

Meeting was held at St Luke's in July 1969, bringing together psychiatrists from all over the world.

St Luke's was very early in developing electroencephalogram facilities, a children's unit and a regional secure unit, as well as being one of the first hospitals to have its walls knocked down as a patients' industrial therapy project.

The summaries of escapes are very readable including on p. 85:

"One of the most bizarre episodes occurred in July 1904 when a patient working in the kitchen garden bolted 'hotly pursued by two gardeners' and managed to reach North Ormesby, where he took refuge in a grocer's shop. 'He appeared to take up a cheese knife and threaten those who attempted to stop him,' reported the Medical Superintendent.

An exaggerated account appeared in the *Northern Echo*, the *North Eastern Gazette* and *North Star*. An illustrated account also appeared in the *Police News* published in London. The patient was apprehended and brought back at 10 a.m. having been absent for 50 minutes. He is not a dangerous man."

The author appears motivated by the wish to contrast past and present, and, with copious illustrations and anecdotes, to bring the past into the reader's experience. It may be considered remarkable historical fortune that the relatively unscathed survival of St Luke's can be attested to its small size, having been designed as a town asylum, such that it remains as the core of the multi-faceted academic, hospital and community mental health service.

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The Aryan Christ. The Secret Life of Carl Gustav Jung. By RICHARD NOLL. London: Macmillan. £16.99 (hb). ISBN 0-333666-18-6

The title of Richard Noll's book, together with its cheap and sensationalised packaging, is not only provocative but also misleading. One wonders who the target audience is, certainly not trainee psychiatrists who probably already know how to distinguish between ancient symbolic verities and delusional ideas; something alas, Noll may have forgotten.

I was surprised to read in Part 4 of the book that Noll is now convinced C. G. Jung was "indisputably a genius". We are informed that it was genius which inspired Jung's early complex theory and his mid-life typology.

Noll, Zeus-like, uses literary skills and allegations about Jung's dishonesty, unscrupulousness and immorality to hurl thunderbolts at the foundations of Jung's later Archetypal Theory which underpins the working hypothesis of the Collective Unconscious. This Noll considers a sham consisting of "decknamen or cover names".

He believes hidden memories (cryptomnesia) can adequately explain dissociative trance material produced by mediums and the contents of borderline psychotic states and reactive psychoses.

The main thrust of Noll's assault is concerned with Jung's "self-deification" in 1913. This amounts to an interpretation of an episode, in what Professor Henri F. Ellenberger (in his work *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, 1970) has preferred to describe as Jung's creative illness, which occurred between 1913 and 1919 after his break with Freud. Why does Noll ignore the importance of the theory of the conscious system in dynamic psychiatry and analytical psychology?

Noll's failure to expand on a reference to Sabina Spielrein, until recently unknown, is disappointing, but in itself points us towards some significant issues, investigated by John Kerr in his book *Most Dangerous Method* (1994). Sabina Spielrein was (until the late 1970s) genuinely Jung's secret. She was a brilliant young Russian Jewess and was cured by Jung of a 'hysterical psychosis' in 1905. After her cure she became a medical student in Zurich and one of Jung's research assistants. Later she and Jung became lovers. In a letter, found by chance in Geneva in 1977, from Jung to Spielrein, Jung pleads to Sabina to return to him after their separation, enforced by Mrs Emma Jung and his own terror of professional ruin. In this letter Jung confesses that he himself is now ill. In fact, Spielrein did not return to Jung but left for Vienna in 1912 and became an accomplished analyst, in Freud's circle, contributing to the training of Piaget. She was later murdered by the Nazis in Russia. Jung had been infatuated with her before Toni Wolff (another former analyst turned assistant) had become his mistress for her life-time, after Mrs Emma Jung, in depressive despair, had asked Toni Wolff to nurse her husband at home during his creative illness and at the time his mental state was deteriorating.

Noll should have emphasised that Jung's anti-semitism only began to take shape after both Spielrein and Freud had rejected him, and finally burnt-out in the wake of his shock at the news of the Holocaust 32 years later.

