the gathering of evidence by the police. The seminar will be addressed by Professor Martin Orne of the University of Pennsylvania, who has made an extensive study of this matter, and who has advised the Supreme Courts of more than one American state.

The practice of hypnotizing witnesses, victims and even defendants is now widespread in the USA, and it is spreading to other countries, including Britain. It has raised a host of legal and ethical problems. In some states of the USA police officers are being trained to use hypnosis, and this has led to a resolution by the International Society of Hypnosis that the official use of hypnosis should be restricted to professionally trained people within the academic and clinical disciplines represented in that body. In some places the police use the services of self-styled 'experts', sometimes people who have rather minimal qualifications and who have somewhat naive concepts of how memory can be enhanced by hypnosis. The problems of confabulation, fantasy and suggestion contaminating the evidence which may later be given in court are obvious, and some eminent authorities in forensic psychology and psychiatry would ban the practice of hypnosis in this context altogether. Not least among the problems is the ambiguity as to whether hypnosis has any power at all to revivify accurate memory, other than by removing pathological amnesic blocks where they exist.

The British Home Office is taking the sensible view that it should bring together experts in a number of related fields to initiate an informed debate, before issuing any definite guidance to the various police forces of this country, and they have sought my assistance to this end. Attendance at the seminar in September will be by personal invitation, and I should therefore be glad to hear from people who are interested and feel that their qualifications are relevant.

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Audio-Visual Sub-Committee

DEAR SIR,

The Audio-Visual Sub-Committee is concerned about the relative lack of tape-slide teaching programmes on all aspects of psychiatry compared to other specialties and would like to draw attention to the facilities offered by the Graves Medical Audio-Visual Library for the making and distribution of such programmes.

Dr Valerie Graves, the Honorary Medical Director, will assist in the making of slides and the tape recording if necessary, any expenses are met, and there is a fee of £50 representing advance royalties. Further royalties may be earned later and the producer is given a copy for his own use.

If any members of the College are prepared to offer programmes of not more than thirty minutes on any subject of value to trainees, I would be grateful if they would get in touch with myself in the first instance.

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Reviews

Critical Psychiatry: The Politics of Mental Health. Edited by David Ingleby. 1981. Penguin Books. £2.95.

They asked me for a sympathetic review—'we ought to know what these anti-psychiatrists are up to, perhaps we have something to learn'—and indeed I approached the book with hope. I am all for critical examination of our assumptions, practices and relations with others, and trying to do better in future: and a political approach could be refreshing. Ingleby has been based in the Cambridge Psychological Laboratory for nine years or so, and he has contributed just under a third of this 200-page book. The other seven contributors include another psychologist, three sociologists, and three psychiatrists. One of the psychiatrists (F. Basaglia) is already well known—see Roth's paper on 'Psychiatry and its Critics' in *British Journal of Psychiatry*, **122**, 373 (1973). His account here of closing down a mental hospital in Trieste and moving mental health services into the community is unfortunately too sketchy and lacking in factual information for us to see how it differs from the many other attempts at the same thing in other countries, for example the work of Scott at Napsbury, and one gets nothing from it. Hangsgjerd from Norway is an analyst who is also a Marxist, and he devotes part of his chapter to 'the most important recent political event in the mental health field ... the struggle against the Common Market.' There is a chapter also on French anti-psychiatry (by an American sociologist), from which it appears that some psychoanalytical groups are more Marxist than others. Indeed, let us be frank and get it out of the way: the 'Politics' of the title is narrower than I hoped, and really means Marxism. I didn't find these foreign contributions in any way enlightening, partly for a reason I shall come to later, and it seemed to me

that Ingleby in his Introduction and in 'Understanding Mental Illness' was worth twenty of them, so I shall concentrate on him.

Ingleby says: '... the scientific image of psychiatry (is) a smokescreen; the real questions (are): whose side is the psychiatrist on? What kind of society does he serve, and do we want it?' 'Science had only confused the issue because its fundamental premise, that people were like things and could be studied in the same way as things, was degrading and far-fetched'. There is an 'inappropriateness of natural-scientific methods and concepts to the study of people.' The alternative is one of the 'interpretative' approaches: 'The simplest ... involves the view that so-called mental illnesses are actually meaningful responses to difficult situations, which a sympathetic application of commonsense can easily make intelligible.' And lastly 'if we are concerned about the oppressive aspects of our society we will take very seriously a theory which suggests that mental illness is a manifestation of them.'

