

rescue of a field of disparaged knowledge. But the impression left by some of these chapters is of wobbling standards or aims, or the fatigue of well-known workers churning out yet one more article in a too-familiar field.

On the other hand Max Hamilton writes beautifully as always in presenting the clinical picture of depressive illness, Paykel's review of the importance of life events is first-class, Watts on depression in general practice is still fresh, and there are many other gems in the collection. The book is best at clinical analysis and pathology, not quite so good on treatment, although a final chapter by Klerman makes a valiant attempt to remedy earlier deficiencies (I have just discovered a reference to ECT in mania there). It is best on primary affective disorders, and says little about secondary affective illness, or illness associated with physical disorders, encountered for instance in liaison psychiatry. There is nothing about anorexia nervosa or obesity and affective illness, or premenstrual tension or affective disturbance in renal dialysis patients, or Cushing's syndrome (except the name itself). Unemployment is not indexed, but is mentioned in at least two chapters. Yes, the index: the publisher should commit hara-kiri for shame. How can a book be used for reference without a proper index? How can a book by 47 authors be given unity? Does it mention sleep deprivation, circadian rhythms, body temperature or weight loss in depression and mania, diabetes mellitus, multiple sclerosis, all topics one might reasonably want to look up?

So it is a book with good things in it, it should be available in every hospital library, many practitioners will benefit from reading sections of it. But I can't help wishing Professor Paykel had written the whole book himself, perhaps with the support of a friend or two. It would have taken more of his time, but avoided the superhuman demands of controlling 47 authors, and the end result might have been a classic.

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**Knowing Right from Wrong. The Insanity Defense of Daniel McNaughtan.**<sup>1</sup> RICHARD MORAN. New York: The Free Press. 1981. Pp 234. \$15.95.

Richard Moran holds a Ph.D. in sociology from the University of Pennsylvania. When he sticks to his own last as a sociologist, or to be more precise, as a social historian, he does a fine job. Thus, in the early chapters of his book, he very deftly paints a picture of the troubled, indeed perilous times that obtained when the hapless Edward Drummond, private secretary to

the Prime Minister, Sir Robert Peel, was slain by the mad Daniel McNaughton.

In proclaiming McNaughton unequivocally mad it behoves me at this point to declare my interest. Dr Moran on page 4 states:—"In the only actual attempt to assess McNaughton's mental condition by examining the trial transcript and his hospital record Henry R. Rollin in "McNaughton's Madness"<sup>2</sup> unabashedly concluded that 'there can be no doubt that McNaughton was - - - suffering from schizophrenia'." I remain unabashed and in support of my diagnosis, I would humbly ask any interested reader, and for that matter, Dr Moran himself, to study the said chapter in which I have been at pains to examine all the available clinical evidence. Dr Moran's obvious doubts as to the correctness of my views lies in his belief that McNaughton might well have been persecuted by the Tories and that if he were he was not, therefore, deluded. Even if I were to concede that McNaughton had been harassed by the Tories, or the Jesuits, or by any other body whose hand he felt was against him (there is very often more than a grain of truth at the heart of paranoid delusions), there is still evidence and to spare of his deep-seated psychosis. And is it conceivable that all nine doctors, some of them of the first rank, who gave evidence at the trial, and who were unanimous that McNaughton was mad, were to a man conned; or even worse, that they were all party to a gigantic conspiracy inspired by the unscrupulous Tories? Again, what is so patently incompatible with Dr Moran's thesis is that the verdict of "not guilty by reason of insanity" and McNaughton's committal to Bethlem, produced howls of protest from the public in which Queen Victoria herself joined. The verdict and the disposal must have been acutely embarrassing and politically damaging to the Tories, and yet, so we are led to believe, they were the architects of their own undoing. And what throws Dr Moran's thesis further into confusion is that it was not the Crown's case but that of the defence that McNaughton was insane.