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Bereavement Information Pack For Those Bereaved Through Suicide or Other Sudden Death. By KATE HILL, KEITH HAWTON, ASLÖG MALMBERG and SUE SIMKIN. London: Gaskell. 1997. £5.00 (pb). ISBN 1-901242-08-0

Most of us experience the dark days of grief at some time in our lives. Its severity varies

enormously, from that which does not interfere significantly with normal day-to-day-activities to the most distressing states of anguish and despair which are difficult to resolve. Very easily a grieving person may misinterpret the many physical and psychological symptoms inherent in grief, and so develop secondary fears of illness, thereby accentuating their suffering. It is so important to explain the mechanism of grief and to interpret its clinical symptoms to those who experience them. Yet what a challenge it is to devise a format which conveys the message effectively, so that it can be assimilated at a time of great distress, covering the essential themes briefly without oversimplification or 'talking down' to the reader.

The *Bereavement Information Pack* negotiates these problems with considerable success. It deals successively with the initial features of acute grief, then the range of symptoms encountered in the fully developed reaction, giving special consideration to grief following sudden death and suicide. A very useful comprehensive list of helping agencies is also provided. Perhaps more could have been included about the process of helping and the ways in which people get better. How simple listening, if necessary to the same topics over and over again, is part of the healing process, and the sufferer should not be embarrassed about needing to share things in this way. We need an answer to the cry of despair 'What's the use of seeing you. You can't bring him back'.

The Information Pack is succinct and readable, and it should be useful for both helpers and sufferers alike. Will it reach out effectively to the majority of grieving people, many of whom will find it difficult to concentrate on any kind of written text, or may be visually impaired? Its excellent message will find a wider audience if it were also produced in audio form.

In a brief text such as this, it would be churlish to comment on omissions, but I was sorry to see that C. S. Lewis' *A Grief Observed* was not mentioned. It contains insights into the experience of grief which always move an audience. For example, part of Lewis' anguish was a fear, itself eventually resolved, that his memory of his dead wife would become distorted by his recurrent attempts to remember her:

"slowly, quietly, like snow flakes . . . like the small flakes that come when it is going to snow all night . . . little flakes of me, my impressions, my selections are settling down on the image of her. The real shape will be quite hidden by then."

Lewis' loss of faith was another feature of his distress: "meanwhile, where is God?"

And finally, restored feeling of closeness to the dead person seemed in his case to follow on resolution of the acute distress of grief, a point

which can be used to encourage those who feel guilty at taking any steps toward feeling better:

"and suddenly at the very moment when, so far, I mourned least, I remembered her best . . . It was as if the lifting of the sorrow removed a barrier"

Perhaps I should concede that there must be many other moving accounts of grief, and these quotes are idiosyncratic to me.

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Using the Mental Health Act. A Training Resource for Doctors. London: Royal College of Psychiatrists. 1997. 94 pp.+video. £45.00+VAT. ISBN 1-901242-09-9

It can no longer be claimed that the College neglects to provide guidance on the use of the Mental Health Act. This sophisticated training package illustrates the complexity of the task. The written material, 94 pages with a large typeface in a robust loose leave binder, reviews the Mental Health Act (England and Wales) 1983, and makes only passing reference to the provisions in the two other legislative regions of the United Kingdom. The 41 minutes of video, on the other hand, will be useful wherever patients are compulsorily detained and treated.

The text makes clear that patients may be detained on the grounds of their health alone. Those responsibilities of the responsible medical officer (RMO) which cannot be delegated (e.g. in the authorisation of Section 17 leave and the certification of consent on Form 38) are given appropriate emphasis. However, the medical orientation is not fully maintained, for example, in stating that "the MHRT must hold a hearing and must in particular hear and take evidence from the applicant, the patient . . . and the hospital managers . . ." There is no reference to the duty of the responsible authority to provide an up-to-date medical report (Rule 6, Schedule 1B), on which the RMO is likely to be closely examined.

Inevitably events have overtaken the editorial process, which has clearly had a long period of gestation. The text takes note of the Crime (Sentences) Act, the Criminal Justice and Public Order Act and the Sex Offenders Act and refers to the likely publication of a revised Code of Practice by the end of 1997. It does not include any reference to the implications of *L. v. Bournewood*, which is now to go to appeal, with an unavoidable further delay to the revised Code of Practice.

This package is designed as a tool for those running training sessions on the Mental Health Act and for those in more isolated sessions "who may wish to use distance learning". The written