

Book reviews

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The Verdict of the Court: Passing Judgement in Law and Psychology. By J. McEwan. (Pp. 225; £35, ISBN 1-901-36253-1.) Hart Publishing: Oxford. 2003.

Given the increasing number of University courses offering joint degrees in Law and Psychology, there is, clearly, a market for academic books dealing with the interface between the two disciplines. Jenny McEwan deals with the interface at both the general level and in terms of specific areas of law.

In the Introduction, the operation of the law is examined in terms, largely, of aspects of Attribution Theory. References to Attribution Theory throughout the book might lead the casual reader to the mistaken belief that this is the only psychological theory which has an influence on the legal process. Significantly, there is little mention of Schema Theory, or any other model of information processing. The other chapters of the book deal with specific aspects of the law/psychology interface. Chapter Two (Responsibility) looks at how the law makes judgements concerning individual responsibility. The author examines a variety of legal decisions to see how psychology might help to explain decision-making processes. Chapter Three (Criminal Responsibility) deals with the individual's responsibility for criminal acts and the extent to which issues, such as mental illness, might mitigate the level of responsibility. Chapter Four (Finders of Fact) examines matters such as witness reliability, the detection of deception and jury decision-making models. Chapter Five (Laymen and the Law) examines the extent to which jurors and other lay decision-makers understand and follow judicial instructions and admonitions. Chapter Six (The Criminal Process and Personality) looks at some high-profile cases and the extent to which the perpetrator's personality plays a part in the offending or conviction. It concerns itself, also, with offender profiling. Chapter Seven (Laymen

and Science) addresses the conflict which often occurs between the opinion of the expert and the 'common sense' view of the judge/jury. The limits of expertise is also addressed. The final Chapter (The Impact of Psychology on Law) examines, briefly, a number of areas where psychological theory and opinion, such as identification of faces and the facilitation of child witness testimony, have influenced the way that the law operates.

This book is an eminently readable attempt at unravelling the influence of psychology on law and the limits the law has placed on that influence. The aims of the book are admirable. The planned way the subject is approached is to be commended. There are, however, a number of shortcomings.

The author appears to assume that psychology is less multi-faceted than it is. She ignores the variety of models (e.g information-processing, psychoanalytical, behaviourist, etc.) which attempt to explain human behaviour, and she, occasionally, confuses causal effects and correlations. She passes over the interactional and transactional explanations which might give a fuller and more accurate account of a series of events culminating in a legal intervention. Psychologists might find this annoying. She also falls into the trap, occasionally, of confusing the remit of psychology and psychiatry, particularly when dealing with the issues arising from mental illness. While she looks at the fashionable issue of offender profiling, she ignores the, possibly, more relevant issue of risk assessment of convicted offenders. She makes the very occasional mistake of forgetting the jurisdictional differences between Scotland and England (Scotland does still have civil juries, and the Infanticide Act 1938 does not apply there).

These errors, however, could be considered minor. What may be of concern, for the academic reader, are the lack of a more detailed index, the lack of a list of cases referred to and the lack of a list of references. When I first looked at the book, I thought I would see how

the author dealt with *R v. Turner* and the limitations of expert evidence. I had to read the whole book to find a mention of Turner (page 181). A fuller index and a dedicated reference section would have been helpful!

The book covers many areas of law and psychology, but cannot hope to cover every aspect of the law where psychology has or might have an influence. I would have liked to have seen some consideration of the increasingly important field of risk assessment, and a greater emphasis on the different approaches and remits of psychology and psychiatry. On this last point, I would refer the author to a paper by Veiel and Coles (1999).

On balance, the book should prove a useful text for undergraduate and postgraduate students in appropriate courses in both law and psychology.

MICHAEL CARLIN

Reference

Veiel, H. O. F. & Coles, E. M. (1999). Measuring unfitness to stand trial: psychological analysis of a legal issue. *Canadian Journal of Psychiatry* **44**, 356–361.

