

and *Theory and Practice of Family Psychiatry* (1968). The subject is tackled in an orderly and authoritative way, albeit in a rather prolix, repetitive style. The main sections are concerned with: the anatomy of the family; nosology; psychopathology; diagnosis; therapy; special aspects, such as fathering and childbirth, and the organization of a family psychiatric service. Throughout there is clear evidence of Dr Howells' very extensive clinical experience with disordered families, and this is especially valuable in the sections concerned with treatment and the organization of services. Many interesting references to the practice of the Institute of Family Psychiatry at Ipswich are incorporated.

The rapid growth of family-orientated approaches in psychiatry during the last two decades has highlighted the need to redress the balance of emphasis between intrapersonal and interpersonal phenomena in favour of the latter. Dr Howell's approach to family psychiatry, however, is more far-reaching and is based on his fundamental conviction that psychopathology must always be regarded as an expression of dysfunction in the whole family group. The family, and not the individual, is the patient, and the traditional individual approach is described at one point as often 'nothing but a blundering, stumbling intervention—an elephant in a tea shop'. This point of view shapes all the principles propounded for investigation, diagnosis, therapeutic intervention and the organization of services. The author claims that basic psychopathological processes are best understood in terms of the effects of harmful experiences. It follows that the therapeutic approaches advocated are centred on reversing adverse experiential processes; hence, in Dr Howells' terminology, Benexperiential psychotherapy, Vector therapy, and the creation of a Salutiferous Society. This theoretical framework is emphasized enthusiastically, but little consideration is given to alternative models. For example, there is no discussion of the potential role in family psychiatry of behaviour management skills derived from social learning theory. In this respect, many family-orientated therapists are likely to feel that Dr Howells' conceptual and practical ideas are too restricting and idiosyncratic in a field of work that is still at the pioneering stage. Further, the author holds very personal theoretical ideas about psychiatric nomenclature and nosology, and many new terms are introduced. For example, the terms psychonosis and encephalonosis replace neurosis and psychosis, and schizophrenia, mania and depression are renamed respectively, encephalo-ataxia, encephalolampsia and encephalobarria. While the scope for reconsidering current terminology and classification in psychiatry must be acknowledged, the introduction

of controversial matter of this kind runs the risk of distracting the reader from the main issues of the book. The combined effect of these reservations means that this work is less useful than it should be. It belongs best in the library of the experienced family therapist rather than of the beginner, who requires a more eclectic introduction to the exciting study of the family, family therapy and family research.

W. L. L. PARRY-JONES

CHILDREN

Parent-Infant Interaction. Ciba Foundation Symposium 33 (New Series). Amsterdam: Associated Scientific Publishers. 1975. Pp vi+324. Index 9 pp. Illustrated. Price \$21.95.

The publication of another book on early parent-child interaction shows that the boom in research into the behaviour and relationships of the neonate continues unabated. Our respect for the newborn baby has had to increase as its ability to actively interact with the outside world has become more apparent. As investigative methods have become more naturalistic, so our knowledge of the complexities of the infants' responses and initiatives has grown dramatically. It is particularly pleasant to realize that much of this work serves to confirm what mothers have often felt about their infants, despite the doubts and scepticism of the experts. In this volume, Brazleton describes the pleasure expressed by mothers when they can see a paediatrician confirm their pride while putting an infant through its paces in a neonatal examination.

This example demonstrates the theme of this volume of the Ciba Foundation Symposium: that present work has reached a point where it is justified to leave the research units and apply some of the established findings to clinical settings. The volume follows the usual symposium pattern of formal research papers followed by an edited account of the ensuing discussions. Such a format can be indigestible, but here the discussions provide a useful and enthusiastic link between the papers. As so many of the comments relate directly to practical issues in paediatrics and psychiatry this volume may be of more than usual interest to clinicians. Only three of the papers are based on non-human investigations, but these are presented in a way that should win over even those most suspicious of the relevance of animal experiments to psychiatry. Particularly impressive is the account by Hinde and Simpson on how a combination of sensitivity and objectivity can be used in primate research to describe and assess various aspects of interpersonal relationships. The remaining 13 papers are based on direct observations

