local and national specialist committees profited from his knowledge. He was a member of the management committee of the State Hospital, Carstairs and also chairman of the research and clinical section of the Scottish Division of the College. He was on the Court of Electors of the College and represented the Division on College Council, also acting as Council representative on the Journal, Library and Research Committees. He was psychiatric adviser and tutor to the Scottish Marriage Guidance Council, and was honorary consultant psychiatrist to the University of Strathclyde. He had a special interest in alcoholism, and it was particularly in regard to the management of its problems that his clinical and administrative gifts received a national recognition. Inevitably perhaps his interests widened to

include social and forensic psychiatry and he devoted increasing time to alcoholism, drug dependence, and more recently, homicide and related research interests.

His judgments of people and their shortcomings were shrewd but sympathetic. It was in his nature to find good in people, and so he was always tolerant and rarely, if ever, censorious.

He enjoyed his profession and it might be claimed that he shared with Ecclesiastes the view that there is nothing better for a man than that he should make his soul enjoy good in his labour. He was blessed with a happy marriage. May his widow and children derive comfort from the esteem and affection in which he was held.

R. N. ANTEBI

Reviews

Mental Illness—Public and Business Attitudes MORI Report. Mental Health Appeal. £5.00

The Mental Health Appeal recently commissioned a study of the willingness of individuals and organizations to donate money for the benefit of the mentally handicapped and mentally ill. This Report presents the main results. It comprises two sections.

The first begins with a brief account of a population survey of psychological morbidity. Data are presented on the number of respondents who admitted to having 'nerves' or 'mental breakdown' and who had been off work for some such cause during the preceding year. Here the data have little that is new to tell us, and indeed the estimates obtained are rather lower than might be expected from other studies. More interestingly, the survey also investigated attitudes to psychological illness, and what charitable support it warrants. People stated that mental illness was among the three most common diseases, that its importance was underrated, that psychiatric patients got worse treatment than the physically ill, and that the disorder was embarrassing both for the sufferers and for those who had to deal with it. Despite these sentiments the proportion who had actually given a charitable donation for mental illness was only about 1/30th of those who had given to a cancer charity or 1/20th of those who had given to the blind. The Report concludes that the problem is not the public's lack of awareness or lack of opportunity but simply an unwillingness to give. Interestingly, the public consider the mentally handicapped more deserving than the mentally ill.

The second part of the Report concerns how organizations decide their policies—if they have one—for handling requests for charity. Companies are bombarded by requests for money for work of which they usually understand little. It seems that most of those who give any funds at all set up some kind of machinery to do this, even if this is only to use the services of organizations such as the Charities Aid Foundations to distribute donations on their behalf. There are some useful and amusing 'do's' and 'don'ts' concerning the approach to companies for funds. The 'don'ts' make a formidable list and include avoiding specious arguments based on the number of workdays lost due to mental illness and the role of modern industrial stress as a cause of breakdown. When cash is handed over it seems that the main motive is straightforward, old-fashioned compassion. Fundraisers please note.

> Norman Kreitman Royal Edinburgh Hospital