

and nursing staffs at the Special Hospitals, and I would like to pay tribute to what I might describe as their steadiness under fire. We certainly need to press ahead with the programme of Regional secure units, recognizing that what is required is a continuum of care consisting of community services, local hospitals, psychiatric units in general hospitals, Regional secure units and the Special Hospitals. All are inter-related and inter-dependent.

I face, too, pressures to deal with the growing problems of alcoholism, and I pay tribute to the admirable report published by this College which has made a notable contribution to the debate.

So I do not doubt that Governments and Secretaries of State have an important part to play in grappling with the problems you face. But in the end it is the profession—your profession—on which rests the main responsibility for the developing future of psychiatry. In this, the Royal College is making its mark as it strives to establish its codes of behaviour, to raise standards, to safeguard the best traditions of psychiatry, and to promote and support research which alone can unlock the doors which lead to greater understanding. In all this, despite the assaults which have rained in from every quarter, the College and its officers have acted throughout with dignity, with responsibility and with vigilance. On behalf of the people whom it is your purpose to serve I would like to thank you for the highly professional and responsible role that your College is playing.

It is not without significance that the College's motto is "Let Wisdom Guide". In this era of change and challenge, where both scepticism and blind faith still abound, wisdom is certainly needed. That you have it in abundance is not doubted. I wish you every success in your endeavours.'

Mr Jenkin ended by proposing the toast of 'The Royal College of Psychiatrists'.

The PRESIDENT in reply expressed his pleasure on the close relation the College enjoyed with the DHSS which was helpful to both organizations, especially in politically sensitive areas. In some matters we had many problems in common with the rest of medicine, and in some of these progress was inevitably slow. The trend in what was customarily called 'patients' rights' was causing some anxiety, but it also gave an opportunity for healthy and constructive debate which could well influence future Mental Health legislation. More headway was being made with audit procedures to supplement the considerable degree of 'audit' implicit in the system already.

Much of our work came into that often misunderstood area—multidisciplinary. The presence that evening of the Presidents of the Royal College of Nursing, Royal College of General Practitioners and the British Psychological Society was evidence of their particular close relationship with us. Multidisciplinary organizations, such as the Association of Child Psychology and Psychiatry, were most important, but could not take the place of the professional organizations which controlled standards of entry and training and so had a special relationship to the DHSS.

In common with medicine and surgery, psychiatry had a tendency to fissiparous sub-specialties with a proliferation of new Groups and Sections. There was a need to balance this with the common professional organization of the College which must be able to present clear, considered and united views to Government Departments and to other sections of the medical profession.

Reviews

'Institute of Fools' by Victor Nekipelov. Victor Gollancz. 1980. Pp 292. £7.95

After two years of close investigation, detailed interrogation of his many friends and numerous house searches, Nekipelov, pharmacist and dissident, was arrested and charged with the criminal act of possessing samizdat literature and passing on the 'Chronicle of Current Events'. Ever solicitous for the mental welfare of such active and persistent dissidents, the prison authorities made the presumptive

diagnosis of sluggish schizophrenia', and Nekipelov was promptly transferred for assessment to the notorious Serbsky Institute, national research and training centre for forensic psychiatry. From the moment when he is transferred from prison to the institute in the company of a motley collection of criminal types, Nekipelov, cynical and guardedly prepared to co-operate with the authorities, is determined to relate all he experiences. The first thing they do at the Serbsky is to remove his copy of the *Criminal Code*, but he continues to quote relevant sections which

apart from not helping him in the slightest does not apparently make him any more popular with the medical staff. He proceeds to describe the layout of the 300 bedded institute and soon discovers that there is even a section there for sluggish schizophrenia, a variety of the illness practically unknown in the West.

