

**VIOLENCE AND RESPONSIBILITY: THE INDIVIDUAL, THE FAMILY AND SOCIETY.** Edited by Robert L. Sadoff, M.D. S P Medical and Scientific Books. Pp. 139. 1978. \$14.95.

This volume comprises the edited proceedings of two conferences at Friends Hospital in Philadelphia in 1976. Contributors include many of the familiar names in contemporary psychiatry and forensic psychiatry: Halleck, Marmor, Quen, Rappoport, and Sadoff. Additionally, Elliott, a neurologist, Forer and Forster, from the legal profession, and Wolfgang, a sociologist, round out the distinguished group.

The topics include many of the bread-and-butter issues involved in domestic and street violence. Who does it to whom? Why do they do it, both psychologically and neurologically? How has the legal framework of society coped with it in the past? And what can we do today, both legally and otherwise, to reduce the incidence of this socially undesirable and costly epidemic? These issues are treated generally on a fundamental level, directed primarily toward those who do not have a great deal of prior sophistication in the sociology and biology of criminal violence. All the papers are provocative and raise fundamental questions in an area in which there is much knowledge. The trouble, of course, is that the knowledge isn't the right kind for real practical application.

The psychiatric reader may be interested in some of the interesting facts presented by the authors, as follows: Bracton integrated and codified the common law in the 13th century, pointing out that common law crimes involve both an *actus rea* (criminal act) and *mens rea* (criminal mind or intent). By way of distinction, statutory crimes need only involve a criminal act, without considering the actor's mental state. Lord Coke, in the 17th century, in defining the classes of *non compos mentis*, noted "He . . . [who] by his own vicious act depriveth himself of . . . understanding . . . [shall have] no privilege" (a "voluntarious daemon"). Thus the basis for decisions that alcohol and drug intoxications do not qualify for the insanity defense.

Some factors apparently correlated with violence include (1) failure to develop a clear-cut sexual identity; (2) limitation of social contact with peers; (3) in males, an inordinate preoccupation with masculinity and maleness reputation; and (4) repeated lack of success which is rationalized by blaming others. Other factors are these: (A) a history of past violence or exposure to parental brutality; (B) threats of violence; (C) excessive use of alcohol, stimulants, or barbiturates; (D) family dissension and potential loss or separation; (E) a history of head trauma, and (F) accessibility to weapons. A helpless, provocative victim is also important as an immediate predisposer to violence.

It is said that 1/5 to 1/3 of males who commit homicide also commit suicide.

Rage is less common as a seizure manifestation in temporal lobe epilepsy than as an inter-ictal phenomenon, especially post-ictal. Temporal lobe related violence is not organized and directed but diffuse, senseless, and uncommon as a source of crime.

If a man is killed by a woman, she is usually his wife. If a woman commits homicide, the victim is most likely her spouse. (Not so for husbands.)

Homicidal weapons vary with the room, *e.g.*, butcher knives in kitchens, fists or clothing (strangling) in the bedroom. The kitchen is more dangerous for husbands, the bedroom for wives. The weapon, rather than intention or motive, is the major factor affecting fatal versus non-fatal outcomes of domestic violence.

Probably the group to which most violence-preventive attention should be given is those who have been involved in at least one police domestic violence call, but those couples are a difficult group with which to work. Some kinds of legal sanctions would be necessary to induce more amenability to intervention in such families.

These diverse facts do not lend themselves to any easy application for effective violence prevention, as the authors are painfully aware. However, such facts must be more fully explored before we can begin to think about effective preventive programs.

Conferences like those reported in this book are important in bringing laymen up to date on these important issues and helping them to set realistic goals in dealing with their own problems. They are also useful to the psychiatrist who only occasionally is involved in forensic matters and offer him a quick survey of the state of the art.

NATHAN T. SIDLEY, M.D.

**PSYCHIATRY FOR LAWYERS.** By Andrew S. Watson, M.D. International Universities Press, Inc. New York, revised edition. Pp. xxii, 466. 1978. \$25.00.

The first time I met Andy Watson was in the club car on the train between Chicago and Pittsburgh. He was enroute to Philadelphia, and we were returning from the annual meeting of the trade union of law professors. Meeting Dr. Watson was a memorable experience, and the conversation as well as the drinks flowed freely as the wheels clackety-clacked over the rails.

Some years later, under more sober circumstances and under the auspices of the Menninger Foundation, we were involved in a series of meetings with other psychiatrists, law professors, and sociologists, under the tutelage of Herb Modlin, and discussed ways of infusing behavioral science materials into the law school curriculum. Although our meetings predictably had little or no impact upon legal education as such, the participants gained individual satisfaction in the exchange of ideas. Moreover, my renewed contact with Andy Watson led to my meeting with Herb Thomas, and to years of close collaborations with the latter.

This abbreviated history is "set up front" in order to state my biased and highly favorable view of Dr. Watson as a person, psychoanalyst, law professor, and social companion. Watson, Thomas and Jay Katz, all have adapted to the law school setting and have in their own way made major contributions to the study of law and psychiatry in our law schools. I could name others, but it is these three who have most influenced my thinking about the subject matter of Dr. Watson's book.

In addition to my periodic meetings with Dr. Watson, I came to know him