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Psychogenic Psychoses. By A. Wimmer. Edited and translated with an Introduction by J. Schioldann. Forewords by G. Berrios and N. Retterstol. (Pp. 265; AU\$50.00, ISBN 0-9578585-3-1.) Adelaide Academic Press: Adelaide, Australia. 2003.

August Wimmer was one of the most influential psychiatrists in Scandinavia during the first half of the twentieth century, and his ideas shaped the thinking of a generation of Scandinavian psychiatrists. Wimmer is credited with the establishment of an elaborate clinical concept of psychogenic (reactive) psychoses, which he defined as ‘*they – generally on a (specific) predisposed terrain – are caused by psychic factors (“psychic traumata”) in such a way that these pathemata are decisive for the time of eruption of the psychosis, its movements (remissions, intermissions, exacerbations), frequently also its termination*’ [p. 87, italics in original].

Nearly 90 years after the publication of his original study, which was written in Danish,

Wimmer’s landmark book on psychogenic psychoses finally appeared in English in Johan Schioldann’s well-crafted translation. Wimmer’s text is accompanied by Schioldann’s essay on psychogenic psychoses, undoubtedly the most exhaustive scholarly work ever published on the topic, which provides the definitive account from their birth to the present day. This essay will be indispensable for any serious future examination of the topic. Schioldann also presents an intriguing portrait of Wimmer, the man and the psychiatrist. Another intellectual feast is Berrios’s superbly written Foreword, a brief yet sweeping and learned analysis that brings the whole issue of psychogenesis into sharp historical focus. The second Foreword by Nils Retterstol concisely informs the reader of the Scandinavian concept of psychogenic psychoses, summarizing the advancement in the concept since Wimmer’s seminal study. In short, Wimmer’s book is a rare treat for those few who have a deeper than casual interest in psychiatric nosology or in the history of psychiatry. My only objection to the book’s editor is that he is rather unforgiving to readers who skipped their French and German lessons, as the abundant quotations in these languages are not translated into English.

The first part of the book lays the psychopathological foundation of psychogenic psychoses that established their clinical diagnosis in Scandinavia for decades to come. The second part outlines the clinical classification of psychogenic psychoses. The quality of the detailed case reports bear witness to Wimmer’s outstanding clinical acumen, empathy, and care for nuances in his attempts to understand his patients.

Throughout the book, Wimmer marshals a stunning array of evidence to advance his case. The engaging description of the two types of temperament (explosive-emotional and paranoid) that render such people particularly vulnerable to psychogenic psychosis is especially fascinating. The text convincingly proves that Wimmer had a full grasp of the classical and contemporary German and French psychiatric literature. His sources not only cover contemporary clinical psychiatry, psychology, and psychoanalysis, but also extend to philosophy and literature, classic and modern alike.

The main problem is not that the concept is insufficiently elucidated. Wimmer extended the

borders of psychogenic psychoses to incorporate querulous paranoia, and also implicated pathological drunkenness as one of the aetiological factors, thus making the concept over-inclusive, which may have contributed to its eventual demise. What is more, he made a bold claim in his definition, which he never followed up, that *'in form and content the psychosis more or less directly and completely ("understandably") reflects the precipitating psychic causal factor'* [italics in original]. Wimmer's most dedicated follower, Erik Stromgren (1974), went on to hypothesize that certain types of trauma would almost inevitably lead to certain forms of clinical presentations, but apart from McCabe's attempt (McCabe, 1975), this hypothesis has never been tested. In contrast, Jaspers and his German followers, including Schneider, maintained that only the *content* of the ensuing psychopathology and the initiation and subsequent course of the illness are related closely to the psychic trauma.

What further disappoints the reader – and this is not an unfair criticism with the benefit of some 90 years of hindsight – is the discrepancy between persuasively presented psychopathological underpinnings and the subsequent clinical material. Although the 24 detailed case histories are thoroughly absorbing, most of them fail to support the theoretical framework. By definition, psychogenic psychoses have a *'predominant tendency of these mental illnesses to recovery'* [italics in original]. However, of the 24 cases described, only 11 recovered, 5 improved, and 9 remained unchanged following the acute phase of psychosis; no follow-up information is included. Moreover, the very essence of the psychogenic psychoses concept, namely the clear connection between the psychotrauma and the subsequent psychosis is demonstrated in only a few instances (Case nos. 1, 11, 16 and 20). It was not surprising, therefore, that when Faergeman followed up Wimmer's psychogenic psychoses cohort, he could confirm the diagnosis in only half of the cases.

