

cussion of individual cases in therapy and of the comments of the invited consultants.

The book reveals the sorts of things that happen in the clinic, the concepts upon which therapy is based, the type of language in which they are couched, the diversity of approaches which are tried.

It is not a resource book for all libraries, but students and practitioners may care to read it if they want to understand the resources, the time spent in individual therapy, the sorts of things that are actually said and the things which happen during the sessions in a distinguished American child guidance clinic. Some of the concepts, "True Fluid Borderline", for example, may be foreign to British clinic staff, but there is usually enough clinical information to be gleaned to give the reader an idea of the sort of way in which the child was responding to its predicament.

DAVID C. TAYLOR, *Professor of Child and Adolescent Psychiatry, University of Manchester*

**Splitting and Projective Identification.** By JAMES GROTSTEIN. New York: Jason Aronson. 1981. Pp 236. \$25.00.

Freud thought of psycho-analysis as a 'metapsychology'—a system striving to probe beyond the phenomenological level where 'unconscious experience' was not a contradiction in terms, but a meaningful expression. It is, therefore, not surprising that its concepts often appear difficult to pin down and none has proved more elusive than 'projective identification'. Rather than asking, "What does this mean?", it is probably better to approach psycho-analytical concepts with the question, "What could this mean?"

For those who are interested in exploring the meaning of *splitting* and *projective identification*, Dr Grotstein's book will come as a welcome contribution. He briefly traces the history of these mental mechanisms in Freud's work and their subsequent development in Klein, Bion and others. He concludes that "projection and projective identification are identical and interchangeable terms". There can be no splitting without projection and no projection without projective identification, i.e. location of the split-off part of the personality in some object.

These arid, technical statements are nicely given human form in short case histories and shared clinical experiences. The reader who perseveres will also be rewarded with some illuminating and thought-provoking epigrams. Examples are "Psycho-analytic psychotherapy is imagination in reverse" and "... affects and symptoms are but highly disguised, friendly warnings of lost selves seeking to rejoin us".

STEPHEN WILSON, *Consultant Psychiatrist, Littlemore Hospital, Oxford*

**Guide to Psychiatry. Fourth Edition.** By MYRE SIM. Edinburgh: Churchill Livingstone. 1981. Pp 765. £15.00.

A fourth edition of Professor Sim's single-handed opus in the space of eighteen years is indicative of its popularity and of the energy of the author.

The style holds the attention by being easy and readable but enlivened by polemics. The approach is coherent but is idiosyncratic and is rooted firmly in a sub-soil of psychoanalysis. Other possible approaches are not ignored but they are subjected to critical attack.

Much of the text has a nostalgic feel. One meets half forgotten terms like 'psychopathia sexualis' and 'lady almoner'. This nostalgia is reinforced by the refusal to use SI units.

The book attempts to cover a huge range of topics with very variable success. The coverage of psychology is so condensed that it could well have been eliminated whereas the chapter on social psychiatry is a gem.

In my opinion this guide is too idiosyncratic and is insufficiently detailed to be recommended as a main text for psychiatric trainees. On the other hand, it is too large for undergraduates or others wanting a quick revision of their psychiatric knowledge. However, I did enjoy reading this book. It would be ideal for the trainee leading up to his M.R.C.Psych. final who had developed reactive inhibition to his usual text. Here he would meet alternative points of view which would enliven his revision and make him think afresh.

CLIVE TONKS, *Consultant Psychiatrist, St Mary's Hospital, London*

**Psychotherapy: Practice, Research, Policy.** Edited by GARY R. VANDENBOS. London: Sage Publications. 1980. Pp 288. £15.50, £6.50 (paperback).

Psychotherapists should be able to demonstrate to the understandably hard-headed people who provide funds for medical treatments—government agencies, medical insurance companies—that what is done is effective and benefits the individual and society.

Effective change with psychotherapy might be demonstrated not only through the client's improved psychological functioning but also in alternative terms such as earning more money, utilizing medical services less, being arrested less often, spending less time in hospital etc. This book describes the methods of demonstrating effectiveness and benefit and the information at present available. So far these analyses have scarcely touched psychotherapy practice in Great Britain, but they will and we should be prepared.

