

the king is sick, as occurred with presidents Grover Cleveland, Woodrow Wilson, Franklin Roosevelt and John Kennedy. Winston Churchill's progressive deterioration during his second term, 1951–55, was not internationally dangerous. Potentially more serious in the powder-keg of the Middle East were the recurrent depressions and terminal melancholia of Menachem Begin.

The authors reach a grim conclusion. When captive kings are patients, there are often indirect and unusual referral channels. Too many (or too few) physicians are involved, causing diffusion and confusion of responsibility, clinical attention to be misdirected, and exceptional disagreement about diagnosis. The optimal medical treatment can be politically fatal, but subordinating the physicians' care to political considerations can be medically fatal.

As life, but not always competence, is prolonged by medical advances, what Post and Robins call 'terminal leadership' must, if possible, be avoided. (They cite Marcos, surviving on dialysis, and the urgency of the Shah of Iran while concealing lymphatic leukaemia.) Clinicians consider the conventional 'disposal' of a patient, but the authors ask how one disposes of a disabled leader. Relevant factors are the presence or absence of institutional or legal procedures for the transfer of power and of political demands, and the availability of an alternative leader. They agree that the rules of ethics of confidentiality might be ignored if the leader was incompetent by reason of dementia, depression or mania, or had been responsible for a serious illegal or immoral act.

HUGH, L'ÉTANG, *Editor, Travel Medicine International, London*

**Research Methods in Psychiatry: A Beginner's Guide (2nd edn).** Edited by C. FREEMAN and P. TYRER. London: Gaskell. 1992. 318 pp. £15.00.

The chief characteristic of *Research Methods in Psychiatry* is its comprehensive cover of techniques for research projects, whether they be small single-patient studies or large epidemiological projects. There are useful chapters on various rating scales, with important distinctions emphasised between those scales primarily used to measure the severity of an illness and those used to assist diagnostic classification.

The overall standard is very high; individual chapters can be used as a protocol and format for guiding research. Particularly impressive is the way Johnson, in his chapter on statistical methods, covers the gamut of major experimental designs likely to be encountered by the clinical trialist. There is much common sense too, in Freeman *et al's* guide to the use of computers in research.

It is difficult to fault this volume in any major way, although I am surprised that so little attention has been paid to methods and rating scales which assess quality of life, given the current interest in such measures. However, a useful chapter on rating scales for psychotherapy is included. Future editions might include an assessment of rating scales for measuring the impact of psychoactive drugs on sleep, since sleep disturbance is a feature of many clinical trials.

This volume is well written and useful. I regard it as essential reading for anyone beginning a career in psychiatric research; if all authors of published papers were to read this book before beginning work, I am sure that the overall standard of clinical trials would be immediately enhanced.

IAN HINDMARCH, *Professor of Human Psychopharmacology, University of Surrey, Milford Hospital, Godalming*

**Measuring Mental Health Needs.** Edited by GRAHAM THORNICROFT, CHRIS R. BREWIN and JOHN WING. London: Gaskell. 1992. 328 pp. £20.00.

In the National Health Service and Community Care Act 1990 the Government changed the structure of the health services in an attempt to increase professional accountability, tighten financial control, and make explicit the decisions about priorities. There is to be a separation of purchasing and providing authorities who will negotiate contracts, stating what services they wish to purchase, agreeing what services they expect to receive, and what they expect to pay for them. The needs of the mentally ill will have to be assessed before realistic contracts can be drawn up. As Sir Douglas Black says, this assessment is a distinctly difficult task; but this and related subjects are boldly tackled by the authors of this book's 18 chapters.

With the dissolution of the mental hospitals, the fragmentation of the needs of psychiatric patients has become more apparent and these needs are not going to be met unless there is much better statistical information than is available at present. If community care is to become a working reality, the information boundaries, which have always separated primary care, social services, and specialist care, have to be broken down and minimal service standards set or patients will not experience the real benefits of that change. Whether the proposed changes in statistical systems can overcome the long-standing difficulties in relations between health and social services, or nullify the legacy of Poor Law funding of the mental health services, is a question for the future.

In this book, solutions are suggested, while dangers to be avoided and opportunities to be grasped are pointed out. Important changes are in the offing and it is essential that we understand what is happening. This book is

not easy reading and it will not be everyone's cup of tea. However, it is essential reading for all psychiatrists if they are to understand and contribute constructively to the rapidly changing future in which they will practise.