The concept of psychogenic psychosis has never taken root in English-speaking psychiatry, so much so that Aubrey Lewis famously suggested giving a *'decent burial'* to the very idea of psychogenesis (Lewis, 1972). Another authority of British psychiatry, Eliot Slater,

fiercely criticized Faergeman's book (1963) on psychogenic psychoses, the only comprehensive study on the topic in English before the publication of Wimmer's treatise (Slater, 1964). Some of Slater's criticisms of Faergeman's book – e.g. that it ignores the multidimensionality of factors, reporting no evidence of psychogenic trauma – also apply to Wimmer's book.

Inevitably the question arises of what impact, if any, the English translation of Wimmer's book is expected to make on clinical practice or on the architects of modern classifications. In the pessimistic opinion of this reviewer, the odds are that the impact will be negligible because the development of psychiatric nosology has taken a different direction since the late 1970s. The very core of the psychogenic psychosis concept is an assumption of its aetiology while, as Wimmer emphasizes, the symptomatology can be defined only loosely because symptoms are ever-changing, fluctuate in intensity, and melt into each other. This flies in the face of the principles of symptom-based modern classifications.

It is an ironic coincidence that by the time Wimmer's ground-breaking study became available in English, psychogenic psychosis as a separate category had disappeared from both DSM-IV and ICD-10; it has been relegated as a subcategory of Brief Psychotic Disorder and Acute Transient Psychotic Disorder respectively. Over the past decade there have been very few publications on psychogenic psychoses, even in Scandinavia. Some subtypes of Wimmer's broadly defined psychogenic psychoses have been re-conceptualized as PTSD, acute-stress reaction, and adjustment disorder with depressive features, or fall into the categories of major depressive episode or conversion disorder.

The disappearance of psychogenic psychoses from international classificatory systems is regrettable because a narrow concept of psychogenic psychoses has a certain face value as evidenced not only by detailed case reports (e.g. Steiner, 1991), but also in some earlier (McCabe, 1975) and modern studies (Hansen *et al.* 1992; Guldberg *et al.* 1996). If the concept of psychogenic psychoses were seriously re-examined, then Wimmer's book would be an excellent starting point.

JOZSEF GEREVICH
AND GABOR S. UNGVARI

References

- Faergeman, P. M. (1963). *Psychogenic Psychoses*. Butterworths: London.
- Guldberg, C. A., Dahl, A., Bertelsen, A., Hansen, H., Haslerud, J., Hytten, K. & Narud, K. (1996). The Reactivity of Psychosis Rating Form (RPRF): background, development and psychometrics. *Acta Psychiatrica Scandinavica* **93**, 113–118.
- Hansen, H., Dahl, A. A., Bertelsen, A., Birket-Smith, M., von Knorring, L., Ottoson, J.-O., Pakaslahti, A., Retterstol, N., Salvesen, C., Thorsteinsson, G. & Vaisanen, E. (1992). The Nordic concept of reactive psychosis: a multicenter reliability study. *Acta Psychiatrica Scandinavica* **86**, 55–59.
- Lewis, A. (1972). 'Psychogenic': a word and its mutations. *Psychological Medicine* **2**, 209–215.
- McCabe, M. S. (1975). Reactive psychosis: a clinical and genetic investigation. *Acta Psychiatrica Scandinavica* **54** (Suppl. 259), 1–133.
- Slater, E. (1964). Special syndromes and treatments. *British Journal of Psychiatry* **110**, 114–118.
- Steiner, W. (1991). The use of amyltal in psychogenic psychosis. *Canadian Journal of Psychiatry* **36**, 54–56.
- Stromgren, E. (1974). Psychogenic psychoses. In: *Themes and Variations in European Psychiatry* (ed. S. R. Hirsch and M. J. J. Shepherd), pp. 102–125. Wright & Sons: Bristol.