Nekipelov gives a lively description of a number of his fellow prisoners. There are interesting vignettes of flamboyant and also pathetic individuals; the majority, it appears, are faking mental illness in the belief that there is some advantage and protection to them in being regarded as insane. These malingering criminal characters trying to trick the doctor into regarding them as not accountable for their actions are the *Fools* of the title of the book. Some of them who know the ropes claim indeed to be politically motivated and adduce appropriate argument and protest with the full knowledge that this is an almost invariable short-cut to a psychiatric diagnosis. Others make crude and desperate attempts to hoodwink the doctors, putting on a fake catatonia or delirium which would not deceive the average British charge nurse for 24 hours.

Nekipelov underwent a physical and psychological examination (which included a Rorschach) and also a skull X-ray and what appears to have been an abortive EEG. Understandably he was more interested in the psychiatric examination, and he makes perfectly clear the perfunctory and naive questioning at the initial interview and the farce of the final medical panel with the notorious Dr Lunts present.

Amazingly enough, Nekipelov manages to retain his critical faculties and powers of observation, but towards the end of his two months stay, deprived of visits from his family, he does become depressed and even suspects that he might have been drugged unknown to himself. In the end, after all, Nekipelov is found sane and exchanges the Institute for a labour camp.

The overall impression obtained is of an unreal dream world, a topsy-turvy prison hospital in which a hierarchy of psychiatrists (for whom Nekipelov reserves his most blistering comments) goes through the motions of sorting out from a very mixed prison intake the many criminal types who want to be regarded as insane from the political activists and dissidents who insist on their sanity. Nekipelov has blown the gaff on Serbsky. Whatever it was formerly designed for, it is now no more or less than the centralized state establishment concerned primarily to process those presenting a threat to the regime and to attach where politically expedient a psychiatric label in order to provide a pseudo-scientific basis for their prolonged or indefinite incarceration in a prison mental hospital. This is a damning indictment by a brave and outspoken man determined to reveal the truth from the inside.

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Psychiatric Probation Orders: Roles and Expectations of Probation Officers and Psychiatrists by Peter Lewis. Institute of Criminology. £2.50.

This pamphlet of 40 pages discusses the results of a survey of psychiatric probation orders by a Senior Probation Officer when holding a Cropwood Fellowship at the Institute of Criminology at Cambridge. The subtitles describe the main thrust of the study, though it also includes a summary of the history and development of the order and a useful statement of the law and regulations governing it—revised in Section 3 of the Powers of the Criminal Courts Act of 1973.

The survey deals with all the psychiatric probation orders in force in Nottinghamshire on 1 April 1978, of every length, though more than two-thirds had been operating for over a year. Nottingham magistrates make orders rather more often than other benches—10 per cent of probation orders have a psychiatric condition compared with the national average of 5 per cent. The author studied 118 (out of 120 made) by means of fairly detailed questionnaires sent to doctors and probation officers concerned. From our point of view, one of the startling results was that 7 of the 23 doctors did not return their questionnaire, and one of these was a psychiatrist responsible for 39 of the cases, more than anyone else! Lewis tactfully makes no comment.

The type of case dealt with was no doubt influenced by the particular attitudes of magistrates and psychiatrists as well as of local treatment facilities, but compared with Grunhut's original series (collected in 1953 and described in 1963), there were much fewer sex offenders, more cases of addictions, and an interesting group of offences of domestic violence. There were also 15 subnormals, mainly in-patients, a group often spoken of as unsuitable for probation.

The main and universal value of the study, however, is Mr Lewis's very detailed description of the many methods of social work used—family and marital work; specially chosen employment assignments and training; hostels; group homes; joint treatment by several officers; and above all, the need of officers, psychiatrists and sometimes nurses to understand what each is aiming at, and to learn to co-operate effectively.

At times he is rather a perfectionist, e.g. in suggesting that a complete treatment programme might be outlined by doctor and officer in the initial court report; but he quotes cases in which neither the court nor those treating had any notion of why or how the order had come to be made, and it is useful to describe the best practice.

The pamphlet gives a good idea of the scope and power of the nation's most efficient social work agency and should be in the library of every hospital and clinic and recommended to psychiatrists in training.

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