of human infants and their parents (mothers mainly, but it is good to see fathers are not forgotten). The general quality of the papers is high and it is difficult to select individual ones for special comment. I found especially interesting MacFarlane's demonstration of the ability of six-day-old babies to detect by smell the milk of their own mothers, and the work of Kennell and his colleagues showing how deliberately increasing mother-child interaction in the first hours of the baby's life appears to be still affecting the relationship up to two years later. Applying some of the results reported here could almost certainly improve the satisfaction of being the parent of a young baby. The work to date cannot yet explain the mechanism of the long-term effects, nor how these effects relate to later frank psychopathology in either the child or its parents. Dunn particularly suggests that we have to be cautious about assuming that early difficulties must inevitably have harmful long-term effects. Nevertheless, the work reported here has brought us to the point where we have a clearer idea of the questions that need to be and can be answered. This book is a straightforward account of what must have been a stimulating and fruitful symposium. It is beautifully produced and appears to have been rapidly published, with very up-to-date references. The publishers claim that it will interest psychiatrists, developmental psychologists, and all those who care for mothers and infants at or after birth. This claim is fully justified.

STEPHEN WOLKIND

The Hyperactive Child. Edited by DENNIS P. CANTWELL. 1975. New York: Spectrum Publications Inc. Pp 209. Price £7.15.

Every new book which uses the descriptive term of hyperactivity as if it were a diagnostic entity confirms the belief that such a condition exists. This is not merely a semantic issue: the consequence of making a diagnosis of hyperactivity is usually the prescription of powerful drugs. Two hundred thousand children in the United States are currently receiving such drugs.

Cantwell's book contains a number of contributions by different authors. There is discussion of the diagnostic evaluation and the natural history and prognosis of the syndrome, and in another section there are discussions of 'neurophysiologic' studies and biochemical research. Medication is described in detail by Barbara Fish, who traces the steps through which the child progresses from Benadryl to chlorpromazine. It is small comfort that children do not usually need doses that are high enough to give serious toxic effects, such as on the liver, eyes and skin, which occur in adults.

Cantwell states that next to nothing is known about the long-term effects, good or bad, of the medications. Even more important is the statement that overactivity is a normal response. And yet, the symptoms by which it is identified consist of little more than behaviour which irritates parents.

In one of Cantwell's own contributions he describes as symptoms the complaints that parents make about children's unusual amounts of energy, and that they wear out shoes, clothes, bicycles, etc faster than other children. For good measure, he adds: 'fidgetiness, inability to sit still for any length of time, talking a great deal, and inability to keep his hands to himself.' It is no wonder that hyperactivity is the most common 'syndrome' currently referred to child psychiatric clinics in the United States. If it is a normal reaction, why is it treated as if it were a recognized syndrome with pathology in the brain tissues?

In spite of a number of cautionary statements which go some way to restore a sense of proportion, the total impact of the book gives support to those who accept complaints about children's behaviour as being the equivalent of symptoms of some organic disorder or constitutional anomaly. It would appear that the battle against the improper use of the descriptive term 'hyperactivity' has already been lost.

J. H. KAHN

NEUROPSYCHIATRY

The Psychological Effects of Concussion. By D. M. A. GRONWALL and H. SAMPSON. Auckland University Press/Oxford University Press. 1974. Pp 118. Paperback. Price £2.50.

The view has often been vigorously expressed that the post-concussional syndrome of headache, giddiness, difficulty in concentration, irritability and affective symptoms is due primarily to a wish for financial gain. Psychiatrists, who tended to believe what their patients told them, were never very happy with this robust dismissal of subjective symptoms. Increasing evidence from blood-flow studies and otological investigations supports an organic cause, as does the existence of patients whose symptoms persist despite their having no claim for compensation, or after settlement of such a claim. Dr Gronwall and Professor Sampson now report investigations which show a relatively persistent cognitive deficit after head injury. Appropriate controls for young patients with mild and severe concussion have been studied with the Paced Auditory Serial Addition Task (PASAT). In this test a recorded list of numbers is read to the subject who adds pairs of numbers such that each number is added to its predecessor. At