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Affect Dysregulation and Disorders of the Self (Pp. 350; \$45.00). *Affect Regulation and Repair of the Self* (Pp. 350; \$45.00). By A. N. Schore. ISBN (two-volume set) 0-393-70408-4. W. W. Norton & Co.: New York. 2003.

These books are a timely and thought-provoking addition to the fields of both psychology and neuroscience. Allan Schore is internationally recognized for his groundbreaking efforts to forge a link between the hitherto disparate fields of psychoanalysis and neurobiology by describing the central role of emotion (affect) in the development of the brain, personality and hence ultimately, the self. In these two volumes, Schore updates, expands and augments his regulation theory of self-development, as described in 1994 in the landmark work, *Affect Regulation and the Origin of the Self*, building upon Bowlby's attachment theory and Freud's model of the unconscious in view of recent developments in the neurosciences.

This 'psychoneurobiological perspective' of human emotional development stems from Schore's insightful theoretical research in developmental affective neuroscience and developmental neuropsychiatry, seamlessly interwoven with emerging models and concepts from other fields (e.g. cognitive and social neuroscience,

developmental and social psychology, psychoanalysis, psychobiology and neurochemistry).

In *Affect Dysregulation and Disorders of the Self*, Schore uses a multilevel approach to characterize the structure–function relationships that underlie the normal development of affect regulation. The fundamental tenet of regulation theory is that 'the self-organization of the developing brain occurs in the context of a relationship with another self, another brain'. This relationship is between the developing infant and the social environment, and is mediated by affective communications and psychobiological transactions. His central thesis is that the early social environment, mediated by the primary caregiver, directly influences the fine wiring of the circuits in the infant's brain that are responsible for the future socio-emotional development of the individual.

In Part I, Developmental Affective Neuroscience, Schore describes how age-appropriate transactions of regulated positive and negative affect between the primary caregiver and infant act as a growth-facilitating environment for the postnatal maturation of a corticolimbic control system in the right prefrontal cortex that mediates regulatory, homeostatic, and attachment functions. He stresses the importance of caregiver–infant interactions throughout the first two years of life in shaping the 'experience-dependent maturation of the right brain' which is the seat of unconscious affect regulation and critical to adaptive stress-coping capacities and interpersonal behaviour throughout the lifespan. He cites a growing body of interdisciplinary studies which suggest that these interpersonal affective experiences are critical to the early organization of the limbic system, the brain areas specialized for not only the processing of emotion but for the organization of new learning and the capacity to adapt to a rapidly changing environment.

In Part II, Developmental Psychiatry, the focus is on abnormal development, where Schore presents compelling evidence to show that early relational trauma which leads to unregulated stress during critical periods of growth of the orbitofrontal cortex may generate different types of insecure attachments, due to infant hyperarousal and/or dissociation. Heightened negative affect and chaotic biochemical alterations may predispose the genetically vulnerable

individual to future psychopathology by permanently impairing corticolimbic circuits. This is expressed in the dysregulation of social, behavioural and biological functions that are associated with an immature frontolimbic control system and an inefficient right hemisphere. Deprivation of early maternal stress modulation is known to trigger an exaggerated release of corticosteroids upon exposure to novel experiences which, in adulthood, persist for a longer period of time. This toxic brain chemistry induces synapse destruction in 'affective centres' in the maturing limbic system and hence permanent functional impairments of the directing of emotion into adaptive channels. At a psychological level, Schore describes how the infant's stressful transactions with an emotionally misattuned environment are stored in the infant's developing corticolimbic circuitries as imagistic, visceral, and non-verbal implicit memories. As opposed to a secure interactive representation of a 'regulated-self-in-interaction-with-an-attuning-other', these 'pathological' internal working models encode an enduring cognitive-affective schema of a 'dysregulated-self-in-interaction-with-a-misattuning-other', which is the only model available during times of stress in later life. Moreover, avoidance of novel situations and diminished capacity to cope with challenging situations, denies the individual exposure to new socio-emotional learning experiences that are required for the continuing experience-dependent growth of the brain. So the deficits of an early compromised right cortex are associated with chronic difficulties in affect regulation, in implicit, unconscious mechanisms, which Schore argues is at the core of various psychopathologies such as post-traumatic stress disorder, various personality, anxiety and mood disorders.

