

fitted from some indication of a standardized procedure even if only a tentative one. As it stands we have a collection of stimulating essays which form a useful entry into the literature of this complex area of mental function.

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DRUG INDUCED DYSKINESIA

Psychotropic Drugs and Dysfunctions of the Basal Ganglia. Edited by GEORGE E. CRANE and RUSSELL GARDNER, JR. U.S. Government Printing Office. Washington. Pub. Hlth. Serv. Pub. No. 1938. Pp. 179. Price \$1.75 (paper cover).

This book contains contributions to a multidisciplinary workshop organized by the Psychopharmacology Research Branch of the National Institute of Mental Health almost two years ago. Many of the leading clinical and research workers from Europe and the United States made contributions, and these are divided into four sections: clinical disorders of the basal ganglia, anatomy and physiology, pharmacology and therapy, and neurosurgical procedures.

Within these diverse contributions the main intent of the book, and its major interest to psychiatrists, are the discussions on tardive dyskinesia. This distressing syndrome of mainly facial and lingual choreoathetoid movements crept surreptitiously into the back wards of mental hospitals after nearly ten years of over-confident drug use. As one clinician contributor sadly remarks: 'We are not neurologists, and unless something is very obvious we are going to miss it.'

The papers discuss several pertinent (and still unresolved) controversies, including the precise role of drugs and organic deterioration in aetiology, the reversibility of symptoms, the relevance of monkey models, and the pathophysiology of the lesions.

The content of the book is slightly marred by its staccato typeface and the fact that several important papers were designed to accompany a filmed presentation. This gives the reader a frustrated feeling, like listening to a sound track when the lights have fused.

It is the fashion nowadays to publish the proceedings of workshops in book form. This may provide a tempting carrot to contributors, but publication delays ensure that the text is outdated for the expert, while the novice can discover the facts elsewhere in a more easily digested (and often less expensive) form.

B. BLACKWELL.

CLEGHORN *et al.*

Symposium on Hysteria. *Canadian Psychiatric Association Journal*. 1969. 14 (No. 6). Pp. 539-90.

The December issue of the above journal presents a group of articles dealing with hysteria. R. A. Cleghorn writes first on 'Hysteria—multiple manifestations of semantic confusion' and then provides a second article on 'Hysterical Personality and Conversion—Theoretical Aspects'. His first article provides a good brief review of the historical development of the concept, and then goes on to discuss the possible categories of hysterical reactions, taking as a starting point the following classification from Linford Rees (1967) (1) Dysmnestic (amnesias, fugues, etc.); (2) Conversion reactions (including paralyses, anaesthesias and visceral symptoms like vomiting); (3) Hysterical or histrionic personality.

For Cleghorn, the first two of these categories retain their usual significance with an emphasis on psychological causation. However, he notes with approval the evidence of Slater and Whitlock that in certain types of hospital practice organic brain disease is a prominent feature contributing to the appearance of conversion symptoms. On the other hand, he rejects the view, to which much work has been devoted by Guze and his colleagues, that a cluster of hypochondriacal complaints, conversion symptoms, histrionic expression and sexual maladjustment represents a true syndrome with a pathognomonic association. And although Cleghorn seems to recognize that pain may be a conversion symptom, he thinks it ought never to be called 'hysterical' but rather 'psychogenic regional pain' as suggested by Walters. Together with other writers he recognizes the strong evidence that conversion symptoms often occur in patients who do not have the so-called 'hysterical personality'. In this connection he draws attention to the important work of Lazare and Klerman defining linked traits in such personalities. This work supports the hypothesis that oral fixation is relevant to the development of the hysterical personality.

In his second paper Cleghorn deals with psychoanalytic theory in some detail. He also discusses and accepts N. E. Miller's and Engel's conclusion that learning of visceral responses permits them to serve as the basis for a later conversion reaction. J. Aufreiter comments briefly on this theoretical argument; and the symposium ends with a paper by Allan Walters, who argues that we should use the words 'psychogenic' and 'regional' to replace the term 'hysterical' as an adjective applied to paralyses, sensory deficits, fits, etc. This follows his earlier recommendation of the term 'psychogenic regional pain' which Cleghorn has accepted.