For most of us greater interest attaches perhaps to the comprehensive review by Vandenbos and Pino of

outcome research in psychotherapy. This review is up-to-date and specific: patients, problems, treatment techniques, outcome criteria, therapist characteristics and the use of control groups are carefully considered. A book for the library.

SIDNEY CROWN, *Consultant Psychiatrist,  
The London Hospital (Whitechapel)*

**Gynaecological Therapeutics.** Edited by D. F. HAWKINS. London: Bailliere Tindall. 1981. Pp 287. £14.50.

This book consists of six chapters by different authors. They cover genetic and congenital sexual disorders, the medical management of menstrual disorders, non-ovulatory infertility, psychosomatic aspects of gynaecology, pelvic infection, and radiotherapy and chemotherapy for gynaecological cancer. It is not therefore a comprehensive textbook of gynaecological therapeutics though large areas of the subject are covered. There is some overlap between chapters (e.g. the second and third) and the book includes a significant amount on investigation and surgery. The chapter on psychosomatic aspects of gynaecology by Lawrence Goldie is an interesting innovation in such a book and contains a plea for more psychotherapeutic involvement by gynaecologists. Writing primarily about psychosexual problems and the menopause there is much wisdom on the sexual and psychological effects of different phases of reproductive life, treatment and the use of tranquillisers and sedatives. It would have been helpful if this chapter had been linked with a review of the current state of hormone therapy after ovarian failure. Dewhurst emphasises the problems of communication in developmental sexual problems but the chapter on cancer is confined strictly to physical treatment. This is an interesting book but it is disappointing that the contributions are not better integrated and the subject covered more evenly.

S. J. STEELE, *Consultant Gynaecologist,  
The Middlesex Hospital Medical School*

**Human Enquiry: A Sourcebook of New Paradigm Research.** Edited by PETER REASON and JOHN ROWAN. Chichester: John Wiley. 1981. Pp 530. £24.50.

This book will be a welcome relief for anyone cheesed off with Chi squares. It is an attempt to explore the philosophy of research as opposed to the rather boring task of reading all those computer print outs.

An elementary difference between the hard sciences, such as physics, and the soft sciences, such as socio-

logy, has been the inability to agree on paradigms for research. This book is a collection of essays which attempt to resolve this elementary dichotomy, that Descartes hoisted on the Western philosophy. Like any book of essays by a wide variety of specialists it ends up being little more than a curate's egg in its attempts to accommodate the whole range of philosophical approaches from logical positivism to existentialism. Inevitably, some of the essays are excellent and break new ground such as the one by Helen Callaway on "Women's Perspectives in Research". Others sound like collected extracts from Pseuds Corner.

The book is a must for any research library but the general reader would be well advised to select his subjects carefully as the promised central consensus never arrives.

L. RATNA, *Consultant Psychiatrist,  
Barnet General Hospital, Hertfordshire*

**Behavioral Problems and the Disabled: Assessment and Management.** Edited by DUANE BISHOP. Easton, Maryland: Williams and Wilkins. 1981. Pp 473. \$47.00.

There used to be a high mortality among patients with severe traumatic injuries of the brain and spinal cord. Eighty per cent of the patients with spinal injuries sustained in the First World War died within a year of injury. As the result of modern methods and treatment the position has changed dramatically and many patients now have a nearly normal life span. The reduction in the life expectancy of patients with severe head injuries is only about five years. Initially, efforts were directed at keeping patients alive but now patients, their families and staff are demanding a much more searching approach to the psychological and social reintegration of these patients.

John Basmajian, an outstanding teacher and writer has started off an exciting new series of books to remedy this deficiency, the first of which is *Behavioural Problems and the Disabled—Assessment and Management*. There are excellent chapters on Behaviour and Disability by D. S. Bishop, Depression and Suicide by Isaac Sakinofsky; three chapters on Pain and superb chapters by Romano, Brown and Bishop that deal with team functioning. These sections explore the problems that are not dealt with elsewhere explaining how the team can interact to their own and the patients disadvantage and explains how the situation can be remedied. They should be compulsory reading for any doctor involved in rehabilitation.

Unfortunately, other chapters are not at this level. Many of the examples are taken from paraplegic patients and the methods of treatment advocated in