

of treatment ranged from 7 months to over 10 years; at the time of publication, 23 years after the inception of the project, four of the patients were still involved in therapy. By this time eight patients were known to have died, six from "mental illness related causes".

The author considers this to be "the most intensively studied and systematically documented large collection of psychotherapy cases extant". Each patient is reported to have a 'case study' of 50–70 pages of typing summarising history, diagnosis, treatment, and outcome, and the principal objective of the project would appear to be to examine carefully why the treatments that worked worked and why those that failed failed. It would be reasonable to conclude that this meticulous teasing out of the strategies employed in the treatment of this small, albeit heterogenous, sample of patients has contributed to an understanding of what works best with whom. This would indeed appear to be one kind of science.

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Altruism and Aggression: Biological and Social Origins.

Edited by CAROLYN ZAHN-WAXTER, MARK E. CUMMINGS and RONALD LANNOTTI. Cambridge: Cambridge University Press. 1987. 337 pp. £30.00, \$39.50.

Of the 12 chapters in this multi-author book, four deal with the "biological, sociobiological and ethological approaches to the study of altruism and aggression" and seven with the "development, socialisation, and mediators of altruism and aggression in children". The concluding chapter helpfully summarises the problems of research in these fields. The fact that this book, first published in 1987, is stated to be "the outcome of a conference held in 1982" (at Bethesda, Maryland) should not embarrass the reader, for some ten percent of the references are to publications in 1983 or later.

It might perhaps be a criticism that there is no formal or agreed definition of the two terms which form the title of this book. The meaning of 'aggression' is taken as obvious – but it is not made clear whether selfishness or competition are forms of aggression. 'Altruism' "is commonly defined as regard for, or devotion to, the interests or welfare of others"; and the term is consistently used in the sense of co-operation, helping, or sharing. But this usage is quite distinct from that of the sociobiologists, for whom altruism typically means 'self-destructive behaviour performed for the benefit of others'. The difference in meaning seems to diminish the relevance of sociobiology to the problems discussed here.

No one would deny that the aim of such studies in child psychology is a worthy one, for the greater our knowledge of the development of competitive and co-operative behaviour, the better will the forces that make

for hate or love, crime or service, war or peace, be understood. But the present book is evidence of the difficulties of such study. That most of the field work has been limited to white, middle-class American families is a minor criticism. The real problems lie in the elusive nature of the concepts and in the complexity of longitudinal studies. Thus, the expression of altruism and aggression may take different forms at different ages; the distinction between selfishness and self-interest may be hard; and the tendency of some children to internalise their emotions may make facial expression an unreliable guide to the detection of empathy.

No doubt because of such difficulties, there has been little consensus of finding. One finding is that the basic pattern of a child's aggressivity is present at an early age and tends to remain stable through childhood, especially in boys. Genetic factors are not discountenanced here; but, as one contributor observes with regard to the expression of emotion in boys and girls, sexual stereotyping probably begins at the moment of birth. The emphasis of the book is on the social causes of behaviour and on the prospects of special training to guide behaviour into acceptable channels.

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Measuring Emotions in Infants and Children (Vol. 2).

Edited by CARROLL E. IZARD and PETER B. READ. Cambridge: Cambridge University Press. 1986. 277 pp. £27.50, \$39.50.

Many clinical decisions in child psychiatry require that a judgement be made on the emotional reactions being shown by an infant or young child. This can be a crucial issue when an opinion is being given on, for example, whether a child should remain with foster parents or return to its family of origin. However, our knowledge of the expressions of emotions by the under fives is limited, and any judgements must be cautious. This book is to be welcomed, as is any work in this field. Volume I, published in 1982, presented research completed by 1979. This book brings the field up to date. There are four sections: physiological approaches, facial and vocal expressions, mother/infant interactions, and the conceptualisations of emotion. Much of the work is methodological and is intended for future researchers, but throughout the clinician will find much of interest and importance. In the physiological field I was excited by the findings of differential right/left frontal lobe responses to positive and negative emotions in ten-month-old infants.

In the cognitive field, the ability of children as young as three to accurately differentiate and undertake a wide range of emotions is of importance. Child development research is progressing rapidly and becoming highly sophisticated. It is essential that these findings be fed

into the clinical field, and equally essential that relevant clinical questions be fed back to the research teams.

