

dementia praecox problem is still with us, one would really like to know how Kraepelin and Alzheimer would have summarised the situation at the ends of their lives. At all events, it seems the two men were on good terms.

Nissl also was close to Kraepelin. He succeeded him in the chair of psychiatry at Heidelberg and eventually became head of the histopathological department of the research institute that Kraepelin established in Munich in 1918. Kraepelin's description of this endeavour makes instructive reading. "Unfortunately we were not able to install all the departments we had intended . . . it seemed doubtful whether we would succeed in finding a suitable chemist under the present pitiful working conditions. We therefore decided to satisfy ourselves with the installation of two histopathological departments under Nissl and Spielmeyer, a topographic-histologic one under Brodmann, a serological one under Plaut and a genealogical one under Ruedin and to leave further development for the future". Later he writes of the need for a nerve physiologist and a statistician. One wonders if there has ever since been a group that brought such expertise and motivation directly to bear upon the problem of the psychoses. Sadly, Brodmann died unexpectedly on 22 August 1918, and Kraepelin's account ends not long after this.

This is a remarkable historical document. Much of it is prosaic, and this perhaps partly explains the difficulty one has in forming an impression of Kraepelin's character from the literature. He seems not to have been greatly concerned with controversies over concepts and theories, but mainly with collecting information on cases, e.g. on a "really large and comprehensive group", and in applying techniques he felt sure were relevant to uncovering the disease process. Contemporaneous with Kraepelin's efforts to elucidate the pathology of the diseases that he had demarcated was progress in understanding the origins and brain changes of neurosyphilis, which then had the sort of status that HIV encephalopathy is now acquiring. Thus, CNS disease processes that cause psychiatric symptoms do exist and their pathogenesis can be elucidated. Perhaps dementia praecox will shortly be included among them. To judge by the effort he was putting into it 70 years ago, Emil Kraepelin might well say that it will not be before time.

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Group Psychotherapy with Addicted Populations. By PHILLIP J. FLORES. New York: The Haworth Press. 1988. 563 pp. \$39.95 (hb), \$24.95 (pb).

In the treatment of the addictions, abstinence is a difficult goal to reach and relapse is dispiritingly common. This may lead to the view that treating this group of

patients is not worthwhile or, at best, likely to be ineffective. Such gloomy attitudes are not held by Phillip Flores, who throughout this book makes a plea for therapeutic optimism tempered with the reminder that however severe the dependence or deprived the circumstances, people retain the capacity to change.

While it is essentially a humanistic message to argue that individuals have worth and that addicted individuals need not remain in that state, the question then arises: how is change to be achieved? The author has long experience as a group therapist, and the best parts of this book form a practical guide to this approach. The difficulties of patient selection and retention, of effecting change, and of leading groups are clearly described, with many suggestions as to their resolution. Underlying theories are derived from the American group-analytic tradition, and especially from the work of Yalom.

Only on the important question of evaluation does the book fail. Flores writes that there is convincing evidence to support group therapy as the treatment of choice for addiction. The evidence he quotes is thin and relies overmuch on the assertions of other therapists. That reservation aside, this book is of interest to those applying group therapies to drug and alcohol users.

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Endorphins, Opiates and Behavioural Processes. Edited by R. J. RODGERS and S. J. COOPER. Chichester: John Wiley. 1988. 361 pp. £45.00.

The notion that we produce endogenous opiates for our own use sounds fanciful, and yet in 1975, Hughes and his colleagues isolated opiate fragments now known as endorphins from the brain. Later work showed that both endorphins and drugs of dependence such as morphine and heroin act on a range of opiate receptors. This book summarises a wealth of research which demonstrates that the expression of fundamental drives such as hunger, reward-seeking, and appetite are to some extent mediated by the action of endorphins on these opiate receptors.

In the most fascinating chapter, Colpaert & Shearman describe animal models of addiction to opiates. It is a startling finding that the effect of drugs such as morphine and fentanyl on opiate receptors is partly determined by learning and behaviour. Furthermore, the ability of naloxone to reverse opiate actions is also influenced by behavioural manipulations. These results have considerable implications for the management of drug-dependent patients, for it is evident that those who regard addiction as a purely chemical matter best treated with pharmacotherapy are wilful in rejecting psychological treatments.