The third volume of Schore's comprehensive treatise, *Affect Regulation and the Repair of the Self* applies his developmental theory to an understanding of the essential processes occurring within the psychotherapeutic relationship. Throughout the book, the author highlights the fact that psychology and neuroscience are currently moving away from a long-standing focus on cognitive processes and consciousness, to converge on that of emotion, the self and personality. This is a result of the growing number of studies, many of which are cited, that

demonstrate how fundamental unconscious regulatory functions are to psychological processing and overt behaviour. Schore continues to show how the right hemispheric regulation of emotion is specifically accessed in stressful situations associated with uncertainty, and that this is largely non-verbal and part of what makes us human.

In Part I, Developmentally Oriented Psychotherapy, Schore reviews the foundation of regulation theory, i.e. the psychobiology of attachment bond formation and concomitant imprinting of maturing corticolimbic circuits that come to govern and regulate affective processing and socially adaptive behaviour. The work he details reinforces both Freud's original assertion that the unconscious mind is the major source of human motivations, and his own hypothesis that the underlying psychic and neurobiological structures in the right brain are those same corticolimbic circuits. With the knowledge that these critical right brain regions undergo repeated cycles of growth throughout the lifespan, and retain substantial plasticity, it is fascinating to read how an understanding of the development of what Schore terms 'the relational unconscious' within the infant-caregiver dyad can be paralleled to the subtle processes at work in the patient-therapist relationship. In particular, Schore emphasizes the unconscious 'right brain-right brain' emotional communication through facial, auditory and bodily states, in the processes of transference and counter-transference in the therapeutic dyad, and reveals how it is through such 'affective resonance' that dysregulating internal relationship models can be made conscious and reworked in such a way as to adaptively alter internal structure within the patient's brain/mind/body. In his psychoneurobiological model of projective identification, Schore provides an in-depth exploration of the patient-therapist relationship and follows with an integrated update on recent advances in neuropsychanalysis, attachment and trauma which confirm his proposals and offer guiding insight into successful psychotherapy.

Part II, Developmental Neuropsychanalysis, specifically focuses on the psychoanalytic branch of psychotherapy, investigating in greater depth the neurobiological substrate of the unconscious mind. Schore draws on recent advances in the

neurosciences, and those of early researchers, to posit the biological identity of key internal psychic structures upon which psychoanalytic theory is based, and in so doing, revises and updates this theory to one of 'developmental neuropsychanalysis'. For instance, he discusses the central role of shame in the formation of the superego and ego ideal, but also in fostering the healthy maturation of right-brain socio-affective-regulating structures, with implications for narcissistic personality and mood disorders. By such efforts, he is actually continuing Freud's early attempts to work out direct links between the operations of the brain and the functioning of the mind in his 'Project for a Scientific Psychology'. Indeed, Schore urges us that the time is right for such interdisciplinary integrations, that they are critical to a deeper understanding of the normal and abnormal workings of human mind/brain/body. To demonstrate this point, he theoretically re-formulates key psychoanalytic concepts such as drive and consciousness within a psychoneurobiological framework, and confirms the hypotheses of early neurologists that the key to the operations of the unconscious mind may be found in the socio-emotional development of the interactive right brain/body, in other words, the self. Finally, Schore outlines practical implications arising from his model. In particular, early intervention programmes that address infant care in the postnatal period would be able to target brain development during its maximal growth spurt and thus have more lasting positive effects on the self's affect regulatory capacity. An appendix outlines therapeutic treatment principles based on the developmental models of Schore's regulation theory.

