

the need for scientific attitudes and scepticism in the field of mental health, questions the assumption that the community mental health centre is the ultimate therapeutic community that will change the pattern of mental illness, and stresses that treatment, training and research are as indivisible as they are interdependent.

This collection of papers can be strongly recommended as a pot pourri to satisfy the appetite of any psychiatrist seeking to widen his interest in the social field, which is clearly the matrix in which we are all involved.

MORRIS MARKOWE.

BEHIND THE WALL

Imprisoned Tongues. By ROBERT ROBERTS. Manchester University Press. 1968. Pp. 214. Price 37s. 6d.

This small book attempts to fill an important gap in our understanding of society. The author, who has spent many years as a tutor to the educationally backward in a large Northern gaol, tries to give a glimpse of the sociology of such an institution by describing some of the men he has met and the problems which confront them. Unfortunately he doesn't entirely succeed because the book lacks form. He has interesting anecdotes about the particular teaching techniques involved, and he has eminently reasonable views about improving the management of the large numbers of inadequate, deprived men he has been working with. More's the pity, therefore, that the chapter divisions seem arbitrary, the reader is treated to pointless, boring, long passages of prison vernacular, and the book itself does not develop its themes adequately.

Nevertheless, books such as this are urgently required. As the author no doubt perceives, one of the greatest problems confronting the prison and its place in society is communication. For society to fully understand the profit and loss of treating those it dislikes and rejects by imprisonment it needs information. Public access to and involvement in the mental hospital has reduced the phantasies about this institution; presumably the present misunderstandings about the prison system will be removed only when the public ear and eye is fully informed.

The author quotes examples of prison poetry and self-documented case histories of a few of the initially illiterate clients and some of these are illuminating in themselves, but for the psychiatrist there is a message which threads its way throughout. Roberts claims:

'Generally neither officer, psychiatrist, priest nor welfare worker has anything like the same opportunity as the daily tutor for really getting to know a prisoner.'

Later he describes a clear lack of communication with the prison psychiatrists by giving good descriptions of severe behaviour abnormalities—marked withdrawal, probable delusions and hallucinations, suicidal threats—all of which were tolerated as eccentricities. A man with anxiety about urinating in public was helped to 'copious success' by advice from his tutor. The moral in all this is plain.

Although the dust-jacket tells us that about one-third of the one hundred thousand people who spend some part of each year in prison are educationally backward, one in ten being illiterate, we are not told how these statistics are arrived at. More facts and figures would have been welcome, but for all its deficiencies this little book is a splendid attempt at crossing a wide gulf. Those who are not yet familiar with the extraordinary and isolated life behind the high walls will find much to interest them in this book.

JOHN GUNN.

CONSCIOUS ADDICTION

Addiction and Opiates. By ALFRED R. LINDESMITH. Chicago: Aldine Publishing Co. 1968. Pp. 295. Price \$7.50.

A re-written edition of the general theory of opiate addiction which Lindesmith first presented in 1947. Based on a detailed knowledge of the behaviour of large numbers of addicts as well as an extensive study of the literature, he concludes that the essential element of addiction is not the positive pleasure derived from the effects of the drug but rather the conscious avoidance of the distress occasioned by the withdrawal symptoms. Many case histories are quoted to support this view, especially those of addicts who, having previously received drugs for physical illness, had not become addicted because they were not aware that the discomfort following the drug's discontinuance was a drug withdrawal illness. Subsequently these patients had again experienced opiates, and when informed of the reason for their distress during withdrawal had become confirmed addicts. The author does not dismiss other factors as contributing to the process of addiction but regards them as only of secondary importance. A necessary consequence of his theory is that animals and young children cannot become addicts within his definition of the term. Although claimed as a general theory of addiction, no account is taken of the frequent dependence on other drugs shown by narcotic addicts. It has been noted, for instance, that the relapse rate amongst amphetamine-dependent patients is extremely high despite the absence of a significant physical withdrawal illness.

The historical perspective of this book is unique for