

users of a variety of drugs, is not helped by the heavy concentration of attention upon the minority who attend clinics specializing in the control of heroin abuse. The review of available statistics in Chapter 2 draws upon local medical surveys as well as on national returns of convicted drug offenders and registered addicts. The figures given are in places somewhat out of date, but there were in fact approaching 3,000 'narcotic' addicts 'known' to the Home Office in 1969, and after that date the figure increased only slightly. In contrast to the state of affairs before 1958, the known addicts are now predominantly young and male and have taken to opiates without having been prescribed them for illness or exposed to them in the course of their work. Estimates of the numbers of persons habituated to barbiturates or other commonly prescribed medicaments, and the numbers of cannabis users, are of a totally different order of magnitude. For example, the questionnaire study of university students reported in Chapter 3 revealed that 32 per cent admitted having used cannabis. Chapter 4, which deals with a sample of heavy users of methylamphetamine, notes the readiness of the persons interviewed to alternate between this drug and heroin, in spite of the very different pharmacological action. They also note the high incidence of physical and mental disturbances directly attributable to intake, and conclude that anyone taking high doses cannot for long sustain a normal life.

In Part II, the section on treatment, G. V. Stimpson's contribution is of special interest because it attempts, by means of an objective statistical method, to subdivide a sample of heroin addicts attending clinics according to their behaviour. The most contrasting groups were the 'junkies' and the 'stables'. The junkies had the poorest work records, the greatest commitment to the drug scene, the highest incidence of injection infections and the highest involvement in criminal activities. The 'stables' had better work records, supported themselves on their own earnings, had little contact with the drug scene and avoided crime. They also came from more harmonious parental backgrounds. At the treatment centres they were strikingly more successful in obtaining larger amounts of heroin on prescription.

One of the aims in allowing the treatment centres the right to prescribe heroin to addicts was the wish to avoid the crime-producing consequences of total prohibition, which had proved so disastrous in the United States. The reports in this book reveal that it is the policy of most British clinics to prescribe heroin parsimoniously or not at all. It appears that today, with an illicit supply of Chinese heroin available, and a widespread belief that the majority

of registered patients do not receive prescribed heroin, addicts have not much reason to present themselves at clinics unless they want to become abstainers and need help in withdrawal. The persisting conflict between a policy of liberal prescribing, to undercut the black market and forestall crime, and a restrictive policy, to avoid letting out a saleable surplus, shows no sign of a final resolution.

That prohibited drug use is any more pathological than theft or other forms of lawbreaking has not been proved. That it can be a symbol of protest against the irksome rules of 'straight' society is obvious. It is also obvious that drug abuse sometimes occurs in a context of mental health problems, when individuals take to drugs to relieve mental pain, or when continued overdosage produces social or psychiatric disorder. In these cases it is the addict's personal adjustment when not on drugs, and the social and psychological satisfactions that it can be helped to achieve without drugs, that should be the focal concern of therapists. The accounts of their work given in this book do not inspire confidence that the treatment centres have always got their priorities right.

D. J. WEST

#### CULTURAL ASPECTS

**The Great Universe of Kota.** By G. M. CARSTAIRS and R. L. KAPUR. London: The Hogarth Press. 1976. Pp. 176. Index 2 pp. Price £5.50.

This is an interesting but unsatisfactory book. Its centrepiece is an account of the attempt by the authors and their team to detect and quantify psychiatric morbidity in the village of Kota (population circa 9,000) on the West coast of India. A scrappy introductory chapter on culture and mental disorder precedes an anthropological-type description of the village, its inhabitants and its professional healers. Then come seven chapters devoted to the survey, the methods employed, the instruments used and the findings obtained by numerous tables. Finally, there is a panoptic chapter on Meeting Needs in a Developing Country and two appendices containing details of the solicited information.

