

Martin and Bell, who have both died in the past 10 years and whose names are associated with one variant of the fragile X syndrome.

Some papers are given in full and some in abstract form. The wordprocessor style of print does not make for easy reading. The lists of participants and contributors and the bibliography are formidable.

The content of the book is highly specialised and hard to read unless the reader has a background knowledge of the subject. For the clinician the first section, on clinical studies and nosology, is the most relevant but I could find only one reference to psychiatric sequelae, namely that a link has been suggested between autism and the fragile X syndrome.

As a clinician and not a "syndrome hunter", I was pleased to be updated on the physical and developmental findings. It has often been said that the physical signs are minimal (other than macro-orchidism in some), but many papers provide evidence of the wide range of abnormal features in this syndrome and possible links with such diverse conditions as sudden infant death, heart abnormalities, and a predisposition to unusual cancers. I was also unaware that the presence of a fragile X site may predispose to non-disjunction of other chromosomes.

This is a book for research workers rather than clinicians, for those who wish to become familiar with a range of syndromes and for those who have a specific question to answer.

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Cognitive-Behavioral Therapy with Families. Edited by NORMAN EPSTEIN, STEPHEN SCHLESINGER and WINDY DRYDEN. New York: Brunner/Mazel. 1988. 392 pp. \$37.50.

The aim of this book is to apply cognitive-behavioural principles which are well known for the treatment of individuals, to the treatment of families. In this, the book covers new ground. One of the editors is based in the UK, and most of the eleven authors are from the USA. The book has thorough subject and indexes, and an extensive list of references following each chapter.

The book starts with two chapters on theory and methods of cognitive-behavioural family treatments. These are clearly explained, and well illustrated with diagrams and tables. The remainder is dedicated to treatments of specific family problems. These cover a wide range of clients, from childhood problems (e.g. child physical abuse) to marital problems (e.g. physical aggression), to problems with elderly family members. These chapters are written with the clinician in mind. They provide useful examples and case vignettes explaining both the theoretical framework and the practical applications.

I would have found more use of tables and diagrams in the treatment chapters helpful. I would recommend the book to those in either family therapy or cognitive-behavioural therapy with individuals, who want to expand their clinical armamentarium.

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Textbook of Psychiatry. Edited by JOHN A. TALBOTT, ROBERT E. HALES and STUART E. YUDOFKY. Washington: American Psychiatric Press (distributed in the UK by the Cambridge University Press). 1988. 1324 pp. £40.00.

The goal of this volume is to provide a textbook that is practical as a primary reference for psychiatrists, psychiatrists in training, other medical specialties, associated paramedicals, and medical students. I do not believe it will achieve that status on this side of the Atlantic as the clinical section is fashioned around the cornerstone of DSM-III-R, which is naturally more familiar and essential to practitioners in North America. However, this should not detract from the value of this textbook, which has much to recommend it.

It contains 38 chapters, with 61 contributors, all experts in their own fields, and the editors are to be congratulated for limiting repetition, a feature of other multi-author textbooks, to a minimum. The volume is divided into five sections: 'Theoretical foundations', 'Assessment', 'Psychiatric disorders', 'Psychiatric treatments', and 'Special topics'. There are two appendices, one on diagnostic criteria from DSM-III-R and one on excerpts from the American Psychiatric Glossary. Psychiatrists from these islands, particularly those interested in research, will find the DSM-III-R criteria invaluable. There is an excellent up-to-date list of references at the end of each chapter, although there is a natural bias towards North American authors. The editors have obviously taken great trouble in trying to standardise the contributions from the various authors, and in this they have been successful - too successful in some cases, particularly in the section on psychiatric disorders, which tends to become monotonous at times, following the format of DSM-III-R rather rigidly.

The section on theoretical foundations has a good up-to-date overview on genetics in relation to psychiatry. The chapter on normal growth and development is well worth reading, and covers the work of all major contributors in this field. Some of the language is rather technical in places, for example "ontogeny recapitulates phylogeny". The evolution and development of psychoanalysis and the later psychodynamic school is well documented, particularly with reference to the theories of Freud.

