

Klan, or any of the hundred-and-one terrorist organizations that threaten to rip the fabric of civilized society apart, any assassin, that is, could enter this defence if he sincerely believed in the rightness of his cause. This is a monstrous proposition and it is no consolation for me that Dr Moran assures us that, "Much like the insanity defence, a political defence would be affirmed and accepted only rarely". I would point out that in this country at least, the disposal of mentally disordered offenders under Part V of the 1959 Mental Health Act is by no means rare.

And, by the way, should this book run to a second edition, the publishers would be well advised to correct the claim made on page 53 that it was Nelson who was the victor of Waterloo. Such monumental clangers do tend to cast doubts on the scholarship of an author.

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¹ Dr Moran has discovered a decipherable signature that would appear to settle the controversy surrounding the spelling of McNaughtan's name.

² ROLLIN, HENRY R. (1977) *McNaughton's Madness*. In *Daniel McNaughton: His Trial and the Aftermath* (eds. D. J. West and A. Walk). Gaskell. The Royal College of Psychiatrists. Ashford, Kent: Headley Brothers.

Psychology and Psychiatry. 5th edition. Edited by P. DALLY. London: Hodder and Stoughton. 1981. Pp 285. £4.75.

This is the fifth edition of a book first published 16 years ago. Although primarily intended for nurses it can be usefully read by social workers, psychologists and other workers in the caring professions. The book is written in an interesting and stimulating manner and is full of useful practical clinical advice based on the author's experience.

Part one of the book deals with psychology and presents succinctly and comprehensively aspects of psychology relevant to clinical practice and includes general concepts of evolution and adaptation, intelligence, personality, development, as well as consciousness, sleep and the neurophysiological basis of mental functioning and behaviour. The remainder of the book deals with psychiatry and describes all the major mental disorders clearly and concisely. A new chapter has been added on psychiatric emergencies which will be of value to anyone dealing with psychiatric patients, and also a special discussion on the nurse/patient relationship and the nursing of psychiatric patients. Finally relevant medico-legal provisions for the care of psychiatric patients are described.

The book can be strongly recommended for nurses and paramedical workers of various kinds. It will also be a valuable book for general practitioners.

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Post-Traumatic Neurosis: From Railway Spine to the Whiplash. By M. R. TRIMBLE. Chichester, W. Sussex: John Wiley. Pp 156. £13.60.

In 1882 Professor John Erichsen published his views about clinical and medico-legal aspects of "railway spine". Dr Herbert Page, Surgeon to the London and North-West Railway, refuted them in his own book in which he analysed the relationship between railway accidents and the physical and emotional sequelae of them. Erichsen believed that the accidents caused injury to the spinal cord by the mechanism of concussion and that this led to a wide variety of physical and emotional symptoms, although he had no direct evidence to support his thesis. Dr Page was more thorough in his research and in 1885 he wrote that, "nervous shock in its varied manifestations is so common after railway collisions, and the symptoms thereof play so prominent a part in all cases which become the subject of medico-legal enquiry, whether they be real or feigned, we are almost sure to meet with the symptoms of it associated with pains and points of tenderness along the vertebral spinal processes . . . we cannot help thinking that it is this combination of the symptoms of general nervous prostration, or shock, and pains in the back . . . which has laid the foundation of the views—erroneous views as we hold them to be—so largely entertained of the nature of these common injuries of the back received in railway collisions".

Expanding upon the work of Page and Erichsen, Michael Trimble writes in a fascinating way about the evolution of medical and legal opinions concerning the nature of the wide range of mental and physical symptoms that follow accidents or war experiences which, though trivial in terms of the bodily damage they cause, if indeed they cause any at all, produce chronic disability.

