

opening chapter consists of 10 pages of schematic coronal sections of the brain showing all 52 of Brodmann's areas. I liked them, but I have been known to read neuroanatomy books for pleasure. Not, perhaps, the best way to draw in the uninterested psychiatrist.

In summary, it is visual rather than wordy, and too superficial for the specialist, but the illustrations and tables alone would make me recommend it for psychiatric libraries. Well-heeled trainees should also consider it.

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Biological Basis of Substance Abuse. Edited by STANLEY G. KORENMAN and JACK D. BARCHAS. Oxford: Oxford University Press. 1993. 516 pp. £65.00 (hb).

I read this book from the perspective of a general psychiatrist with a particular interest in psychopharmacology and biological psychiatry. I found it very heavy going. There is no doubt that the book provides a very detailed, up-to-date and well referenced account of research into the effects at a receptor and cellular level of commonly abused substances including opiates, cocaine, cannabis, alcohol and nicotine. This will be of great interest to people involved in brain research in this area, but most of the material presented is well removed from clinical relevance and is more detailed than would be necessary for underpinning clinical practice. The interest of this research lies more in its potential for producing new medical approaches to treatment. It is suggested, for example, that it might become possible to identify genetic factors associated with vulnerability to substance abuse (although it is not clear what we would do with that information), as well as to develop novel treatments to prevent substance abuse in susceptible persons and to treat established abuse. Other possibly useful results of this work might include novel approaches to other psychiatric conditions, including memory disturbance and schizophrenia.

The final chapters of the book are more clinically orientated, and as such they testify to the fact that modern neurobiological research has so far not had a substantial impact upon the practical clinical management of substance abuse.

This book will be of considerable interest to brain scientists involved in this area of research. However, few psychiatrists would require such a detailed account of this research. It is primarily a book for the libraries of specialised research centres.

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Behaviour Analysis and Treatment. Edited by RON VAN HOUTEN and SAUL AXELROD. New York: Plenum. 1993. 388 pp. US\$65.00 (hb).

The term 'behaviour analysis' refers to the intricate process whereby therapists and teachers attempt to tease out the precise triggers and consequences which are serving to maintain a maladaptive response. It involves an analysis of the problem behaviour from a developmental perspective as well as a consideration of factors operating in the individual's current environment. The various hypotheses which emerge from this process are then tested out empirically before the design and implementation of a behavioural change programme to meet the specific requirements of the given case.

A contentious issue within the behaviourist school is the attention given to variables operating within the individual's internal environment. Thus behavioural psychotherapists view dysfunctional cognitions and inappropriate locus of control beliefs as central to the assessment exercise, whereas behaviour modification practitioners, whose ideas are more firmly rooted in operant conditioning principles, focus exclusively on stimuli and reinforcers which can be directly observed and measured. In this book the term behavioural analysis is used in the narrower sense. This means, in effect, that the material covered will be of interest primarily to clinicians working in such fields as learning disability, paediatrics and forensic psychiatry.

Given that the principles of operant conditioning have developed little in the last 30 years, the various contributors to this volume have struggled hard to offer up fresh perspectives on an approach which has traditionally eschewed hypothetical constructs and speculative musings. The result is a series of chapters which overlap to a considerable degree, with the majority of authors simply electing to regurgitate the basic principles of behavioural assessment as originally proposed by B. F. Skinner, while either emphasising the need for more precise measuring instruments or, alternatively, highlighting the importance of ethical issues.

The exception to the rule is a truly startling chapter by Linscheid who advocates the re-introduction of aversion therapy, particularly for infants whose maladaptive behaviour is causing self-injury. The arguments he provides for justifying the use of physical punishment in a therapeutic context will be all too familiar to those behaviour therapists who employed electric shocks with similar enthusiasm in the 1970s, before moving on to the more humane and sophisticated change methods associated with the cognitive behavioural school.