Throughout these two volumes, readers are directed to Schore's first book *Affect Regulation and the Origin of the Self* for more comprehensive details of the molecular mechanisms underlying regulation theory, the neuroendocrine, neurochemical, genetic and bioenergetic processes by which the early environment interacts with the body-mind to modulate the brain and foster self-development. However, Schore reinforces the salient points of regulation theory throughout, which at times can seem unnecessarily repetitive, but which is a helpful reminder of key concepts and allows each chapter to stand alone. A full-colour insert with figures

and charts illustrates some of the recent brain-imaging and psychobiological studies that contribute to the concept of regulatory theory and provide a clear guide to the neuroanatomical circuitry described in the text. These books should be of significant interest to researchers and professional health-care workers in many fields, as a source pool not only of inspiration but also major publications in the field. Clear and detailed explanations of the key concepts throughout also make this work accessible to the motivated reader who lacks background in these areas. Those who may require more experimental details will find an extensive bibliography for further exploration. This substantial body of work shows the critical value of further interdisciplinary research to our understanding of the developing unconscious mind/brain/body.

DAWN L. THISELTON

Reference

Schore, A. N. (1994). *Affect Regulation and the Origin of the Self*. Erlbaum: Mahwah, NJ.

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The Confinement of the Insane: International Perspectives 1800–1965. Edited by Roy Porter and David Wright. (Pp. 371 + xvii; £70.00; ISBN 0-521-80206-7 hb.) Cambridge University Press: Cambridge. 2003.

When asked what he was writing currently, the late Roy Porter answered 'Nineteen books' and it was no exaggeration. So, two years after his most untimely death, works continue to appear bearing his name, in a welcome but slightly spooky progression. *The Confinement of the Insane* was co-edited with David Wright and its aim was to give a wider international perspective to the recent historiography of the mental hospital. The rise of the asylum is said to have constituted 'one of the most profound and controversial events in the history of medicine' and now needs to be understood 'within the wider context of social and economic change in nations undergoing modernization'.

The result is a more extensive geographical spread of original research studies than have been published together previously. All are

based on primary sources and in most cases, this is the first time that the material has been accessibly published – at least in English. The list of places alone gives some idea of the coverage: South Africa, Switzerland, Paris, Ontario, Victoria (Australia), Berlin, South Carolina, Japan, Argentina, Mexico, India, Nigeria, Ireland, and finally, England. Among the authors, well-known names include Peter McCandless, Akihito Suzuki, and Elaine Murphy. The material is mostly, as was once said in another connection, ‘of interest to those of us who are interested in this sort of thing’, but is it also important to the study of psychiatry?

The quite lengthy introduction, by Roy Porter alone, inevitably functions to some extent as a sales pitch for what is to come. This author never failed to provide a worthwhile read, but in starting, he finds it necessary to revisit the struggle in print between ‘Whig’ or welfarist history of psychiatry and its predominantly political opponents, both Left and Right. A long list of mostly well-known references is attached for newcomers to the field, though I suspect that few will plunge equally into the literature on both sides. Porter nicely encapsulates (though he does not support) the libertarian critique of Thomas Szasz as claiming that ‘psychiatrists have either been involved in improper cognitive imperialism or have rather naively pictorialized the psyche – reifying the fictive substance behind the substantive’.

Inevitably, Porter tackles the influence of Michel Foucault and, moving on from some earlier positions, admits that the Emperor has relatively few clothes. He concludes that seeing ‘Reason and society as involved in a joint mission ... to control and silence madness did not offer a much more sophisticated historical view than traditional Whiggish interpretations.’ On the other hand, Foucault’s emphasis on the dialectic between ‘Reason’ and ‘Madness’ is said to be ‘surely valuable to historians’. Also valuable to them would be a greater concern for historical facts than Foucault ever showed. Porter rightly emphasizes that the asylum has too often been seen in a monolithic and simplistic way, when in fact, ‘It was many things all at once’ – and replacing all those functions is not easy. He also points out that in more recent historical work, the widely acclaimed model of professional dominance has been questioned,

and that the active role of the family in relation to treatment and custody has emerged as increasingly important. It would also have been appropriate to mention here that (as John Crammer showed), the staff of mental hospitals have mostly – in historical terms – had little or no influence on who was admitted there. That fact alone should dispose of most conspiracy theories about the emergence of the psychiatric profession.

