

repetition is minimal and contradiction no more than stimulating.

It is in no sense a criticism of the book to say that knowledge of the subject is at a healthy but uncomfortable phase. We have (almost) outlived the anecdotal and speculative stages, a great deal of necessary erasing has been completed and we have had to accept that the solution will not come from any one field, though each may have something to offer. Some future symposium may have a psychological section endeavouring to integrate scattered knowledge concerning learning-readiness and the quality and timing of experience into a comprehensive theory.

P. D. SCOTT.

What Future? By EDITH URCH. London and Glasgow: Ladyeholme, 1965. Pp. 194. Price 6s.

The author describes herself as "just one of those people to whom others always bring their sorrows", but from her teens she has striven to do something about it, at first through religious channels, including a period as a novice with the order of the Poor Clares, then for eighteen years as a nurse, a sister, health visitor and sister tutor. Partially handicapped by an injury to her back, she sought a means of getting people to come to her, rather than going out to them, and from 1951 began to share her own home with those who needed a refuge and friendly help. The project was christened the Ladyeholme Venture and by 1958 had grown to four houses. One of the principal features of the scheme is to mix different sorts of problems in the same house rather than providing a specialized hostel. Much of the book is occupied with descriptions of persons and families accepted and of the author's often very painful experiences at their hands. Gradually she learns the importance of selection, the impracticability of furnished tenancies for psychopathic people, the constant need to face these people with reality, to make them pay their way as far as possible, and not to be deceived by them. Her ultimate pattern is the Receiving House, the In-between House, the Home for the permanently dependent, and permanent housing run in conjunction with local schemes. There is much of practical value to be learnt from this immensely courageous venture.

Secondarily, through its autobiographical material, the book is a commentary on the genesis of the life-long devoted social worker who gives up her whole life to helping others. There are plenty of data here to form a basis for speculation. Born of English self-reliant and "determined" parents who were caught up in the Russian revolution, the author had an early childhood "full of dangers, countless short-

comings and setbacks . . . famine and hardship. Yet my parents became more united by our troubles." She and her brother were always sure of their parents "even though the adult world outside was in chaos". Yet she often felt, and no doubt was, neglected. Independence and realism were early acquired and the "desire to put right and repair what we had broken is very strong". The very stresses which break many, may bring out the best in a few.

P. D. SCOTT.

Morbid Jealousy and Murder. By R. R. MOWAT. London: Tavistock Publications Limited, 1966. Pp. 131. Price 30s.

The declared aim of this study was ". . . to find the incidence of murder for delusions of infidelity, to discover the comparable facts about the murder and the murderer, to trace the fate of the delusions, and to attempt a diagnostic classification of the morbid process in the murderer". For the purpose Dr. Mowat selected from the case-records at Broadmoor a group in which the patients' murder or attempted murder had been clearly associated with delusions of infidelity. From the records he extracted numerous facts about both the patients and their victims. He also conducted a psychiatric examination of some 64 of these patients to assess the nature and the outcome of their psychiatric illnesses.

The centrepiece of the investigation can be quickly summarized. 57 out of 473 males admitted to Broadmoor over 20 years (12 per cent.) and 5 out of the 150 female patients admitted over 15 years (3.3 per cent.) were estimated to have exhibited delusions of infidelity. Most of the patients who were examined had retained their morbid ideas. Schizophrenia was the diagnosis made in one-third of the cases; other diagnostic categories included depression, alcoholic psychoses and organic reactions. This information is framed by a host of clinical, social and demographic details. There is also an introductory account of the legal concept of criminal insanity, the psychiatric concepts of delusions and the psychopathology of jealousy.

Psychiatrists with a knowledge of the European literature on this topic should be familiar with most of the clinical material. The International Library of Criminology, however, is aimed at a much wider audience to whom it is important that the nature and significance of morbid jealousy should be clearly presented. They can then appreciate two of the implications to which Dr. Mowat draws attention: first, that morbidly jealous behaviour is a frequent cause of marital strife, and secondly that as a guide to the defence in cases of murder associated with