The general reader will struggle with the unnecessarily obscure language of hard-line behaviourism, while those who already align themselves with this approach will search in vain for new ideas. Since the book fails

on both counts, it would be difficult to argue the case for its inclusion in the average-sized medical library.

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Concise Oxford Textbook of Psychiatry. By M. GELDER, D. GATH and R. MAYOU. Oxford: Oxford University Press. 1994. 467 pp. £14.95.

It is not often that one can begin a review by asserting unequivocally that the book under review is essential reading for every medical student and junior psychiatrist, but I think this is one of those books. The *Oxford Textbook of Psychiatry* has rightly become a leading text. Many medical students find it too detailed and highly referenced, while this makes it valuable as a basis for post-graduate study (although it is probably insufficient on its own for membership). Now the same team have brought out this concise version which is more didactic than the full text. It is therefore positioned somewhere between the brief introductory texts, and the grander books such as its own big brother, *Essentials of Postgraduate Psychiatry*, and *Companion to Psychiatric Studies*.

It assumes no prior knowledge, and encourages students to talk to patients rather than reading in the abstract, two properties of a textbook which are to be applauded. The authors have worked on each chapter together so that it has the consistency of style of a single author book rather than a number of disparate contributions. This property always makes it easier to dip in and out of a book, which is useful as this is how students should be using it.

Efforts have been made to break up the page format by emboldening key words and putting even small lists into boxed-in tables on a grey background. Underlining is done with a gigantic dotted line which looks like a row of bullet holes. When the lines and the boxes appear on the same page it gives a rather curious effect which to me is a little distracting. You may think this is trivial criticism and you would be right but, frankly, there is not much else to criticise. No doubt each chapter could be picked apart by experts in each field, but that would be missing the point of a textbook for this level of student, where accuracy sometimes has to be traded against accessibility to maintain interest.

The progression of chapters is logical and clear and for those who do not wish to read it from cover to cover there will be no nasty discontinuities. We learn first about symptoms and signs, interviewing, evaluation and classification. Then we move on to the various disorders, grouped for convenience into personality disorders, reactions to stressful experience, neurosis, affective disorders, schizophrenia, paranoid syndromes, and organic disorders. The organisation is therefore to deal with commoner disorders first, which

is very effective. A variety of topics are then covered in the latter half of the book, including sexuality, psychiatry and medicine, suicide, alcohol and drugs, psychiatry of the elderly, treatments, child and adolescent psychiatry, and what is still referred to here as mental retardation. There are even chapters on community care (in my experience the subject that most interests medical students at the moment) and mental health law.

In summary, this book will rapidly become the preferred text in many medical schools for students approaching finals, for which there is little competition, and will probably be useful for those just starting postgraduate study in psychiatry.

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The Complete MRCPsych Part II. By ASHOK G. PATEL. London: W.B. Saunders. 1994. 231 pp. £15.95 (pb).

Adequate practice at the written and clinical sections of the Part II exam is a vital part of any candidate's preparation. As the date of the examination draws near, 'examination' books like this become increasingly popular. They can help to hone examination technique and highlight areas where knowledge is lacking.

This book is written in a straightforward and clear style by an experienced consultant, with the help of two registrars. This combination has produced a useful book that covers both the clinical topics and basic sciences equally well. It gives practical advice on how to tackle both the clinical and written papers. It contains two Short Answer Question and six Multiple Choice Question papers with model answers. There is a section on tackling the essay paper which includes one example essay. In addition, there are 30 patient management problems with suggested answers, as well as general advice on tackling the clinical long case, and a short, but relevant, reading list and index.

The topics of the questions are relevant to the syllabus and no major topic is absent. The questions posed have the right degree of difficulty and the advice on examination technique is generally helpful. This book is good value for money and is more comprehensive than many similar books. It would be a worthy addition to a departmental library. Used in conjunction with practice at 'mock' clinical long cases and patient management problems, it should stand the candidate in good stead for the Part II examination.

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