

that by the end of the century we will have 'mastered the non-organic psychoses' but are likely to have been less successful 'with neurosis and with behaviour disorders'.

One cannot but be impressed by the extent of Dr. Norton's reading and knowledge and his balanced broadminded outlook. It will be a corrective to those who think of our specialty as isolated to reflect that this consideration of medicine in its widest aspects can probably best be undertaken by a psychiatrist. Although this book has been written primarily for the layman, it will be of interest to psychiatrists generally.

J. E. GLANCY.

A GOOD TECHNICAL MONOGRAPH

Mental Imagery. By ALAN RICHARDSON. London: Routledge and Kegan Paul. 1969. Pp. 180 + xii. Price 35s.

In the author's words 'mental imagery refers to (1) all those quasi-sensory or quasi-perceptual experiences of which (2) we are self-consciously aware, and which (3) exist for us in the absence of those stimulus conditions that are known to produce their genuine sensory or perceptual counterparts, and which (4) may be expected to have different consequences from their sensory or perceptual counterparts'. Defining subjective changes or experiences is often difficult. This definition and the subsequent discussion in the rest of the first chapter seem to me to provide an excellent and largely successful effort to cope with a very knotty problem. Subsequent chapters deal with after-imagery, eidetic imagery, memory imagery and imagination imagery. Each of these topics is well reviewed with apposite reference to the literature. The final chapter deals economically with such fundamental matters as the relationship of imagery to thinking and to memory. Appendices comprise the Betts QMI Vividness of Imagery Scale and The Gordon Test of Visual Imagery.

Although not on the surface ambitious, this book is a model of a good technical monograph in psychology. It deals with a subject which was very fashionable in the past, with Wundt and Titchener, and is again becoming a field of interest for research. Dr. Richardson's achievement is deceptive because the subject matter is so hard to formulate and to discuss in a practical way; but he makes it seem naturally clear. Besides the stated topics, hallucinations also receive attention, as do dreams, some physiological correlates and even behavioural desensitization in imagination. Despite occasional notable omissions a very good selection of the literature is surveyed and light is cast on some shadowy recesses.

HAROLD MERSKEY.

MAD AND BAD

The Mentally Abnormal Offender and the Law.

By HENRY R. ROLLIN. Oxford: Pergamon Press. 1969. Pp. 139. Price 20s.

The author has studied two groups of adult male offenders admitted to Horton Hospital, Epsom, in 1961 and 1962; the first comprises 75 patients admitted under Part IV of the Mental Health Act (these are called the unprosecuted offenders); the second, 115 patients under Part V—the prosecuted offenders. Both groups were followed up as far as possible, and any further offences ascertained through the Criminal Record Office. Guardianship orders under the Act, females, and subnormal patients are excluded. Dr. Rollin builds up a vivid picture of the problems presented by this unfortunate group of persons, who are both mentally ill and criminal, or, as he puts it, 'mad and bad'. London is 'increasingly a sump into which chronic psychotics from all over the United Kingdom and, indeed, much further afield are drained'. Further, Horton's catchment area includes some of the most socially disorganized areas of London, five main-line railway termini, as well as Bow Street and Marlborough Street magistrates' courts. The author considers the possibility of Horton's population being specially selected, and reviews the findings of other investigations—Berry and Orwin in Birmingham, Bearcroft in East London—concluding that Horton's population is reasonably representative of psychiatric practice in urban areas in general and the metropolitan area in particular.

In both the prosecuted and unprosecuted groups the overwhelmingly preponderant diagnosis is schizophrenia (90 per cent and 78 per cent respectively). As might have been expected, the prosecuted group are likely to commit offences of an acquisitive nature, while the unprosecuted are more likely to have offended against public order, their bizarre behaviour or obvious derangement leading to circumvention of the court. The percentage of those who abscond is roughly the same (about half), but the prosecuted group are much less inclined to conform to hospital regulations. About 70 per cent of both groups have previous recorded admissions to mental hospitals. Of the prosecuted group 62 per cent had previous criminal convictions as compared with 40 per cent of the unprosecuted. Substantially more than half of both groups either offend again or are re-admitted within the period of follow-up.

The study shows that these anti-socially inclined schizophrenic patients circulate round courts, prisons and hospitals without deriving any benefit; they are incorrigible in legal terms and incurable in psychiatric terms.