Emphasis has been placed in this review on Roy Porter’s contribution because it is the most stimulating section of the book. Those with a general interest might concentrate on reading it, the rest of the chapters being more for serious historians. However, of the various national studies, certainly the most striking is that from Ireland by Elizabeth Malcolm. This story has been well enough documented before, but the bare facts laid out here raise some fundamental questions about the role of the asylum in general. Paradoxically, the British governments which refused to intervene in the Famine, because of their *laissez-faire* principles, established a national system of asylums with central loans and direction – even in advance of England. The main difference was that insanity was strongly linked with the Poor-law system in England, but in Ireland with the criminal justice system. In the early 1960s, the Republic probably had the highest rate of psychiatric bed usage in the world. Yet Irish asylums were chronically overcrowded and most committals to them were instigated by families. Malcolm concludes that ‘why Ireland used asylums/mental hospitals more intensively and for longer than most other countries still awaits a wholly satisfactory explanation’. She does not refer to epidemiological work showing that the incidence of new cases of schizophrenia in Ireland was not significantly raised; until then, fanciful sociological theories had ‘explained’ why it ought to be. My own view is that emigration of the healthy strongly enhanced the prevalence rate – as was also found in inner-city Salford (Bamrah *et al.* 1996).

The cases of Nigeria (Jonathan Sadowsky) and India (Sanjeev Jain) show how the British Empire was governed not on the basis of coherent principles, but through *ad-hoc* and changing compromises. That, of course, was how it was acquired in the first place. The Imperial motives were always mixed and it was

much clearer what they were against (slavery, internal violence, external threats) than what they were concerned to promote. It should not be forgotten, though, that it was only after 1948 that the London government accepted responsibility for the general health of people in Britain itself. Overseas, administrations tended to waver between a general policy of benign neglect and attempts to tinker more directly with the fringes of immense problems of morbidity. But it was not until 1979 that Orley & Wing (1979) identified very high rates of clinical depression in an African population.

British readers will be particularly interested in the chapter by Elaine (now Lady) Murphy on the administration of insanity in England 1800–1870. She emphasizes that the critiques of radical sociologists ‘underplayed the legal and administrative context of the poor law within which lunacy was managed ... the changing role of the State and the growth of nineteenth century government administration’. The new mental hospitals did not become established easily, since ‘parish supervisors were happy to leave the insane in the workhouse unless they posed a serious risk’ and local scandals seem to have made remarkably little difference to the use of the private sector. In fact, she found that private licensed houses had an important role until the last years of the nineteenth century and

that in east London, ‘“Dangerousness” was the language of negotiation used by all interested parties’. As an old-age psychiatrist, Murphy identifies an important possibility: that an increase in dementia would probably have accompanied increasing life expectancy and the rising proportion of institutionalized paupers who were elderly. That question deserves more attention. In the end, she found that the quality of institutional life depended strongly not only on the care and treatment provided by its staff, but also on the influence of visiting commissioners.

To consider all 15 chapters is not possible in this review, but the collection has added a significant amount of information to the now rapidly developing history of psychiatry. The answer to my initial question is – Yes. It is important. This volume will be an essential addition to any psychiatric library and some well-heeled workers in the field may be pleased to possess their own copy.

HUGH FREEMAN

References

- Bamrah, J. H., Freeman, H. L. & Goldberg, D. P.** (1996). Epidemiology of schizophrenia in Salford 1984: changes over 10 years. *British Journal of Psychiatry* **159**, 802–809.
- Orley, J. & Wing, J. K.** (1979). Psychiatric disorders in two African villages. *Archives of General Psychiatry* **36**, 513–520.