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 35*s*.

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 20*s*.

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.