The author suggests a serious reappraisal of relevant psychiatric procedures, a more realistic development of after-care services within the community, further development of the prison-hospital on the lines of Grendon, and of secure hospital accommodation to supplement the special hospitals; he regrets the passing of the observation wards and suggests their re-establishment, and finally would favour panels of jurists, psychiatrists and their ancillary workers, to make a better informed and more rational disposal for the mentally abnormal offender.

This is an important study which demands the attention of all concerned in this field.

P. D. SCOTT.

MISSIONARY ZEAL

Psychiatry for Social Workers. By ALSTAIR MUNRO and WALLACE McCULLOCH. Oxford: Pergamon Press. 1969. Pp. 283. Price 30s. paperback, 42s. cloth cover.

This is the first time, certainly in this country, that a textbook on psychiatry especially written for social workers has appeared. It has been written jointly by a psychiatrist and a social worker, and their stated aim is to give social workers, wherever they are practising, a 'reasonable' knowledge of psychiatry, and, moreover, a 'reasonable' view of psychiatrists. It is hoped that by learning about the contemporary psychiatric scene social workers will gain understanding of the aims and limitation of psychiatric treatment. This is surely a very worthwhile objective.

The book is written with very obvious missionary zeal, in the hope that it will create better understanding between psychiatrists and social workers and thus contribute to the ultimate benefit of the patient. It seems that some of the misunderstandings have been caused by the outmoded and inadequate theoretical beliefs held by many non-psychiatrists. Thus communication breaks down and clashes of view arise.

The authors devote themselves to making good this deficiency by presenting a balanced and eclectic view, and above all by pointing out that psychiatric diagnosis and treatment is a constantly changing and dynamic concept.

The 'textbook' part is admirable. It is clear and concise, though necessarily oversimplified, and ranges over a wide field, from Human Growth and Development to the major psychiatric disorders. A very helpful picture of mental health and illness emerges.

The chapter on Classification and Assessment of Psychiatric Illness includes emotive sub-headings such as 'Psychiatry: Fact versus Dogma', and not surprisingly contains as many feelings as facts. There is also a section on social history-taking which covers the

aetiological aspects of mental illness most helpfully, but wastes time and space by discussing rather naively whether social workers should take notes while seeing their informants.

The factual information is most useful and unbiased, in spite of some extreme oversimplifications, and should be helpful for social workers in non-psychiatric settings. The message of the book is more confused, and probably reflects current trends and dilemmas. The need for a better understanding between psychiatrists and social workers is constantly reiterated, and it is emphasized that the one cannot do without the other and that the disciplines are complementary. Yet, in his Foreword, Professor Trethowan says that mental illness is primarily a medical affair, a view not everyone would agree with. He adds, it is only fair to say, that the problems mental illness present need help from colleagues in the relevant professions. Everyone is entitled to their bias, but I am not sure whether the authors are aware of their own. Nevertheless, the very fervour with which they present their material makes the book lively and human and shows above all a concern with people rather than with differential diagnosis. The authors end by expressing the hope that the book has been 'a worthwhile exercise in communication', and I feel sure they have succeeded.

INGE BERGMANN.

NOT REMOTE

Group Dynamics: Research and Theory. Edited by DORWIN CARTWRIGHT and ALVIN ZANDER. Third Edition. London: Tavistock Publications. 1968. Pp. 580 + ix. Price 65s.

Group Dynamics is a sub-specialty which emerged from the matrix of Social Psychology in the decade before the Second World War. It received a decisive impetus from the theoretical and experimental studies of Kurt Lewin and his co-workers. It was Lewin who coming from the Berlin school of Gestalt psychologists and building up on his vectorial and topological studies of human behaviour, proceeded with ingenious foresight to the foundation of the Research Center for Group Dynamics at the Massachusetts Institute of Technology (1945). From small beginnings, Group Dynamics has grown into a discipline of its own which exerts a strong influence on all studies concerned with groups. Naturally, the United States provided the fertile ground for the growth of such a social discipline, but it has its exponents in this country as well, e.g. in Bion and Jaques, and through its organ *Human Relations* it has a strong link with the Tavistock Clinic and Institute of Human Relations.