This book would be a useful addition to a child psychiatric library.

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Models for Mental Disorder: Conceptual Models in Psychiatry. By PETER TYRER and DEREK STEINBERG. Chichester: John Wiley. 1987. 118 pp. £6.95.

The authors have tried to draw together the various ways of conceptualising mental disorder. They identify a disease model, psychodynamic model, behavioural model, and social (environmental) model, and give an account of the advantages of each. They then describe their solution to the limitations of using only one of these models by means of their 'correlative model'. This 'eclectic's charter', as they put it, allows each of the four models to be used sequentially, or perhaps together, so as to obtain the fullest understanding of the person's difficulties and then the best therapeutic methods to employ.

The descriptions of the models, illustrated by Steinberg's engaging drawings, are clinically based and can help the student, confused by abstract and sometimes acrimonious talk of rival theories, to understand what these different approaches have to offer. The book is written in plain language, yet is detailed enough to be useful to students and postgraduates in medicine and the social sciences.

It is a valuable book in that it indicates that there is no essential incompatibility between the models, merely that they have their uses at different times and in different clinical situations. What matters is that clinicians know in which conceptual framework they are working at any given time, and that they do not allow themselves to believe that any one model contains the whole truth.

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Brain Systems Disorders and Psychotropic Drugs. By HEATHER ASHTON. Oxford: Oxford University Press. 1987. 547 pp. £40.00.

In the preface the author rightly chides those who prescribe psychotropic drugs and yet fail to appreciate the underlying brain systems on which they act. What follows is a valuable account of just those systems. There are five main divisions: the first three concern arousal and sleep, reward and punishment, and learning and memory, and then follow two sections on psychiatric disorders, one concerning mania and depression, the other schizophrenia. For each the anatomical, physiological, and biochemical/transmitter substrate is elucidated, followed by a discussion of the drugs that act on

the structures in question. In the case of the 'reward and punishment', for example, alcohol and illicit compounds that have an effect are also discussed. It is pointed out that some compounds act on only one transmitter system and others have multiple effects. The author appreciates that here, as elsewhere, there is overlap and interaction, but as the book was first conceived as a teaching vehicle for undergraduates this is acceptable. What emerges, however, is a well-written book of appropriate length with 86 pages of bibliography, useful for a much wider audience. All practising psychiatrists can read it with profit, and it is a good reference book. Sadly, it may be too expensive for all those who would benefit. Arm-twisting of librarians is suggested!

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Child Psychiatry: A Developmental Approach. By PHILIP GRAHAM. Oxford: Oxford University Press. 1986. 463 pp. £25.00 (hb), £12.50 (pb).

When I received this book, I must admit my initial reaction was: "Do we really need another introductory text in child psychiatry?" (thinking of the contributions made by Michael Rutter, Sula Wolff, Helen Connell, and most of all Philip Barker, whose "*Basic Child Psychiatry*" is now in its fourth edition). Graham states in his preface that he intends the book to be of use to all doctors dealing with children and their families, but especially to paediatricians and psychiatrists in training, and it seems to me that this goal is admirably realised. It is laid out in a comprehensive and systematic way, and the style is clear, pragmatic, and wholly readable.

In keeping with the subtitle (*'A developmental approach'*), the largest section of the book deals chronologically with various aspects of development: pregnancy, delivery and the neonatal period, feeding and growth, the development of social relationships, etc. There are sixteen different sections, each beginning with a review of the normal and moving on to separately headed topics or problems. Thus, the section on emotional development includes school refusal, depressive disorders, and suicide and attempted suicide, and that on sexual development includes anomalies of gender role and sexual behaviour, and pregnancy in schoolgirls. The first three chapters of the book are concerned with an overview of the subject, including classification (both the ICD-9 and DSM-III multiaxial approaches) and prevalence of psychological problems, the principles of assessment, and a review of family influences and parenting disturbances. The long chapter on development is followed by a fairly short one on specific psychiatric syndromes, picking out psychotic, hysterical, and obsessional disorders. In some respects, this seems the least satisfactory section of the book. It is oddly placed, and these particular diagnostic categories