These papers provide excellent value. They are informative and balanced, and Cleghorn's pair deserve a place on any professional reading list—as well as extended discussion. In default of the latter, two groups of critical comments may be made. Firstly, there is good evidence that pain can be a hysterical conversion symptom. The term 'psychogenic regional pain', rightly, has not found general acceptance, and 'psychogenic regional paralysis' is even less attractive as a technical term. Secondly, it is almost certain that the occurrence of conversion symptoms together with multiple hypochondriacal complaints is not coincidental. To ignore this (and to reject the solid systematic work of the St. Louis school) is to turn away from one of the most interesting aspects of clinical psychiatry; one of those aspects where the abnormal is likely to help us to understand better how the normal functions. Anyone who thinks of denying the reality of this clinical problem should perhaps look at an old (anecdotal) account by Kraepelin (1904).

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REFERENCES

- KRAEPELIN, E. *Lectures on Clinical Psychiatry*. Ed. F. Johnstone. New York: William Wood & Co. 1904.
 REES, W. L. *A Short Textbook of Psychiatry*. London: English Universities Press. 1967.

A PRISON WELFARE OFFICER

No Easy Road. By SALLIE TROTTER. George Allen & Unwin Ltd. 1969. Pp. 283. Price 42s.

This account by a woman social worker, who was a Prison Welfare Officer at Wandsworth from 1960 to 1962, is particularly interesting in the parts which deal with her actual experience on the job. It is written with sympathetic understanding of the complexity of the administrative and human problems involved in the running of prisons and the provision of after-care. Nevertheless, the frank descriptions of official resistance to change, and of the petty jealousies and demarcation disputes between different grades and types of person involved in the work of furthering rehabilitation, provide plenty of ammunition for anyone wanting to denigrate the system.

The author's views about her own and other people's roles in rehabilitation are firm and forcibly argued. She sees social work as a professional occupation requiring specialized training and experience, and she sees danger in allowing bungling amateurs to meddle. Voluntary associates, acting as prisoners' friends, have their place, but they should refer to a social worker rather than try to advise on social problems themselves. She disagrees violently with Lord Stonham, who is quoted as being in favour

of prison officers, who have daily contact with the inmates, taking an active part in rehabilitation. She argues that prison officers could not one day claim to be a man's friend and adviser and the next day have him removed to the punishment block. They could not be social workers, because there are already well established professional social workers in the prisons. Because of the amateurs' lack of knowledge and techniques, advice given by prison officers would be often inaccurate and unhelpful.

The book suffers from being out of date. As a small-print footnote to the foreword admits, many changes have taken place since the author worked in Wandsworth Prison. Prison after-care is now firmly in the hands of the Probation and After-Care Service, and the power of voluntary agencies to interfere has gone. Furthermore, the system of parole, introduced by the Criminal Justice Act, 1967, which is discussed in Chapter XIII as if it were a vague prospect for the future, has now been in operation for two years and has given new impetus to the work of prison welfare officers.

Many sensible and practical points emerge. Chapter XVI shows the inevitable results of releasing a homeless long term prisoner unescorted and unaided in his dealings with the then National Assistance Board. Chapter XII points out the futility of delaying contact with a prisoner until discharge arrangements are required. Chapter VI describes the advantages of a period in a prison hostel before final release, and suggests that the present limits of eligibility (men serving four years or more) could profitably be extended.

On matters of theory, Mrs. Trotter's ideas are less sensible. In Chapter XVIII she appears to prefer interpretations in terms of the seven deadly sins to accepted psychological concepts. In Chapter XV her classification of offenders—drunks, con-men, inadequates, psychopaths, etc.—is imprecise, idiosyncratic and impressionistic. In Chapter XI her discussion of the value of criminological research reveals more suspicion than knowledge. In Chapter XIV, her discussion of 'other theories' in so far as it is not second-hand Barbara Wootton, reads like a random list of talking points, such as prison officers' attire, the use of fines, and the desirability of case-work being undertaken by one person rather than a series of persons.

On the dust cover the publisher comments that the way in which the author's personality emerges is particularly striking. That is certainly so, but for an author anxious to maintain professional status in the face of rival claims a more objective and dispassionate approach might have served her better.

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