

from acts or attitudes in which the unsoundness of mind of one or other of the participants, whether transient or enduring, is a significant factor. Murder is essentially an abnormal act: but we have yet to begin to discover wherein the individual nature of its abnormality lies. It is in the direction of this discovery, and in incontestable support of the value of seeking it, that this book is aimed. There can be no doubt of its value.

David Stafford-Clark

GUIDE TO PSYCHIATRY. *By Myre Sim. (Livingstone, 1963, 55s.)*

This work is a comprehensive survey which takes in the whole field of psychiatry and also deals with a number of other disciplines in their relation to the subject. This is a considerable achievement, and the more valuable because the book maintains a welcome balance between so-called "organic" and "psychodynamic" psychiatry. It provides a vigorous and systematic account of the subject and one which is firmly based on Dr. Sim's own extensive practical experience and wide reading. Many opinions are therefore expressed dogmatically, but there is a large bibliography and the distinction between facts and the author's views is well maintained. Although not to be read in isolation, this book should be a valuable stimulus and source for anyone seriously interested in any of the major aspects of the subject. Inevitably in so large a scheme, some parts are better done than others. The section on psychosomatic medicine is well-balanced and lucid, but the section on arteriosclerotic dementia is a weak spot in an otherwise very good review of organic problems. Modern developments in social psychiatry receive good coverage and the Mental Health Act, 1959, is treated fully and quite critically. The format is attractive, and this is a very handy and cheap work in view of its wide range.

H. Merskey

TRAINING OF PSYCHIATRISTS. *Twelfth Report of the Expert Committee on Mental Health (World Health Organisation: Technical Report Series, 1963, No 252; 3s. 6d. Available from H.M.S.O.)*

This report contains the collective views of a W.H.O. Expert Committee on Mental Health that met in Geneva from September 25th to October 1st, 1962, to discuss the training of psychiatrists in the light of present-day needs.

All countries complain of a shortage or at least a maldistribution of psychiatrists, but between countries there are vast differences in the number of psychiatrists available, and the training programmes vary considerably both in duration and quality. Although almost all countries providing training courses have an official body in charge of certifying or recognising them, in many instances psychiatric training is carried out under a clinical apprenticeship system, without an organised training according to a set curriculum.

Recognising the wide variation in existing resources, needs and patterns of health care in different countries of the world, the Committee considered that it would be unrealistic to recommend a single pattern. Accordingly, the Committee set out in detail the basic requirements for a "broad" training in psychiatry, together with the additional experience necessary for specialising or "differential" training.

Strong emphasis is put on the need for psychiatrists to have a broad training before devoting themselves to a sub-speciality. Three years should be the minimum, and during this time the trainee should have three to six months' experience in both child psychiatry (including mental subnormality) and neurology. The Committee considered that recognition of separate specialisation in psychiatry and neurology was essential, "since identification of the two usually operates to the detriment of psychiatry".

The Committee considered that all students of psychiatry should be encouraged, after completing their standard training, to devote a year or more to enlarging their knowledge, perhaps in a sub-speciality, or engaging in research. They recognised, however, that full differential training might require a longer period of time and

that it would be necessary later to establish systematic curricula for the various sub-specialities.

After setting out in detail the requirements for "broad" and "differential" training, the Committee make observations on training for psychiatric research and teaching, organisation and methods of training, and the role of W.H.O. in the training of psychiatrists.

Although some of the details of this report are open to criticism, there can be few psychiatrists who will not agree with the desirability of its main aims. However, whether these aims can be widely achieved in the foreseeable future is open to question, for the comprehensive pattern of training proposed could only be undertaken at the moment in the best equipped University Centres. The Committee recognised that such standards of training could not be achieved for many years by the less developed countries, and the report discusses in some detail the necessity and implications of training abroad.

Brian Ackner

NARCOTIC ADDICTION IN BRITAIN AND AMERICA. *The Impact of Public Policy.* By Edwin M. Schur. (Tavistock, 1963, 35s.)

Drug addiction in the U.S.A., in comparison with this country, remains a major health problem. Various theories have been postulated over the years to explain this difference, and Dr. Schur, in his book, has endeavoured to compare and contrast the effect which varying administrative measures have had on the fate of the drug addict.

During a two-year research period in the U.K., he made a thorough study of the British attitude to drug addiction, and, writing as an American, he gives a very clear and comprehensive description of our methods of dealing with the problem. It may seem strange to British readers, accustomed as they are to drug addiction being treated as a medical condition, to learn of the severe penal attitude which is adopted towards addicts in the U.S.A. Dr. Schur describes in interesting detail the various processes which have led to these punitive measures being introduced in his own country, and he emphasises the powers which the Federal Bureau of Narcotics hold in this field.

This study serves a double purpose. First, it provides an interesting review of the current position with regard to drug addiction in the two countries. Secondly, it may add more weight to an as yet small, but growing, body of opinion in the U.S.A., that a less punitive and more humane approach to the drug addict might reap bigger dividends.

J. A. Clark

THE HEALING CHURCH. By W. J. T. Kimber. (S.P.C.K., 1962, 15s.)

The author sets out to show that priest and doctor can work together in harmony, although their roles are different.

He reveals the importance of the work of Jung and others in clarifying what was previously only understood imperfectly about mind and body, and which is now capable of a natural explanation. The position of God as the source of all wholeness is still undisturbed, and Dr. Kimber makes it plain that the church need not be perturbed by the findings of modern psychology, and will no more be shaken by Freud than it was by Darwin in the last century.

The author states that spiritual disturbances often lead to functional disorders of the mind and even to organic disease, and therefore spiritual adjustment can afford physical relief even under conditions "which by all medical criteria are pronounced incurable". This bold statement by a Christian doctor may evoke strong criticism from those members of his profession who base their work on a more material interpretation of disease.

Dr. Kimber claims that much of the healing work undertaken by the early church has now devolved upon the specialised medical profession, and that this is in accord with the will and purpose of God. The church has yet to accept the challenge to