In the section on assessment there is a very informative chapter on 'Laboratory and other diagnostic tests in

psychiatry'. This includes a short description of current brain-imaging techniques such as magnetic resonance imaging, positron emission tomography, and regional cerebral blood flow.

The section on psychiatric disorders is generally of a high standard, although there are some deficiencies. There is an excellent contribution on schizophrenia, with a comprehensive review of the epidemiology and aetiological theories. The chapter on anxiety disorders is to be recommended, particularly the contributions on panic disorders and post-traumatic stress disorder. There are some interesting personality disorders, such as "avoidant personality disorder" and "self-defeating personality disorder". Whether these concepts will cross the Atlantic remains to be seen. I was disappointed in the contribution on alcohol dependence/alcohol abuse. There is no mention of the famous Rand reports; nor is there any discussion about the current thinking on 'controlled drinking'.

The section on treatment was fully comprehensive and reflected some of the medico-legal constraints in the USA. The psychotherapies are particularly well covered. In the 'Special topics' section I would recommend the contributions on suicide, ethics and community care. I was fascinated to read that Nevada has one of the highest suicide rates in the United States. Could this have anything to do with the casinos? There is a good review of community care in the United States, and the author makes the valid point that "the dollar does not follow the patient". In other words, when the patient moves out into the community few resources move with him. It was a pity that little reference was made to the international scene, such as the Italian experience.

Overall, this is an excellent textbook of psychiatry which certainly should meet the editor's goals and expectations. Psychiatrists on this side of the Atlantic will find it an invaluable up-to-date reference book. It is attractively bound and well laid-out, and is excellent value at £40.00.

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Essential Papers on Countertransference. Edited by BENJAMIN WOLSTEIN. New York: Columbia University Press. 1988. 359 pp. \$31.00 (pb), \$69.00 (hb).

The centenary of Breuer & Freud's early observations of transference and countertransference in *Studies on Hysteria* will take place in 1995. The essays in this book could be said to celebrate that crucial discovery. Each essay has been selected to represent a significant change in the concept and clinical study of countertransference, and therefore in the evolution of psychoanalysis, between 1910 and 1983.

As a historical summary of the changes that have taken place in the concept of countertransference, Wolstein's first chapter is particularly helpful. He traces the development of new insights derived from the early and direct Freudian interpretive work on the patient's oedipal material, which excluded direct consideration of the countertransference, to the present variety of perspectives arising from the development of ego psychology, object relations, interpersonal relations theories, and the exploration of the transference and countertransference in self-psychology. His final chapter on the pluralism of perspectives on countertransference, a subject of considerable evolutionary interest and complexity, I found at times to be somewhat labyrinthine. One of the issues he affirms, as I understand it, is that with the move from an id to an ego interpersonal model of psychoanalysis, the patient who has been helped by a psychoanalyst to work through his transference problems may benefit by explicitly facing the psychoanalyst with what he considers to be his psychoanalyst's own countertransference distortions. The therapist at this point will have to decide whether to end therapy or to continue the exploration into his own assumed distorted perceptions (perceptions that had previously been accepted by his peers as objective and reality-based) in the hope that a further level of maturative development, whatever it may be, can be achieved for his client and possibly for himself. Wolstein's development of this view will, I imagine, evoke an interesting debate.

Between these two chapters lie 17 essays which move in a developmental sequence showing different points of emphasis. They make impressive and sometimes fascinating reading. They have been selected to typify the changes in the perception of countertransference over time, and include insights from Freud, Ferenczi and Rank, Reik and Clara Thompson, Racker and Searles, Winnicott, and Gill.

I can warmly recommend this book to all psychodynamically interested psychotherapists, and particularly those in training. Some may already have read a number of these essays, but most are of a calibre that benefit from a second or third reading.

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Feminist Counselling in Action. By JOCELYN CHAPLIN. London: Sage. 1988. 131 pp. £7.95.

The core of Chaplin's book is a systematic account of what she is trying to achieve as a feminist counsellor, how she defines the role, and how she prepares for different stages of the counselling relationship. She relates her values, aims, principles, and techniques to the processes and outcomes of counselling, using effective case illustrations.