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matter. Similarly, the period of Barbara Castle gets a very one-sided interpretation. A great deal of ground is covered succinctly and there is insightful political analysis, which can usefully complement more comprehensive accounts of the subject. The earlier part of the book, however, seems to have entirely escaped the attention of proofreaders.

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Toxic Psychiatry, Drugs and Electroconvulsive Therapy:
The Truth and the Better Alternatives. By Peter Breggin. London: Harper Collins. 1993. 578 pp. £7.99.

Toxic Psychiatry is written by a psychiatrist who was a consultant for the NIMH before going into full-time private practice. He is now the director of the Centre for the Study of Psychiatry and Professor (Adjunct) of Conflict Analysis and Resolution at George Mason University.

This book ought to be a timely reminder that psychiatry is indeed becoming overwhelmingly biological in its perspective and that eclecticism is preferential to the individualistic and devisive posturings of the biological, psychosocial or psychodynamic schools of thought and practice. It does not achieve this and instead adopts its own posture which is hostile to current clinical psychiatry as practiced throughout the world.

This is not a scholarly book but one which resorts to hyperbole and cant to argue the position. Sweeping statements such as "shock treatment is on the rise and elderly women are being targeted" abound and show the author's paranoid position. Indeed, so entrenched is he in this position that he launches an attack on what he terms the 'psychopharmaceutical complex', nor does he shrink from naming the individual companies and their drugs. He holds particular disdain for those whom he terms the 'Xanax doctors', the 'toxic parents' who have joined 'toxic psychiatry', the APA and those who conduct genetic studies. Indeed, he notices a trend in which "the biopsychiatrists of late are becoming more bold" and again citing "Kallman and even the Nazi Rudin". He also rants against antidepressants which "probably have no specific antidepressant effect", against 'learning disorder' which "is a diagnosis generated not by research or even by clinical experience, but by a parents movement", and against any theory or investigation which adopts a different perspective from his, including genetic studies in manic-depression, computerised tomographic scan information in schizophrenia, and even the current approach to eating disorders.

What then is his perspective? He claims that it is a psychosocial one and retreats to the simplistic position that psychiatric disorders are caused variously by psychospiritual problems, by the family, or by society. He even disputes the illness status of schizophrenia and manic-depression. Of course, nowhere does he present a critique of psychodynamic psychotherapy. Singled out for hagiography are feminists such as Betty Freidan and Kate Millett and he advocates a feminist perspective of psychiatry claiming that "women are abused and humiliated in psychiatry as they are in any other power structure". This of course is the nub of his argument: that main-stream psychiatry is setting itself up as another powerful institution with its own survival as the rationale. To achieve this, psychiatrists are taught to be aloof and authoritarian and he admonishes his own trainers for ever failing to have a serious discussion about caring, compassion or love. That this screed is so badly written, so simplistic, and so vitriolic is a pity, for psychiatry in the 1990s needs healthy debate if it is not to become fossilised.

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Innovations in Rational-Emotive Therapy. Edited by WINDY DRYDEN and LARRY K. HILL. London: Sage. 1993. 297 pp. £14.95.

This book contains a useful collection of contributions on how rational-emotive therapy (RET) may be applied to a range of psychological problems considered not to have received sufficient attention before. The book begins with an up-to-date overview of the theory and practice of RET by Albert Ellis, who founded the approach in 1955. After this there are 11 other chapters, each of which deal with one of the following major issues: adult children of alcoholics; pathological gambling; chronic pain; post-traumatic stress disorder; performance anxiety; divorce adjustment; self-control in disruptive mentally retarded clients; parents with sudden infant death syndrome; fear of flying; addiction self-help groups; and management of organisational change.

For many years most accounts of RET were written by its founder, either alone or together with one or two colleagues. However, as more and more people gain experience in practising RET, so differences in emphasis and practice arise, some of which are expressed in this book. Robert Moore, for example, in his detailed chapter on post-traumatic stress disorder, argues that the distress produced by the recall of the traumatic incident makes it difficult for clients to become aware of their irrational beliefs concerning the trauma. To encourage access to these beliefs, the negative affect attached to the memory should first be reduced through a guided cognitive imagery procedure.

