

community is all about, whether applied to individual members or the total social group.

However, change does not mean abandonment of all previously held ideas; the visitor to Henderson today would find much still as Rapoport described—both good and bad—and the undoubted changes have, I hope, been toward increasing realistic contact with, and understanding of, the social problems of our present environment.

In this respect I feel that *Community as Doctor* is worthy of a wider study than by social psychiatrists alone. Certainly much of therapeutic community practice has now been incorporated into general psychiatric treatment and certainly the limitations of what has been described as the “therapeutic community proper” (1) have been more clearly delineated, but it would be a pity if psychiatrists were to let the matter rest there and turn again to the search for physical components and moderators of disordered social behaviour, as seems to be the current tendency.

These studies, in *Community as Doctor*, of cyclical organization and disorganization in social groups, of the to and fro swing between the need for authority and control and the demand for democracy and freedom of expression, have a far wider application than in the strictly psychiatric field and may be more advantageously and widely studied in an attempt to understand something of our present-day social turmoil.

It may be that the treatment of the overtly mentally sick has gained as much as it can from the therapeutic community ideology for the moment, but in the understanding of social deviance and the management of the less recognizably psychiatrically disordered parts of our society the therapeutic community concepts are only beginning to be acknowledged and utilized.

At Henderson now we have a stream of visitors (350–400 per annum), but psychiatrists are few and social workers, penologists and educationists are many. It is in the direction of educational, criminological and general sociological areas that the therapeutic community should move, but psychiatrists who first developed these concepts should not now lose touch or opt out of the developments which must follow.

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REFERENCE

1. CLARK, D. H. “The therapeutic community—concept, practice and future.” *Brit. J. Psychiat.*, 111, 479, 947.

DEAR SIR,

If my affirmation that *Community as Doctor* “has become required reading” and that its “reissue deserves attention” is (as Dr. Whiteley suggests) equivalent to consigning it to the archives, then true communication is indeed more difficult than even we social psychiatrists imagine. I think he misrepresents the tone and message of my review.

However, I am happy to support his plea that therapeutic community concepts need to be more fully understood and utilized outside the bounds of narrow psychiatric commitment. Indeed a number of us—not least the Henderson Hospital—have said so and done so for years. Would Dr. Whiteley think me too fanciful in believing that the idea is catching on?

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“INDUCED DREAMS”

DEAR SIR,

In the *Journal*, March, 1968, in the Book Reviews section, I find my book *Induced Dreams* reviewed by Dr. Ian Oswald. I must take exception to his review for several reasons.

It is quite evident that Dr. Oswald has not bothered to read more than a few paragraphs here and there, even avoiding the introduction and the conclusions. For instance, completely out of context, he has reported verbatim one single sentence, concerning the use of hypnotherapeutic techniques in second and third degree burns, out of a 26-page chapter (Chapter I: Personal Experience and Methodology), as if it were the most important statement in my book.

No mention is made by Dr. Oswald of the theoretical background of the book; neither does the way in which spontaneous and induced dreams are utilized in comparison with classical analytical interpretations and with other hypno-analytical methodologies receive any attention. Also completely ignored by Dr. Oswald is the fact that the case-report that occupies one-third of the book has been selected and reported because it illustrates in some detail the entire approach to the induction of dreams under and after hypnosis, and their utilization in the therapeutic programme.

I may finally add that the statement “the author is a hypnotherapist who suggests, etc. . . .” tends to hide the fact that I am a physician specializing in psychiatry and in internal medicine, who, over the years, has found useful applications of hypnosis in