So for Ingleby a textbook like Mayer-Gross, Slater and Roth is nothing but rubbish, and 'if ECT reduces the pain of events only by helping the patient to forget them, or if tranquillizers make people able to handle their emotions only by leaving them with no emotions to handle'—and that is what he believes—'then talk of a 'cure' becomes rather ironical.' So-called mental illness is a consequence of the way we live, of capitalism and class oppression and exploitation (and will only be cured by changing society), and the fact that the USSR still has schizophrenia and mental hospitals after a good half-century of non-capitalism is neither here nor there. Ingleby is a great man for brushing aside inconvenient opposition. He approves of a book by Laing and Esterson, *Sanity, Madness and the Family*, a detailed study of 11 psychiatric patients and their relations, and is angry at the oft-repeated criticism that these patients were not really schizophrenic. 'If psychiatrists fail to recognize the cases in this book as typical', he writes, 'it merely betrays how unsympathetically and superficially they are in the habit of perceiving their own patients.' That seems to me to come splendidly from a man without any psychiatric training or appropriate clinical experience.

What is astonishing about this book on psychiatry is its total disregard of the existence of *patients*. I thought that was what psychiatry was about, the touchstone of all theory and practice, before we got to the power-crazy jackboot-licking psychiatrists, or the philosophical debates about human individuality or economic determinism. But there is never a word about their numbers and individual varieties of behaviour, their ages, their actual desire to come into hospital, their satisfaction (sometimes) with their 'treatment', the difficulties psychotics can pose for relatives and neighbours, questions of suicide and alcoholism (which transcend class boundaries), the organic dementias ... not a single case history, not one real person. It is all in terms of high-flown debate, generalizations, assertions of non-facts; no practical results. It is obvious to me that Ingleby does not really know much about psychiatry, or what goes on in the clinic. And yet I rather like him; he reads widely, including out-of-the-way books, he writes quite well, he has some ideas to rub together, he can argue, his heart is often in the right place. But he floats in philosophic space, his feet never touch earth. I imagine him as dreadfully short-sighted, can't see the ground clearly, not quite sure whether that is a tree or a human being next to him; a bit cut off from life, perhaps, amid his books.

Why does one become an anti-psychiatrist? It is an emotional position, not an intellectual one, as far as my reading goes. Envy of the medical profession comes into it, because we get more pay than the non-medics and yet we don't have to be so intellectually brilliant. No need for first-class honours in our line, or even a degree at all: the Conjoint will do for a start. And then it also seems to me the way sociology is sometimes taught also comes in, with rather a contempt for mere data, whether from observation or experiment, but an emphasis on theory, argument, verbal play and disputation, a mediaeval scholasticism in modern dress. Perhaps the progressive intelligentsia is not really very interested after all in the deluded, demented or hallucinated, except as a convenient propaganda weapon in the political fight.

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Prevention of Psychiatric Disorders in General Practice. 1981. Royal College of General Practitioners. £3.

This document is the report of a sub-committee of the Royal College of General Practitioners Working Party on Prevention. The sub-committee is chaired by Professor Philip Graham, and among its other members are Professor George Brown and Dr Murray Parkes, as well as two general practitioners and a health visitor. The report is intended 'to provide a framework for preventive activity and to make specific suggestions in relation to particular psychiatric disorders'. It is almost exclusively concerned with primary prevention. As the document recognizes, this is not an area overendowed with research findings, and so inevitably some of the recommendations are less firmly based on scientific findings than is ideal.

As is to be expected, given the membership of the working party, the document takes a decidedly socially-orientated view of psychological disorder. Indeed, it could be argued that unless such a view is adopted the possibilities for prevention are limited. Crucial to any discussion of prevention is the notion of the 'at risk group'—that is, there are certain identifiable subgroups of the population who have a high risk for becoming ill. This report adopts two approaches to risk. Firstly, Parkes' (1971) concept of 'psychosocial transition'—that is, there are certain events in life which