

BOOK REVIEWS

Textbook of Human Genetics

George Fraser and Oliver Mayo. (Pp 524; £9.75.) Blackwell Scientific Publications, 1975.

In the study of medical genetics it is difficult for clinicians to penetrate the boundaries of theoretical genetics and for geneticists to understand fully the requirements of clinical practice. In recognising the importance of interaction between genetics and clinical medicine the editors have aimed to produce a textbook of human genetics which will improve communications between the two disciplines. They have selected authors with expertise in biochemistry, embryology, cytology, immunology, and statistics to describe important developments in the genetic field, and have themselves each devoted a chapter to the application of human genetics in the community at large and in disease.

The result is a very stimulating book which provides a substantial framework for further study and advances in clinical genetics. It will be useful to both clinicians and students of human genetics and should succeed in the aim of encouraging interaction at the boundaries of the two specialties.

Some chapters from specialists are notably useful. The chapters on population genetics and on quantitative inheritance are so simply and clearly expressed that clinical readers will surely be encouraged to think more boldly than usual about the quantitative contribution of inherited characteristics. Inevitably with several authors contributing chapters on closely related subjects there is some overlap and some artificial separation of information. The chapter on biochemical variation, dealing with a large subject, seems to touch rather lightly on biochemical syndromes, and there is some repetition in the chapters on developmental genetics and somatic cell genetics.

The layout of the book is consistent, with clear chapter headings and a bibliography which is divided conveniently into references and suggestions for further reading. There is a useful glossary. A serious discouragement to buying this book is the price. It is regrettable that the publishers are now charging £9.75 for 524 pages in paperback.

JOAN SLACK

Report of the Committee on Mentally Abnormal Offenders

(Chairman, Lord Butler). Home Office and Department of Health and Social Security. (Pp 331; £3.95.) HMSO. 1975.

The tragic circumstances which compelled the Government of the day to expedite the examination of the law in relation to the mentally abnormal (disordered) offender are too well known to need repetition. The report of the Butler Committee set up for the purpose was widely publicised in the mass media, the national press, and in various

interested professional journals, and for the most part it received unstinted praise.

The fundamental aim of this report is the maintenance of a balance between what is best for those guilty of dangerous offences and the right of the public to be protected. This is difficult enough in the case of the dangerous offender not deemed to be suffering from mental disorder who is serving a determinate sentence and must eventually be released, although he may still be regarded as dangerous. Even more difficult is the case of the dangerous offender who is suffering from mental disorder. If his dangerousness is related to, for example, a paranoid psychosis, then logically if this can be cured he ceases to be dangerous. But to what extent, even with the help of modern psychotropic drugs (whose efficacy is probably exaggerated), can such illnesses be cured? And if he is discharged from whatever custody he may be in and relapses, does he again become dangerous? Then there is the mentally abnormal offender whose dangerousness is not all related to his mental illness: is he ever safe? Furthermore, the difficulties are compounded in the psychopath—an individual with a gross personality disorder characterised by abnormally aggressive and seriously irresponsible behaviour. When, if ever, may he be proclaimed safe?

The committee considered in very great detail a wide range of laws to be revised, including, for example, the Mental Health Act, 1959, and the Powers of Criminal Courts Act, 1973. It recommended to the Criminal Law Revision Committee the abolition of the mandatory life sentence for murder and of the provision of diminished responsibility, which would then be unnecessary. It also recommended that the special provision for the offence of infanticide be abolished.

But it is the recommendations of a particularly medical, or psychiatric, interest that are our main concern. Here great emphasis is placed, as was done in the committee's interim report, on the provision of secure hospital units. These will be operational centres for all the forensic psychiatric services in the region, including the existing hospital and community mental health services. There will be links with the special hospitals. Not only will there be an interchange of patients but they will also assist in the training of prison staff, medical, and others, on secondment to them.

One of the most important chapters in the report is that concerned with psychopaths. The committee grasped this particular nettle with commendable courage. Although it said that it was outside its remit to suggest that psychopathic disorder should be removed from the definition of mental disorder in Section 4 of the Mental Health Act, it seems evident that this is what the committee wished. There can be few practising psychiatrists who would not applaud the suggestion; nor would they, as the result of bitter experience, be in the least offended by the committee's categorical statement that

"psychopaths are not, in general, treatable in medical terms." The report puts forward a bold proposal for the training and treatment of dangerous antisocial psychopaths on a voluntary basis in special units within the penal system. In these units some at least of the offenders, instead of being admitted to Broadmoor, would be given prison sentences which could be the proposed new reviewable sentence "designed to enable the offender to be detained only until his progress under treatment . . . allowed him to be released under supervision without serious risk to the public."

At the other end of this particular spectrum are the inadequate, a heterogeneous group of rootless, homeless persons suffering from a variety of personality disorders, chronic psychoses, and alcohol and drug addiction. These the committee placed very firmly on the doorstep of the local psychiatric hospitals, aware as it was that it is from these institutions that in many instances they have been quite recently booted out. There is an almost quaint, antique ring to the suggestion that one of the roles of psychiatric hospitals is, or ought to be, sanctuary or asylum.

Whether all or indeed any of the recommendations made, particularly those requiring bricks and mortar, will ever come about remains to be seen. As long ago as 1961 the then regional hospital boards were asked to provide secure units by the Ministry of Health. Not a single one has materialised. Lord Justice James in 1974 added his protest about the iniquity of having to award prison sentences to offenders in need of hospital treatment. Where, then, are the funds for building the urgently required secure units to come from? The Government's financial cupboard is bare, and whatever scrapings there may be left will in all probability be allocated to other needs, for which the political pressures will be greater. It could well be, alas, that all the work put into this weighty, wordy, and extremely worthy exercise will be largely of academic importance.

HENRY R ROLLIN

Mental Disorder in Earlier Britain

Basil Clarke. (Pp 335; £10.) University of Wales Press. 1975.

Psychiatry is going through a period of change and reorientation. Institutional care, which used to be regarded as a necessity for the many, has become a luxury for the few. The old Victorian theoretical and classificatory edifices are crumbling although they still dominate textbooks. The long-stay wards of mental hospitals are emptying as the paralytics, epileptics, catatonics, and tuberculous are discharged to community care or dying off, because syphilis is treatable, birth trauma preventable, encephalitis on the decline, and tuberculosis under control. Psychiatrists can practise unfettered by law