

psychology, and social work, as well as for staffs of institutions, services and community agencies for the mentally retarded, and other public health and welfare agencies.

(Readers interested in mental retardation are reminded that the APA Mental Hospital Service Film Library contains another interesting film on mongolism. It is called *Michael—A Mongoloid Child* and is available to all full subscribers.)

ADVANCES IN THE CHEMOTHERAPY OF MENTAL DISORDERS (26 minutes, color). Produced by and available from Sandoz Pharmaceuticals, Hanover, N. J.

In straightforward fashion, this film presents the history, chemistry, pharmacology, and therapeutics of the phenothiazine tranquilizers, with particular emphasis on one of the sponsor's products. Produced at the University of California under the supervision of Sidney Cohen, M.D., assistant clinical professor, it is well made, good to look at, and will interest the psychiatric audiences for whom it is intended. It might also be used as an introductory film at meetings for the psychiatric orientation of general practitioners.

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BOOK REVIEWS

SIGMUND FREUD'S MISSION—by Erich Fromm. Black Cat Edition, Grove Press Inc., 64 University Place, New York 3, N. Y., 1963, 125 pages, \$60.

This volume is a provocative study of Freud's personality and influence. While this is a small volume, it manages to capture and describe the kind of man he was. The driving forces that gave birth to his creation, psychoanalysis, are lucidly analyzed.

Fromm describes Freud's historical function: "to rid man of illusions which veil and distort reality." Freud's discoveries are an integral part of this new enlightenment. He was a lonely man, driven by a passion to learn the truth about the nature of man.

Freud's aim was to found a movement for the ethical liberation of man which was to guide him through the vicissitudes of his existence. His most

loyal disciples were urban intellectuals who had no commitment except to the psychoanalytic movement. It was their religion, their philosophy, their bread of life. Like most religious movements this one lost its freshness and became ritualized to the point that its spontaneity was replaced by dogma. Freud became the godhead in this quasi-religious movement.

Fromm's criticism is directed against the errors and limitations inherent in the way that psychoanalysis developed. While one may not accept all of Fromm's critique of Freud, this volume is bound to excite the reader and cause a great deal of controversy. This volume should be read by all physicians.

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A PROPOSED PROGRAM FOR NATIONAL ACTION TO COMBAT MENTAL RETARDATION. Report to the President—by the President's Panel on Mental Retardation. U. S. Government Printing Office, Washington, D. C., 1962, 201 pages, \$65.

In October 1961, President John F. Kennedy appointed a panel of distinguished citizens, drawn from many professions, universities, colleges, and business enterprises, to study the care and treatment of the mentally retarded in England, Holland, Sweden, and Denmark, as well as in the United States. A special mission also visited the Soviet Union to study some of its special research projects. Early in 1962 the panel held a series of seven regional meetings to which they invited dedicated and knowledgeable individuals to describe programs then in operation at state and local levels in this country, and to outline the great existing needs.

This report, compiled from the data collected by six subcommittees or task forces, is the product of as much collective wisdom as can be brought together in a 200-page book. The task forces concerned themselves respectively with prevention, law and public awareness, behavioral and social research, education and habilitation, biological research, and coordination. As a collection of resources, programs, and future planning, the report is rivaled only by "A Manual on Program Development on Mental Retardation," which the *American Journal of Mental Deficiency* issued as a supplement in January 1962.

It is difficult to review this report as if it were a manuscript describing a specific study. It is

replete with facts and figures that reflect every facet of state and local activities on behalf of the mentally retarded. It does indicate the marked variations from state to state and from region to region in the implementation of these programs. It emphasizes that the federal government, through its several agencies and with its available resources, has a mandate to intrude into this area, yet at the same time makes clear that whatever may be achieved will have to be done at local and state levels, with assistance from federal agencies. Even public education techniques will have to be adapted to achieve full effectiveness in different sections of the nation.

Perhaps the most significant point made by the report is that, fundamentally, improved services for all children will include many things needed by retarded children. The 1930 White House Conference on Child Health, under President Herbert Hoover, guaranteed the right of every child to "adequate prenatal and maternity care and continuous medical health supervision after birth." While much progress has been made toward this pledge during the last thirty years, many country communities, and even more large cities, still have a long way to go to fulfill it.

Unsettled is the question as to whether mental retardation should be dealt with as a subprogram of other mental health programs, or as a separate, discrete area of operation. There is considerable support for both views. At present workers in mental retardation are particularly concerned with research, training, improved residential care, expansion of preventive measures, financial assistance for training teachers in special education, and further development of vocational rehabilitation. There is much to be said for a separate operation where efforts are not diluted and where one might anticipate achieving goals in a shorter period of time. On the other hand, the emphasis on the development of community-centered services parallels the similar planning concepts described in the final report of the Joint Commission on Mental Illness and Health. Public rejection of both mentally ill and mentally retarded, which resulted in the construction and maintenance of large institutions remotely placed, is now giving way to community-centered services for both groups of patients which are comparable in deployment of professional personnel as well as in financing.

That progress to date has been