Pedestrian Accidents. Edited by A. J. CHAPMAN, F. M. WADE and H. C. FOOT. Chichester: John Wiley. 1982. Pp 354. £18.95.

This is a series of reviews by psychologists in university departments of transportation, law, education and applied psychology, the M.R.C. and the Road Research Laboratory, under titles like Pedestrian Behaviour, Vehicle Design and Pedestrian Injuries, Driver Behaviour, Accidents and the Social Environment; and also a 45-page annotated general bibliography. It thus represents a good source book of information on studies in English of an important cause of death or serious injury. We learn that in Britain in the thirty years to 1978 cars increased five fold to over 17 million, the population rose from 48.7 to 54.3 million, yet the adult pedestrian fatalities went up only from about 1500 to 1900 annually, and the child deaths actually dropped—830 to 460. The pedestrian death rate in Rio (Brazil) is four times the rate in Baltimore (USA), supposedly in part beause the street lighting in Rio is poorer but there are more pedestrians about at night. These few facts about death hint at factors in causation and possibilities of prophylaxis.

The statistics about injuries in Britain—70,000 casualties a year, rather under half of them in children—emphasize the amount of medical work created by road traffic and people in conjunction, and the need to find ways of reducing the public health problem.

Three principle approaches have been education in road safety (its value is questioned), modifications in the design of roads and road furniture in the light of the driver's possibilities of visual perception, and changes in automobile design to lessen the danger to humans of impact. The old industrial medical precept, make the machine foolproof safe rather than try to educate people who are sometimes fools, seems to be favoured. Yet there is a fourth approach of particular interest to psychiatrists which seems relatively neglected. Who are these people who get run over? We are told that they are predominantly children or the elderly, or alcoholic, but no more than that. Obviously there may be subgroups of the deaf, the demented, the suicidally inclined, those on big doses of tranquillizers, people with psychiatric illnesses or character disorders, or family troubles, and if something more were known about these it might be possible to cut the injury and death rates among them by particular warnings or controls. There seems to be a field here for liaison psychiatrists to undertake research in conjunction with accident and emergency surgeons, possibly applying the methods used in examining overdose cases to a series of accident victims.

J. L. CRAMMER, *Reader in Biological Psychiatry, Institute of Psychiatry, London*

Phenomenology and Psychiatry. Edited by A. J. J. DE KONING and F. A. JENNER. London: Academic Press. 1982. Pp 277. £19.20.

A few psychiatrists, one must assume, are born phenomenologists; some earn the sobriquet after considerable effort; the rest have phenomenology thrust upon them. Writings on phenemenology and psychiatry abound but in languages other than English. In Great Britain, the adjectival form of the term tends to be used, wrongly, as tantamount to "descriptive". As this handsomely edited book shows the continentals know better. The best chapter is written by Professor Lanteri-Laura, doyen of phenomenologists and author of the magnificent *La Psychiatrie Phénomenologique* (1963).

The criteria for selecting contributions seem to be clinical and the main disorders are covered. This has meant that great phenomenological writers such as Bash, Bräutigam, Zutt, De Waelhens, Faure, Minkowski, Thinés, Cabaleiro Goas and others have not been included. Also that authors have been included who cannot be said to be phenomenological such as Alonso Fernandez, whose chapter, together with that by J. M. Heaton, are perhaps the weakest in the collection.

In his introduction, Jenner is correct in saying that if a psychiatrist thinks "a little harder and deeper about a possible metapsychiatry, he must see the intellectual problems that psychiatry poses". He leaves unexplained, however, the precise role that phenomenology is expected to play in the construction of this metapsychiatry.

What has been the contribution of phenomenology to psychopathology? If one accepts that at least since 1840 there has been a flourishing descriptivist tradition in continental psychiatry, why was it felt necessary early in the 20th century to resort to phenomenology? Was it perhaps to provide the existing descriptivism with the new epistemological bases? It is a pity that this conundrum has not been tackled either by de Koning or by Schäfer in their otherwise informative papers.

Jaspers correctly reasserted 19th century descriptivism: "Phenomenology only makes known to us the different forms in which all our experiences, all psychic reality, take place; it does not teach us anything about the contents of the personal experience of the individual" (1912). Since those halcyon days phenomenologists have become restless and ambitious, as a number of chapters in this collection attest. Perhaps Claude and Ey were right when fifty years ago they accused phenemenology of "fausse humilité".

G. E. BERRIOS, *Consultant and University Lecturer in Psychiatry, University of Cambridge*