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By drawing attention to some of these new developments in the practice of RET, this book will be of particular value to those interested in RET and the cognitive behavioural approach in general.

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Violent Attachments. By J. Reid Meloy. Northvale, NJ: Jason Aronson. 1992. 365 pp. US \$42.50.

As the book-jacket tells us, "... Dr Meloy begins with a simple but profound question: why does most human violence occur between those who are emotionally involved or, more technically, within an attachment paradigm?" In fact, the book goes on from this rather philosophical question to explore many aspects of violent behaviour and attachment. The first section of the book deals with theoretical issues. Topics include the relationship between erotomania and violence, public figures as a focus for pathological attachments and assassination attempts, and the ways in which normal individuals come to form attachments to psychopathic individuals.

The framework is pyschoanalytical, mixing attachment theory derived from Bowlby with object relations theory in the tradition of Klein and Kernberg. Nonanalysts should not be alienated, however, as the author also discusses empirical work from a variety of sources, including research on various scales for the assessment of personality disorder. Early chapters provide a useful, critical review of American research in the field of psychopathy and sexual offending. The empirical work often seems thin and inadequate in comparison to the ambitious psychological theories. There are few satisfying answers but many thought-provoking suggestions and pointers to further inquiry.

The second section of the book is more problematic. Under the heading "Clinical Diagnosis and Treatment", it presents case histories drawn from the author's clinical practice, with the emphasis on pre-trial evaluation. The cases are those of individuals charged with horrific acts of violence. Criteria for selection appear to include notoriety and the extremity of the behaviour concerned. Descriptions are graphic. Thus, in the chapter "Revisiting the Rorschach of Sirhan Sirhan" (p. 271), we are told: "The first and fatal Mini-Mag hollow-point bullet shattered his right mastoid bone and lodged in the right hemisphere of his cerebellum. The second and third bullets entered his back right armpit". The book contains worse examples, more relevant to the surgeon than the psychiatrist. Detail of this sort is highly relevant to the police trying to catch a killer and to the court trying the case but I remain unconvinced that it contributes towards psychiatrists' understanding. In the same way, less notorious or newsworthy cases could have been used to illustrate many of the author's arguments. These faults illustrate the problems which arise when a branch of medicine becomes dominated by the demands of the legal system and the lure of 'the big case'.

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The Biology of the Autistic Syndromes (2nd edn). By CHRISTOPHER GILLBERG and MARY COLEMAN. London: MacKeith Press. 1992. 317 pp. £37.50.

The first edition of this book was published in 1985 and the present volume updates the subjects covered in the first. The contents are organised in five parts.

The first is concerned with diagnosis, the clinical course and prognosis, and includes a chapter on Asperger's syndrome, which was touched on only briefly in the first edition.

The second part is a review of the literature on prevalence and on the different types of pathology that have been studied in relation to autistic spectrum disorders. These include, among others, genetic, pre-, peri- and post-natal factors, biochemistry, neuropathology and neuropsychology.

In the third part, the authors consider those chromosomal aberrations and diseases that have been reported to be sometimes associated with autistic disorders. They also discuss the relationship of auditory and visual impairments to autism.

Part four deals with pharmacological, dietary and other possible medical treatments that are under investigation. They do not touch on the many non-medical approaches for which claims, mostly untested, currently abound.

Part five includes a theoretical discussion of central nervous system mechanisms that may underlie the abnormal behaviour in autistic conditions.

The authors strongly recommend a complete medical and neurological investigation for all those presenting with autistic spectrum conditions, including cerebrospinal fluid examination and brain imaging.

They report a high proportion of abnormal findings in their own clinical practices. Even though it is rare to find any treatable cause, they point to the value for research and the need parents have for an explanation of their child's disabilities and behaviour. Different clinicians have different views on how far invasive (and expensive) investigations are justified. But, even if not all the suggested procedures are followed, the authors' checklist for neuropsychiatric assessment is helpful for ensuring a systematic approach.

In the introduction, the authors outline the story of the development of the concept of autism by Leo