DOUGLAS BENNETT, *Emeritus Psychiatrist, Bethlem Royal and Maudsley Hospitals, London*

**Trauma Organised Systems: Physical and Sexual Abuse in Families.** By ARNON BENTOVIM. London: Karnac Books. 1992. 122 pp. £11.95.

In the last ten years the day-to-day work of child and adolescent mental health workers has been changed radically in two ways: firstly through the new awareness of the prevalence of all forms of child abuse and violence in families; and secondly through the growth in our understanding of the long-term effects of traumatic childhood events.

Dr Bentovim, one of the chief practitioners in the treatment of child abuse, has linked research on childhood trauma (Eth, Pynoos & Terr) with new developments in systemic family therapy. The result, set out in this book, is his description of what he calls "trauma organised systems". Bentovim describes trauma organised systems as "action systems" where abusive action creates its own justification and its own perpetuation, encompassing and neutralising those who seek to intervene.

Bentovim starts the book by considering the wider sociological aspects of family violence. He traces the influence of aberrant attachment behaviour and describes the process whereby these negative interactions set off abusive cycles.

The book proposes ways in which focal family therapy – the theoretical method developed with Kinston – can be integrated into the treatment of trauma organised systems. Bentovim offers a satisfying descriptive classification for use in the assessment of families. Chapters on the investigative process, assessment, and treatment, form a considerable part of the book.

The last chapter presents what amounts to a check-list of the therapeutic process and a plethora of treatment approaches are suggested, including group work for victims and perpetrators, individual work, family and marital therapy, all in various combinations, addressing different levels of the system at particular stages of treatment.

Amply supported by case material, the style is clear and scientifically succinct, perhaps at the cost of the subject matter becoming occasionally epigrammatic.

This is a practitioner's book. All those working with families and individuals where physical, sexual, and emotional abuse and family violence are well established patterns will welcome the conceptual framework, the well defined criteria for assessment, and the specific treatment advice.

GORDANA MILAVIĆ, *Consultant in Child and Adolescent Psychiatry, Mental Health Services for Children and Adolescents, Greenwich District Hospital, London*

**Managing Stress in Families: Cognitive and Behavioural Strategies for Enhancing Coping Skills.** By IAN R. H. FALLOON, MARC LAPORTA, GRAINNE FADDEN and VICTOR GRAHAM-HOLE. London: Routledge. 1993. 281 pp. £12.99.

As the community care reforms are implemented with funding that assumes a continuing programme of discharge from long-stay psychiatric hospital beds, it is evident that increasing numbers of patients with psychiatric disability will reside within their families, supported by planned professional care programmes. Many families caring for a chronically disabled member find this stressful, and high levels of ambient discord may contribute to the relapse of psychiatric conditions. Family intervention will thus become an increasingly important facet of psychiatric management in the community.

This book is presented as a training manual for a form of family intervention developed by the authors. The model used is based on the assumption that intra-familial stress arises from deficits in communication and problem-solving skills in family members directed towards achieving family and personal goals. Evidence to support this is not elaborated. Care is taken to avoid implications about the aetiology of the psychiatric conditions. The methods described are based on those of behavioural family therapy, the history of which is briefly outlined.

The description of cognitive-behavioural techniques applied individually and collectively is detailed, but numerous examples, charts, lists, and revision points prevent it from becoming too dull, and many are useful. Chapters are included on assessment of the family unit, education, communication training, problem solving, and crisis intervention. More experienced therapists are likely to find the approach overly didactic and prescriptive, as when invited to deliver long speeches to families verbatim or to follow highly structured session-by-session guides. The authors' hope that mental health professionals from all disciplines with a basic training in cognitive-behavioural approaches may be able to learn and apply their family intervention strategies from studying this book seems optimistic. The chapter on coping with problems in application and an appendix on therapist competence are inadequate. A specific course in the techniques is suggested as desirable, but many potential users will wish to enhance their basic skills in family interviewing, engagement, and intervention as well.

The green shoots of interest in family therapy in general psychiatry are encouraging. While therapies based on systemic theories of family function cannot be ignored, not all family work uses such analogies and