

referring to the Judaeo-Christian tradition including the Exodus, Cross and Resurrection.

I read the chapters by the psychiatrists with particular interest because of their agreement to take part in the lecture series, which conveyed their awareness of the subject's importance and of the limitations of psychiatric knowledge. They remind the reader of the dividing line between descriptive psychopathology and religious experience (Sims) and that psychiatry, psychoanalysis, behavioural psychology and biochemistry had "no claim whatsoever to provide fundamental systems of thought to replace religion" (Paykel). Gene Paykel also referred to Desmond Pond's Riddell Memorial Lectures in 1971 on 'Counselling, Religion and Society' and to the case for collaboration between sacred and secular community organisations.

Elaine Murphy delivered a more straightforward account of issues of freedom and dependency when caring for the elderly, with a particular discussion of the ethics of physical restraint, and the principle of the least restrictive alternative.

The editors may already have noticed several proofreading errors and may regret not encouraging the greater use of subheadings or of a firmer binding, but they should be pleased with the first fruits of their labours. They may now have to decide whether the opportunity for dialogue between religion and medicine is to be restricted to that between Christianity and psychiatry or whether broader issues of medical practice are on the agenda – and so lose some of the focus and thrust of arguments which for me provided a stimulating reflection on routine clinical work. They should be encouraged to seek a major publisher so that the ideas can reach a yet wider readership. Yet be warned, as you read this book with an appropriately critical attitude, in case you are unexpectedly asked to deliver the next lecture. That was *my* experience – no sleaze or conflict of interest, of course.

JOHN COX, *Keele*.

A Century of Care. A History of St Luke's Hospital, Middlesbrough. By MALCOLM RACE (in collaboration with South Tees Community and Mental Health NHS Trust). Middlesbrough: South Tees Community and Mental Health. 1998. 95 pp. £3.50 (pb).

Malcolm Race's energetically thorough work colourfully draws on the accounts of former staff members and documentary evidence to commemorate the Centenary of St Luke's Hospital. Before 1898, Middlesbrough patients were admitted to the North Riding County Council's Asylum at Clifton in York. In February 1892, the North Riding gave notice to Middlesbrough

County Borough Council to withdraw its patients from Clifton within two years. St Luke's cost £107,000 to build and opened on 15 June 1898, named the Cleveland Asylum and standing in 100 acres near to Captain Cook's birth place in Marton. The original design accommodated 130 patients of each gender, with a farm, church, physician superintendent's house having a covered walkway to the hospital, as well as a mortuary and an isolation hospital.

Many interesting facets are brought out in this enjoyable book. The first medical superintendent was Dr George Stevens Pope who earned £350 a year with free house, coal, gas, water, washing, rates and taxes. The main attendants-in-charge earned £37 per year and females with the same duties earned £20 per year. On his retirement Dr Pope became the Lord Mayor of Norwich.

From its opening, contracts to take patients in Middlesbrough from Hereford, North Wales, Suffolk and Cornwall were established. The cost of such extra-contractual referrals was then 14 shillings per week. In 1910, 143 of 417 patients were 'out of County' especially from Essex, South Shields and Chester. This yields a sense of there being nothing new under the sun as we have had extra contractual referral patients recently on the Special Care Ward from Essex and South Shields.

It is interesting to regard that the clear scrutiny of the Commissioners of the Board of Control in the 1920s was critical of patients' food being monotonous and clothing being unstylish. All minor purchases such as soap dishes had to go through the Asylum Committee.

St Luke's was possibly unique among hospitals in having its own railway siding to supply the hospital, which survived until 1961. The reopening of such a link to South Cleveland Hospital has been reconsidered.

In 1947, Dr T. Martin Cuthbert became Physician Superintendent. Up-to-date treatments had been delayed due to difficulty in recruiting medical staff, yet Dr Martin Cuthbert implemented electroconvulsive therapy quickly and gathered a highly competent team of colleagues. Dr Donald Webster learned the techniques of insulin coma therapy in 1947 and also pioneered air encephalography, the forerunner of magnetic resonance imaging and single photon emission computerised tomography used today at South Cleveland Hospital in the original St Luke's grounds. St Luke's had only four long-serving Physician Superintendents, the last of whom, Dr Cuthbert, retired in 1974.

He was the last President of the Royal Medico-Psychological Association (RMPA), and Interim President of the Royal College of Psychiatrists, the first elected President being Professor Sir Martin Roth. The RMPAs 129th Annual General

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