So promising a subject, as the authors recognize, can appeal to two types of readership—'. . . those who share our particular research interests, and the much wider public who are concerned with the quality of life in the developing countries'. In the event they achieve an uneasy compromise, omitting many of the technical details in an effort to give 'a coherent account, in narrative form', of their work and its implications. Unfortunately, the significance of investigations of this type cannot be evaluated without close regard to the quality of their scientific foundations. Whatever meaning they attach to the

differences between groups of villagers, for example, the authors concede that, 'Because of differences in the data collection procedures and in the criteria for ascertaining psychiatric morbidity, the results in this study cannot be strictly compared with those obtained in other studies carried out in India or abroad'. Nonetheless, they go on to argue: '... 6 per cent of the total scored at the highest point on our "Need Scale"; that is, they reported four or more symptoms, had consulted someone for help, and declared themselves unable to cope because of their symptoms. Six per cent of the adult population of India represents nearly 18 million people in need of help. The size of the problem almost boggles the imagination, especially when one recalls the very limited resources of mental health personnel'.

And so? Insofar as they reach a conclusion Carstairs and Kapur appear to accept the observation of the European storyteller in one of Mrs Jhabvala's penetrating forays into the Indian experience: 'Where I advised psychiatry, Maji—the holy woman and friend—has advised pilgrimage.' This is seemingly an area where fiction anticipates fact.

MICHAEL SHEPHERD

#### MISCELLANEOUS

##### **Developmental Psychology: Selected Readings.**

Edited by JOHN SANTS and H. J. BUTCHER.  
Harmondsworth: Penguin Books. 1975. Pp 478.  
Index 22 pp. Price £3.

The publishers describe this book as reflecting the diversity of method and thinking in the 'exciting and important' area of child development. Few readers will want to argue about the interest generated by recent findings and theories in this field, and most may well approve the choice of readings made by the editors. These selections consist of 23 already published papers organized under four main headings: Biological Origins and Maturation, Early Learning, Cognitive Growth, and Social Influences.

There is, one may think, a sound case to be made for edited collections where the material has been especially prepared and compiled for the purpose. In this way an impressive expertise is gathered, material is up-to-date, and the necessary cohesion can be arranged. In this book, however, the material is readily available to the serious reader, and about half of it is eight or more years old. In addition, the editors have contributed only a page or two of doubtfully useful linking material.

The sheer convenience of having some selected papers of importance brought together in paperback form may constitute a useful service, but I am not persuaded that the service is worth the £3 price tag.

H. R. BEECH

##### **Of No Fixed Abode.** By JOHN STEWART. Manchester: Manchester University Press. 1975.

Pp 195. Index 5 pp. Price £6.00.

Academic presses turn slowly, and this book records research carried out in 1970-71 on demands made by homeless single people on health and welfare services in the North-West. Since then, reorganization of the NHS and of local government has altered certainly the names and to some extent the functions of many of the services described. This is a drawback to the book, though it does not effect the validity of its conclusions about the main issues which emerge. The author's research, in fact, focused on 'those aspects of male vagrancy which involve the personal social services of income maintenance, welfare, health, residential accommodation and the probation services'. To begin with, he found a problem of definition, because vagrants tend to be identified as living in certain establishments, whereas 'vagrancy' is supposed to mean moving around. Overtones of the Poor Law are still obvious here, but the situation is complicated by a group who live permanently in shelters or lodging houses within one city.

Stewart found that 'although the homeless single man's way of life is often more nastily brutish than that of the settled population, he is, generally speaking, impervious to demands that he should change his way of life'. Local authorities have been urged by the DHSS to provide facilities which would help the single homeless to lead a more settled way of life, but it looks as though voluntary organizations will have to carry most of this burden. Psychiatrists will be particularly interested in the chapter here on 'Illness and Disability', since many vagrants have handicaps of mental illness or subnormality, and the trend to shorter hospital stay often throws up acute problems of disposal for such people. There are one or two factual mistakes in the section on mental hospitals here (but don't write to the author about them, because I have already done so). This is not an easy book to read, but it is a genuine contribution to the detailed study of medico-social problems within the Welfare State.

HUGH FREEMAN