The book contains many anecdotes and short case histories which illustrate his discussion of the nature of functional disorders, malingering and battle neurosis. The role of pre-traumatic personality characteristics is assessed and Dr Trimble concludes that although those with neurotic character traits are more likely to develop symptoms of post-traumatic neurosis, individuals with very stable personalities who seem ill-equipped to deal with sudden, severe incidents which are potentially life-threatening, are also liable to develop an accident neurosis. The

penultimate chapter is interesting because it brings together important medico-legal issues and will be valuable to those who prepare reports or give evidence in cases of litigation. The book sleeve states, "this book is a unique review of the extensive literature which exists on various aspects of post-traumatic neurosis". It is, and I recommend it unreservedly to all those who are interested in this difficult area of clinical and legal practice.

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Agoraphobia: Nature and Treatment. By ANDREW M. MATHEWS, MICHAEL G. GELDER and DEREK W. JOHNSTON. London and New York: Tavistock Publications. 1981. Pp 233. £15.00.

This is an important book. The three authors have all been closely involved in the development of therapeutic approaches to agoraphobia and they trace the evolution of behavioural treatments since their inception over two decades ago. Agoraphobia is a complex neurosis which has eluded explanation in terms of the learning theory model which appeared to provide a causative explanation for simpler forms of phobic neurosis. The authors have recognized this complexity and avoided dogmatic statements; instead they have assembled the evidence for aetiological factors from a wide variety of sources, and, in the light of these, have considered the various theoretical explanations at present on offer. Finding none of them entirely satisfactory they present their views of the nature of agoraphobia in terms of an 'integrated model'.

In addition to behaviour therapy they consider the role of pharmacotherapy and various psychotherapeutic techniques in the management of agoraphobia. They then expound, at some length, their own home-based treatment which is based upon enlisting the help of the patient's partner as a cotherapist and regular meetings for explanation, guidance and monitoring of progress with the therapist. This method appears to lack what the second author, at another time, called a counterneurotic device; moreover some readers may be forgiven for doubting that many partners may be able or willing to take on the role of cotherapist. Nonetheless the important principles of clear communication and guidance to the patient and the partner concerning the procedure of therapy should, it is to be hoped, provide a model to be adopted by other therapists using, perhaps, different approaches to treatment.

In the last chapter the role of cognitive factors in both the genesis and therapy of agoraphobia is reviewed. The authors have succeeded in avoiding a

rigid theoretical orientation and admit, with refreshing humility, to only a rudimentary understanding of how their treatment works. They have rendered a valuable service by encouraging open-mindedness and they have outlined future directions for research.

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Family Therapy and Major Psychopathology. Edited by MELZIN R. LANSKY. London: Academic Press. 1981. Pp 431. £18.20.

The editor of this volume, is chief of Family Treatment Programme, Brentwood Medical Centre, Los Angeles, California, a programme based on a general psychiatric ward and offering for its patients any appropriate standard psychiatric treatment but always in the context of family work.

The theme of the book is an attempt to bridge the gap between the fields of general psychiatry, with its emphasis on the medical model and specific treatment of the individual, and family therapy with its focus on the family system. Rapprochement is necessary, says Lansky, because a knowledge of systems especially the family system, is needed for the competent administering of other treatments, for example, drugs. Major forces that oppose effective drug treatment come from unrecognized and unresolved difficulties in the family. "A new eclecticism" is required in treatment, he maintains, to overcome the problems posed by major psychiatric illness and management of the patient within the family system is part of this.

This aim is laudable and yet unfortunately I am uncertain whether it will be achieved, at least with this book, which is expensive, based on the American psychiatric scene, and somewhat repetitive.

Contributions come from widely different areas of psychiatry covering adolescent work, schizophrenia, alcoholism, organic brain syndrome amongst others, and each chapter author writes from a basis of clinical experience, with emphasis on the practical where possible, with much case illustration. Some chapters are excellent, for example that on the treatment of patients with bipolar affective illness, and I am sure, will stimulate the receptive reader. However taking the book as a whole, it suffers from its wordiness and repetition, some very poor contributions, and its main use must, I think, be in its inclusion in the general psychiatric library, rather than the psychiatrist's personal collection.

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