Art as Healing. By EDWARD ADAMSON in association with JOHN TIMLIN. London: Conventure. 1984. Pp 68. £6.95.

For 35 years Edward Adamson worked as hospital artist at Netherne. After his retirement in 1981, his studio was used for physiotherapy and his large collection of paintings by patients found a home on a privately-funded site. Despite some suggestion of poor treatment of the founder figure of art therapy in this country, the real message of this book is the vision of the medical superintendent in encouraging his work at a time when conformity of hospital life eroded all that was unique in the individual and the way in which painting, freely done and not interpreted, was a vital connection. His studio became an oasis where people were creative and reached some measure of peace.

The book chronicles his work through many colour illustrations of paintings, drawings, clay models and wood-carvings; they are given meaning by the patients' descriptions and Adamson's sensitive accounts of their history. The art may not be great but the experience portrayed is the blood and guts of psychiatry.

MARK AVELINE, *Consultant Psychotherapist,*
St. Ann's Hospital,
Nottingham

Countertransference and Psychotherapeutic Technique: Teaching Seminars on Psychotherapy of the Borderline Adult. By JAMES F. MASTERSON. New York: Brunner/Mazel. 1983. Pp 305. $25.00.

There is always a danger that collections of edited transcripts of seminars will seem flat and boring to read when, hopefully, the seminars may have been lively and stimulating to attend. This book claims to present "a detailed clinical illustration of a comprehensive, orderly, consistent, coherent developmental psychotherapeutic approach to the borderline patient". Inevitably perhaps the clinical guidance presented appears didactic and spuriously authoritative in an area where there is little knowledge. Countertransference is understood in the narrow sense of something that interferes with therapy. The book is probably of use to those who were present at the original seminar as an aid to study and memory. I doubt, however, whether it is of any wider interest.

STEPHEN WILSON, *Consultant Psychiatrist/Psychotherapist,*
Littlemore Hospital,
Oxford

Epilepsy: 100 Elementary Principles. By ROGER J. PORTER. Eastbourne: W. B. Saunders. 1984. Pp 162. £9.95.

The latest volume in the *Major Problems in Neurology* series concerns the management of epilepsy and is therefore of wide interest. It is written in an unusual format, setting out 100 basic principles that the author suggests are a good starting point for students and graduates when confronted with patients with epilepsy.

The headings offer simple rules of thumb, like "do not give phenytoin intramuscularly" and "concealing the diagnosis usually causes more harm than it avoids". Though these sound simplistic each section argues its case well and references the data from which the conclusions are drawn. There are sections on the approach to the patient, diagnosis, therapy and psychological aspects. The bulk of the text concerns diagnosis and the choice and monitoring of drug treatment. Because of the format it abounds with practical tips and cautionary tales and contains far more advice than can usually be gleaned from standard textbooks.

The section of psychological problems is very short (some 5 sides of text only) and will disappoint the psychiatrist interested in this aspect of epilepsy though he and all others will find much help with the practical management of seizures and patients with seizures.

M. J. G. HARRISON, *Department of Neurology,*
Middlesex Hospital,
London

A HUNDRED YEARS AGO

Presidential Address, delivered at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, July 27th, 1883, by W. Orange, MD, FRCP.

"The evils of sentencing persons who are really insane to penal servitude or imprisonment, are much graver than is commonly supposed. If the punishment is to be carried out in its entirety it necessarily involves much suffering; indeed, penal servitude has been spoken of by one of the most eminent judges as "white slavery"; whilst if the sentence is not carried out thoroughly, but if the understanding is that it is to be modified in its severity, so as to suit the mental condition of the prisoner, it were surely better, in doubtful cases, not to pass sentence until after a satisfactory examination of the mental condition of the prisoner had been made. To sentence an insane person to the same punishment as would have been incurred by him if he had been sane, acts as an encouragement to the practice of allowing insane persons to remain at large until after the commission by them of some act seriously hurtful to the community; whilst, on the other hand, every instance in which a prisoner is found, on his trial to be insane acts as a reminder to the community that, little or much, it has failed in its duty in not having prevented the commission of the crime by placing the prisoner under proper care at an earlier date."

Plus ça change, plus c'est la même chose!

Researched by HENRY R. ROLLIN, *Honorary Librarian, Royal College of Psychiatrists*

Reference

Journal of Mental Science (October, 1883). **XXIX,** No. 127, New Series No. 91

https://doi.org/10.1192/S0007125000119968 Published online by Cambridge University Press