

anosognosic attitude is, in the reviewer's opinion, not without dangers, as it encourages a disregard of psychiatric warning signals. It is particularly highlighted in the diagnostic assessment of one of the members of the out-patient group reported. During an interval in group treatment, occasioned by the therapist's holiday, the patient was admitted to a hospital, and an astrocytoma of the right temporal lobe diagnosed. The tumour was removed by neurosurgery, followed by cobalt treatment. The patient continued to attend the group occasionally, but his clinical condition gradually deteriorated. In spite of this obvious neuropsychiatric disease, the diagnosis remained unamended. It continued to be "passive, dependent personality".

F. KRÄUPL TAYLOR.

**Ego and Milieu Theory and Practice of Environmental Therapy.** By JOHN CUMMING and ELAINE CUMMING. New York: Atherton Press. 1962. Pp. 275. Price 60s.

This is an important book, not only because of its contents, but because of its timing and its wider significance. Since the war the social conscience of psychiatry has shifted. This is true of other countries as well as Britain. Amongst other changes has been acceptance of the therapeutic needs of *categories* of people, supplementing traditional acceptance of the needs of the individual. So the concern of society about its own attitude to the mentally ill is pressing us; and with this has developed a desire to understand better the part that the environment plays both in the engendering of illness and its cure. We have become clinically self-conscious about society as well as ourselves; and our hospitals are part of our society.

The Cummings are well known for their consistent and developing approach to the problems of the psychiatric hospital patient; and in this book they have carried their formulations a step further. The book is in three parts—an exposition of conceptual theory; an analysis of the hospital milieu in terms of ego concepts; and a discussion of the subjective experiences of the milieu by patients in the course of treatment. It is a very large subject, but work such as this helps greatly to focus attention on specific issues which are meaningful for treatment. Those psychiatrists who have already set out to make use of social scientific knowledge about the interaction of people in large groups—in therapeutic community programmes, rehabilitation and hostel projects, organization of sheltered work, administrative therapy, and community mental health, for example

## **Criminal Responsibility and Mental Illness**

by **F. A. Whitlock**, M.D.(Cantab), M.R.C.P. D.P.M.

156 pages

40s.

'Of the many books on this subject published in recent years this is by far the best. It is rare to find a forensic psychiatrist with his feet so firmly on the ground and judicially so well-informed. This well-documented work discusses the law of insanity before and since M'Naghten; Mens Rea; Freewill, Determinism and Responsibility; special problems of drunkenness and automatism and details of procedure. An excellent text.'—*Lector Medicus*.

## **Psychogenic Psychoses**

A Description and Follow-up of Psychoses following Psychological Stress

By **Poul M. Faergeman**, M.D.

268 pages

42s.

A valuable work covering an aspect of psychiatric research which has had little attention in English literature. Dr. Faergeman examines the validity of the concept of psychogenic psychoses by ascertaining the fate of patients fifteen to twenty years after admission to hospital: the follow-up studies confirm in an interesting manner the validity of this concept.

**BUTTERWORTHS**

4 & 5 Bell Yard, London, W.C.2

—will quickly recognize the relevance of the observations reported here. Once through the barrier of jargon, which here is relatively thin, others may begin to recognize the new dimension which this kind of thinking brings to the actual processes of treatment.

Not least in importance is the inference that psychodynamic interpretative formulations can be integrated with the day-to-day use of physical methods of treatment to enhance the latter and provide a social framework which, in itself, has significance of a scientific kind. But the Cummings themselves would probably look on this as a corollary to their main hypothesis—namely, that scientific manipulation of the environment can now be used alone to produce changes in the personality of the patients. When drugs and other methods of treatment are included they are part of a larger whole.

There is room for disagreement over specific points made, especially in the chapters which go into details of hospital life. Many generalizations are justified only in terms of the authors' personal experience; and some of the dogma in the second half of the book will certainly have to be modified. It is a sign of grace, however, that the authors can acknowledge such errors, as when they draw attention in one of their far too numerous footnotes to Sainsbury's observation in England that the suicide rate dropped with the post-war introduction of patient freedom, contradicting their assumption of the opposite. This illustrates, incidentally, the obligation that all therapists are under, painstakingly to check every belief, no matter how obvious it may appear in a particular operational setting. But, whatever the controversies of practice aroused over the application of the notions discussed, the overall thesis here is closely relevant to the modern psychiatric scene. This well-produced book by a new publisher is, in fact, something of a landmark, and should undoubtedly be read very widely.

RICHARD CROCKET.

**Experiments in Mental Suggestion.** By L. L. VASILIEV. Church Crookham, England: Institute for the Study of Mental Images. 1963. Pp. 178. Price 30s.

In 1921 the Russian physiologist V. M. Bechterev initiated a programme of research at Leningrad into "mental suggestion". This work continued under the direction of the author, Professor Vasiliev. The studies were of what might be called "telepathic influence" and were directed at answering the questions, "Does it exist?" and "If so, how is it

affected by distance and by metallic screening such as is used to block electro-magnetic radiation?"

The research became more and more elaborate and sophisticated in design. Finally the possible influence of one person in Sebastopol upon the behaviour of another in Leningrad (1,700 Km. distance) was studied. The great distance and elaborate precautions did not prevent phenomena which could not be attributed to chance. In 1938 the work was stopped and the findings apparently suppressed until 1959. Now they are made available in English with a critical discussion of the present state of such research throughout the world. The phenomena are not regarded as manifestations of the supernatural, but of the natural world. It is considered that they should not merit the emotionally-inspired refusal even to examine the evidence, which is so widely met with among respectable senior Western biologists (particularly those who control the giving of research grants).

Whatever may be the ultimate verdict on research into these phenomena the present book does credit to the new liberalism in Russia and may give encouragement to those who would pursue research not only to please their departmental heads but to seek the truth.

IAN OSWALD.

**Clinical Psychology.** By N. D. SUNDBERG and L. E. TYLER. Methuen & Co. 1963. Pp. 564. Price 50s.

This book is obviously written for the American reader. The chief interest lies in the description it gives of the development of clinical psychology as an independent profession in America. The chapters and headings give clear indications of the subject matter, and at the end of each chapter there is a brief list of recommended readings. Each of the books suggested is summarized in a way which should prove useful to students.

There are over 500 pages, and after reading them one feels that the same information could have been imparted in one-fifth of the space. Unfortunately, this wordiness does not make the subject matter any clearer. For example: "Psychotherapy constitutes an attempt to change the pattern enough so that subsequent development will turn in the direction of its strong healthy features rather than its conflicted, self-defeating, non-productive idiosyncrasies that are unadaptive and perhaps pathological." There are many comments which are pointless: "Even though we cannot predict with certainty just what clinical psychologists will be doing in 1975 or 1980, we can be certain that large numbers of them will be doing