My disagreement with Dr Moran as to whether McNaughton was, or was not, mad, or whether the assassination of Drummond can only be explained in the context of the politics of the day is, after all, largely of academic importance. What is, however, of enormous importance and of the utmost gravity is the proposition to be found in Dr Moran's last chapter. Using the McNaughton case as a springboard, he makes a plea "to incorporate into the criminal law a political defence for crime", a defence, that is, for crimes, including political assassination, or to call a spade a spade, murder. This would mean, as I understand it, that any member of the I.R.A., the Red Brigade, the Angry Brigade, the P.L.O., the Klu Klux

Klan, or any of the hundred-and-one terrorist organizations that threaten to rip the fabric of civilized society apart, any assassin, that is, could enter this defence if he sincerely believed in the rightness of his cause. This is a monstrous proposition and it is no consolation for me that Dr Moran assures us that, "Much like the insanity defence, a political defence would be affirmed and accepted only rarely". I would point out that in this country at least, the disposal of mentally disordered offenders under Part V of the 1959 Mental Health Act is by no means rare.

And, by the way, should this book run to a second edition, the publishers would be well advised to correct the claim made on page 53 that it was Nelson who was the victor of Waterloo. Such monumental clangers do tend to cast doubts on the scholarship of an author.

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<sup>1</sup> Dr Moran has discovered a decipherable signature that would appear to settle the controversy surrounding the spelling of McNaughtan's name.

<sup>2</sup> ROLLIN, HENRY R. (1977) *McNaughton's Madness*. In *Daniel McNaughton: His Trial and the Aftermath* (eds. D. J. West and A. Walk). Gaskell. The Royal College of Psychiatrists. Ashford, Kent: Headley Brothers.

**Psychology and Psychiatry.** 5th edition. Edited by P. DALLY. London: Hodder and Stoughton. 1981. Pp 285. £4.75.

This is the fifth edition of a book first published 16 years ago. Although primarily intended for nurses it can be usefully read by social workers, psychologists and other workers in the caring professions. The book is written in an interesting and stimulating manner and is full of useful practical clinical advice based on the author's experience.

Part one of the book deals with psychology and presents succinctly and comprehensively aspects of psychology relevant to clinical practice and includes general concepts of evolution and adaptation, intelligence, personality, development, as well as consciousness, sleep and the neurophysiological basis of mental functioning and behaviour. The remainder of the book deals with psychiatry and describes all the major mental disorders clearly and concisely. A new chapter has been added on psychiatric emergencies which will be of value to anyone dealing with psychiatric patients, and also a special discussion on the nurse/patient relationship and the nursing of psychiatric patients. Finally relevant medico-legal provisions for the care of psychiatric patients are described.

The book can be strongly recommended for nurses and paramedical workers of various kinds. It will also be a valuable book for general practitioners.

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**Post-Traumatic Neurosis: From Railway Spine to the Whiplash.** By M. R. TRIMBLE. Chichester, W. Sussex: John Wiley. Pp 156. £13.60.

In 1882 Professor John Erichsen published his views about clinical and medico-legal aspects of "railway spine". Dr Herbert Page, Surgeon to the London and North-West Railway, refuted them in his own book in which he analysed the relationship between railway accidents and the physical and emotional sequelae of them. Erichsen believed that the accidents caused injury to the spinal cord by the mechanism of concussion and that this led to a wide variety of physical and emotional symptoms, although he had no direct evidence to support his thesis. Dr Page was more thorough in his research and in 1885 he wrote that, "nervous shock in its varied manifestations is so common after railway collisions, and the symptoms thereof play so prominent a part in all cases which become the subject of medico-legal enquiry, whether they be real or feigned, we are almost sure to meet with the symptoms of it associated with pains and points of tenderness along the vertebral spinal processes . . . we cannot help thinking that it is this combination of the symptoms of general nervous prostration, or shock, and pains in the back . . . which has laid the foundation of the views—erroneous views as we hold them to be—so largely entertained of the nature of these common injuries of the back received in railway collisions".

Expanding upon the work of Page and Erichsen, Michael Trimble writes in a fascinating way about the evolution of medical and legal opinions concerning the nature of the wide range of mental and physical symptoms that follow accidents or war experiences which, though trivial in terms of the bodily damage they cause, if indeed they cause any at all, produce chronic disability.

The book contains many anecdotes and short case histories which illustrate his discussion of the nature of functional disorders, malingering and battle neurosis. The role of pre-traumatic personality characteristics is assessed and Dr Trimble concludes that although those with neurotic character traits are more likely to develop symptoms of post-traumatic neurosis, individuals with very stable personalities who seem ill-equipped to deal with sudden, severe incidents which are potentially life-threatening, are also liable to develop an accident neurosis. The