Remaining chapters are of less interest to the psychiatrist. Clear and consistent relationships between endorphin activity and illnesses such as schizophrenia and depression have not been found, and opiate antagonists are of little therapeutic value in these conditions.

This book does not answer questions but stimulates thought, and as such it is recommended.

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Children of Alcoholics. Edited by MARGARET BEAN-BAYOG and BARRY STIMMEL. New York: Haworth Press. 1987. 130 pp. £17.95.

For every person with an alcohol problem there is often a spouse and children who share that problem. Often the children of a parent with alcohol problems are neglected, and it is therefore timely to have material on this topic. Unfortunately, this book does not meet the need for helpful information about the children of parents with alcohol problems. Four chapters are original and not very interesting reports related to the foetal alcohol syndrome. There is one original report on alcohol expectancy and conditioning in the sons of alcoholics, one chapter on therapeutic considerations when working with the adult children of parents with alcohol problems, and one chapter on public policy issues.

It would have been more helpful if the book had contained review chapters looking at wide aspects of the problems of children of parents with alcohol problems, with practical suggestions on the prevention and management of the problems among the children. Perhaps the most interesting chapter is that related to public policy issues. It is unfortunate, however, that this just addresses policy issues in the United States and does not compare this with the development of public policy issues in other countries. All in all, the book is rather disappointing.

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Feminist Family Therapy: A Casebook. By THELMA JANE GOODRICH, CHERYL RAMPAGE, BARBARA ELLMAN and KRIS HALSTEAD. New York: W. W. Norton. 1988. 220 pp. £17.95, \$32.00.

Of this book's four authors two are psychologists, one is a sociologist, and the fourth is an educationalist, and they practice as dynamic family therapists in Houston, Texas, where they constitute (their own definition) the founders and faculty of The Women's Institute for Life

Studies. The book, which is aimed at family therapists of both sexes, challenges some of the basic assumptions of systems theory in conventional family therapy. In particular, it questions what the authors see as the culturally stereotyped splitting of gender roles within families, which tends to place women, in particular, in a double-bind situation of having ultimate emotional power over their offspring (usually) and their partners (sometimes) but of not having the physical, social, intellectual, or financial authority to back it up. Being, often unconsciously, in this situation driven to fulfil their own needs through oblique and manipulative techniques, women reinforce the existing stereotypes of female subjectivity, irrationality, and ultimate incapacity for equal status with males. In addition, they or other family members become neurotic, and seek help.

Despite its formidable title (which may, particularly on this side of the Atlantic, convey a more extremist ambience than the book's humane and balanced approach justifies), *Feminist Family Therapy* demonstrates an even-handed concern and compassion for adults and children of either sex who are caught up in inappropriate gender stereotyping. It is also extremely well, lucidly and (joint authorship notwithstanding) consistently written.

Approximately one-third of the volume describes the authors' general approach ("the goal is change, not adjustment to faulty roles") and their method of working (individual family therapy plus joint consultation). The remainder consists of six detailed case reports. These in themselves would make this book worthwhile reading for all psychiatrists, psychodynamically oriented or otherwise, for they are outstandingly well described and (rare indeed) they describe the false starts and reverses of therapy, as well as the solutions.

With a good index and full but not excessive bibliography, this book deserves a place in both specialist and general libraries.

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Recent Advances in Epilepsy (2). Edited by TIMOTHY A. PEDLEY and BRIAN S. MELDRUM. Edinburgh: Churchill Livingstone. 266 pp. £45.00.

Everyone with an interest in epilepsy will find something of value in this book. With the earlier numbers in the series it provides an 'advanced' textbook on the subject, particularly as the editors have been careful to make the individual volumes complimentary rather than overlapping. Here, as before, there is a mixture of reviews concerning basic mechanisms, with others considering details of various aspects of investigation and management. Noteworthy in the present volume is a long section on the diagnosis and treatment of parasitosis of the central nervous system, important in third world countries particularly, although toxoplasmosis