point of view with regard not only to our tables but also, in principle, to all the rest of our numerical values : (1) that, almost without exception, they have been obtained from individuals springing from the Schwabian people ; that is to say, they are comparable only among themselves, and without further work they cannot be compared with numerical values obtained from patients belonging to other races ; (2) that the smaller of our sub-groups (particularly the athletic), divided between men and women, includes only a few individuals—a few dozen or less—so that the average figure so obtained is to be regarded only as a provisional halting-place—as an approximation, but not as a statistical constant. It would be impossible to procure, during any reasonable period of time, such statistical values for every single measurement of the body, and, besides, in any case it is superfluous, because (3) even within a single people we can give only approximate figures, since, when dealing with body-forms, we have not to do with clearly-marked unities but with ill-defined types, where, with regard to certain border-line cases, it depends on the investigator himself whether he includes them on the list of the one single type or not. With these obvious precautions, however, the average-figures afford us extraordinarily valuable objective support for the working out of the fundamental characteristics of the types.

And now a few words about pictorial reproduction. Even if the investigator is not endowed with any talent for drawing, it is advisable every time to jot down on the diagram-sheet certain important details which are easily drawn, such as, for example, the shape of the face as seen from in front—paying attention only to the essential outlines. Little sketches like this provide us with valuable foundations when we come to the task of manipulating the material. I usually fix graphically the disposition of hair about the body in a small diagram. In cases of particular interest we make considerable use of photographs. These are most valuable for the shape of the face and skull. Large-size pictures are for the most part an unnecessary expense, and, paradoxically enough, large pictures are often worse than small ones. A picture of the size 8×12 cm. has almost always served our

purpose. The important thing is correct lighting and, particularly, a satisfactory manipulation of the perspective. This remark applies specially for photographs of the front view of the face. When they are having their photographs taken, patients tend automatically to hold their heads up stiff in the air: this results in a quite distorted perspective, and very often completely false pictures. The head should be somewhat sunk rather than raised. For the rest, we take our pictures of the face with an apparatus for sharpening the outline when the picture is taken from quite close to, so that the head fills the entire picture and only the naked neck and the lie of the shoulders come in. We use a monochromatic background—black, if the silhouette is most important; grey, if the shading is of chief interest. Beginners usually use too much light; this spoils the shading of the contours of the muscles and bones. For scientific purposes there are only two positions from which to take the photographs: exactly frontal or exactly profile—and this is so whether you are dealing with pictures of the face or of the whole body. Accuracy suffers in any midway position between these two, and particularly the exact comparison between the pictures themselves. For pictures demonstrating the general build of the body, illustrations of the whole figure are not to be recommended; such pictures—where one is not dealing actually with quite outstanding anomalies—are not characteristic. Abnormal length of extremities, femininity of the pelvis, etc., even when according to the figures of mensuration they are obvious, usually come out badly in a photograph. For this reason we make use mostly of pictures of the half of the body about down to the navel, which thus includes the most distinguishing characteristics of the type of physique and shows them in a more distinctive way.

When we have worked through a larger series of patients with all these methods—viz., a combination of exact diagrammatic description, measurement, and registration by drawing and photography—then we are left with solid data, which satisfy all the demands of physical science, for our purpose, namely, an exact clinical diagnostic of physique, as a broad physiological basis for a psychiatric theory of the constitution.

The exposition which follows rests on material which has been worked through by use of the above-mentioned methods, and which is composed of about 260 cases divided in the following way :

<i>Circular</i>		<i>Schizophrene</i>	
Men . . .	43	Men . . .	125
Women . . .	42	Women . . .	50
	85		175

Since the closing of these statistics over 100 further cases have been examined, which have not been included in the reckoning but whose examination has confirmed the results obtained from the earlier cases. The total material is therefore made up of about 400 cases, of which about one-third are circular and two-thirds schizophrene.

The clinical boundaries were stretched as wide as possible, so that although among the schizoprenes the great majority of cases were taken from the range of typical catatonics and hebephrenes, common-or-garden dementia præcox, yet every now and then isolated cases of paraphrenia on the one hand, and schizoid "neurasthenics", psychopaths, and degenerates, on the other, were also included. In the same way with the circulars (manic-depressives)—by the side of the great mass of average cases, a few cases of involution mania, of senile and arterio-sclerotic depression, and finally of non-lunatic hypomania and habitually-depressive temperaments, were dealt with. This practice has, as we shall see, proved itself to be correct in the end. Finally test-cases were taken here and there, among those whose diagnosis was not clear, and in these cases the sureness of aim of the diagnostic inferences from body-build was impressively demonstrated.

Great stress was laid on the inclusion in all the types of a carefully arranged mixture of fresh and old cases, people of every age, and every occupation, in order to avoid those causes of error which otherwise spring from the influence of such isolated causal factors, and also, so that we might be in a position to observe the changes of the single types throughout a long period of life. As an

addition to the cases of the Tübingen Clinic, which were mostly recent, the rich material of the Institute in Winnental was chosen ; for the kind permission to use which I am most gratefully indebted to the Doctors at the Institute, and particularly to Dr Camerer, the Obermedizinalrat.

Diagnosis by means of body-build is as vast and complicated a region as organic neurology. For its establishment is required the accuracy and co-operation of numerous observers. It is in this spirit—as a stimulus to further research, and not as anything dogmatic—that we lay before our readers the results which we have so far obtained.

CHAPTER II

TYPES OF PHYSIQUE

THERE does not yet exist an exact 'theory of the constitution' which deals with the build of the body. There are no systematic investigations which enter thoroughly into the examination of details. The strides made in the study of the ductless glands were so swift and surprising, that, so far, they have been able to give only a few very general indications with regard to the study of the physique. Questions which would be of the utmost value in these investigations of ours, such, for example, as the relations between acromegaly and the growth of the muscles, are hardly touched upon even in the most complete exposition of the subject. Nevertheless we have, in the physique of the cretin, the acromegalic, and the eunuchoid (only to name the most important), at least in their most obvious characteristics, a little which has been already tangibly worked out, and is of great use to us.

We find far less work on the general theory of physique, in the sense of individual constitution types, than we find within the small special range of endocrine dysplasia. For the greatest work in this direction, due to investigation of the internal organs, we are indebted to the increasing activity of Julius Bauer,¹ which must be most warmly recognized. What has already been said, particularly from the paediatric point of view, about the exudational, lymphatic, and arthritic types of constitution, however valuable for clinical purposes, is so obscure and so vague as far as the physique goes, that we have not been able to make any use of it whatever for our purpose.

Recently in Germany the French nomenclature of types as 'cérébral', 'respiratoire', 'musculaire', and 'digestif' has taken root. Much excellent intuition lay behind these French types. We think that in the

¹ Julius Bauer, *Die Konstitutionelle Disposition zu inneren Krankheiten*, Berlin, 1917.