

medical worker. It is humiliating to see oneself as the dispenser of "competent and skilled psychiatric attention" that is referred to again and again. I hope that the author has his tongue in his cheek. If only we could be the fount of knowledge, wisdom and patience that we apparently are taken to be! If only we had the therapeutic time that we are expected to have! And if only the patients we already have would respond and become as rapidly "cured" as we wish them to be! For a spiritually-minded psychiatrist this book could be a danger in feeding his ideas of omnipotence and in seducing him away from the hard reality of clinical mental illness.

This book certainly fills a gap in the literature for clergy but it would be much better if it were pruned heavily of some of its data and terms, and if the reader were steered more carefully through the maze of contemporary psychological theories.

M. H. B. JOYCE.

African Homicide and Suicide. Edited by PAUL BONHANNAN. Princeton University Press (O.U.P.). 1960. Pp. 266. Price £2 8s.

The editor and his colleagues have made a detailed study of homicide and suicide patterns in seven African tribes, one in Nigeria and the rest in Uganda and Kenya. In each case the authors have lived in the tribes concerned and have had access to the official records. Dr. Bonhannan himself introduces the subject and then discusses the theories of homicide and suicide with particular reference to the work of Durkheim. For this chapter there is an excellent series of footnotes and references which give a very complete picture of the theories advanced in the past. Subsequently it is shown how inadequate these theories are when applied to this series of African homicides and suicides. The seven tribes are presented in a series of essays by different authors. This is rather disturbing and unsatisfactory, as there is no common ground for comparison and the studies are made in varying ways and with varying emphasis on the points brought out. To some extent, however, this is overcome by the analysis in the concluding chapter of the book by Dr. Bonhannan. He reviews the data and comments in the previous essays and discusses the relation of the acts of violence to tribal customs and beliefs. Finally there is an appendix giving a full list of all the deaths considered in the book.

There can be no doubt, after reading this book, that the editor has proved his point that Durkheim's theoretical analysis of suicide is useless to the anthropologist as a working tool in comparative criminology. It is equally clear that, interesting though the

book is, it is of very little help to the study of homicide and suicide in European communities.

Search for Security. An ethno-psychiatric study of Rural Ghana. By M. J. FIELD. London: Faber and Faber Ltd. 1960. Pp. 478. 42s.

When Western writers turn their attention to the subject of mental illness amongst non-literate peoples, the picture one gets often tends to be distorted. Psychiatrists like van Wulfften Palthe in Indonesia and Carothers in Africa based their observations on clinical pictures offered by native patients living under circumstances totally unfamiliar to them. A mental hospital in a primitive society can hardly be seen other than as a foreign-body with its own specific and hitherto totally unknown effects on that society.

What the course of any mental illness would be in a setting more familiar to the patient remains a matter for speculation.

Carothers' and Eaton and Weils' presumptions that the effect of admission to a mental hospital might be one of re-inforcement of the symptoms appear plausible, but unproven. Even an epidemiological survey such as that conducted by Sinclair in Australian New Guinea, in which he saw patients in their own villages does not help us in this respect. His contacts with patients were much too short and superficial, because of the nature of his work. Only extensive knowledge of the cultural setting and time to live among the natives enable an observer to enlighten us about the clinical pictures of mental illnesses in non-literate peoples. An anthropologist could certainly give invaluable information, but he lacks the training necessary in order to assess abnormalities of mental status. Linton in "Culture and Mental disorders" gives us the cultural background, but his psychiatric observations can hardly be seen as more than anecdotal.

Since Dr. Field can call the areas both of psychiatry and of anthropology her own territory she is in a rare position to observe what becomes of his illness when a patient from Ghana is allowed to stay amongst his relatives. It is obvious that Margaret Field feels very much at home among these people and has a warm affection for them. Her understanding of their daily life enables her to give us a clear picture of where and how the patient showed his first aberration from the normal way of life. The revelation of the way in which the patient's predominant symptom of anxiety can be shared, understood and directed by relatives and officials is particularly striking to the European reader who is used to the rejection and isolation of the mentally ill.