

book and then participating in regular audit discussions. Such meetings are, of course, compulsory for NHS doctors, and so should be easily accessible. The book also contains essential information for clinicians at all levels. It will be relevant to senior clinicians wishing to feel competent to lead audit projects, and to trainees wishing to learn more about their services. Audit-related topics are likely to become increasingly important at promotion interviews as well as at service contract negotiations.

I liked this book and believe that it meets a need. At a price of under £10.00, this is definitely a good bargain for individuals and for psychiatric libraries.

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**The Use of Drugs in Psychiatry** (4th edn). By JOHN COOKSON, JOHN CRAMMER and BERNARD HEINE. London: Gaskell. 1994. 340 pp. £10.00 (pb).

This widely read and much valued book has had a much needed update facilitated by the acquisition of a third editor, Dr John Cookson. Although the scope is wide, the writing is concise, and the aim of having a pocket guide to encompass all eventualities in psychiatric practice has been successfully achieved.

There are three sections. The first provides an introductory background to elementary neuropharmacology, pharmacokinetics, drug development, costs, and sound practical advice. The second consists of 14 short chapters giving brief accounts of the main disorders found in psychiatric practice and their therapeutic management. The final section is a brief formulary of the main drugs available.

Of all areas in psychiatry one might suppose that clinical psychopharmacology would lend itself most readily to such didactic treatment. Nevertheless, like the rest of medicine, there will inevitably be differences of opinion among experienced practitioners. In particular, this reviewer would take issue with the recommended management of violent or disturbed patients. On no less than three occasions, intramuscular chlorpromazine is recommended (pages 100, 114 and 241). In my view this practice, although common, is hazardous and inadvisable because of the risk of severe postural hypotension. This occurs particularly with drugs such as the phenothiazines, which have  $\alpha$ -adrenergic antagonist actions, high first pass metabolism (so that very much higher blood levels occur after parenteral administration than after oral dosing), and whose absorption is facilitated from hyperaemic, hyperactive muscle sites. The same effect can occur with droperidol. Conversely, intramuscular diazepam is poorly and unreliably absorbed, particularly from acidic sites such as occur in hyperactive muscle, and is often ineffective. Thus for some years I

have been teaching trainees to avoid the use of intramuscular chlorpromazine, droperidol or diazepam – all of which are recommended on page 114. Instead, we advise the use of haloperidol, or a benzodiazepine which has no phase I metabolites and is well-tolerated intramuscularly, such as lorazepam.

I have a few other minor quibbles, such as referring to the SSRIs as “serotonin-specific reuptake inhibitors” rather than the more accurate term: “selective serotonin reuptake inhibitors”. It is a pity, therefore, that after such effort has gone into this new edition, which has been extensively revised, more care was not taken in the final stages to correct or amend some of these points. Nevertheless, I have no doubt this edition will be as successful and as much used as its predecessors, and will provide a valuable guide to clinical practice for another generation of junior psychiatrists.

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**Women's Sexuality After Childhood Incest.** By ELAINE WESTERLUND. London: W. W. Norton. 1992. 241 pp. £19.95 (hb).

So much has been written on the quantitative, epidemiological aspects of child sexual abuse that one welcomes a book which aims to investigate “what it is like to have been a survivor of incest with regard to sexuality”. Elaine Westerlund studied 43 women who were clients of a self-help organisation for survivors of incest in Cambridge, Massachusetts. The author, herself an incest survivor and co-founder of the organisation, examined detailed questionnaires completed by all the participants, in addition to ten lengthy semi-structured interviews conducted with a subsample. The subjects are described as “well-educated, psychologically sophisticated East Coast feminists” and Elaine Westerlund makes no secret of the fact that the sample is neither random nor representative. She argues for the importance of qualitative research and states that she hopes to provide a “clear conceptualisation of organising patterns among a group of participants”.

The first few chapters briefly review the literature which associates incest with aspects of sexual function, such as promiscuity, prostitution and sexual preference. Ms Westerlund reports demographic data as well as aspects of sexuality such as body perception. She divides into three groups the ten women who were interviewed in depth: they are characterised as “lucky”, “uncomfortable” or “damaged”. The cursory discussions at the end of the chapters describing these three categories begged more questions than they answered; there was, for example, little analysis of why some women are more profoundly affected than others – what may be the protective factors?

The final section discusses recommendations for treatment, focusing on cognitive/behavioural, physical, educational and self-help methods. There was no reference to any psychodynamic perspective on trauma and child sexual abuse, and little exploration of the difficulties in the treatment of incest survivors.

This project represents an important attempt to understand the meaning of incest and child abuse, and describes some of the complexity of its sequelae. However, the methodology is limited and lacks completeness.

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**The Course of Life. Vol. V: Early Adulthood.** Edited by GEORGE H. POLLOCK and STANLEY I. GREENSPAN. Madison, Connecticut: International Universities Press. 1993. 420 pp. US\$50.00 (hb).

It has always seemed necessary to me to indicate the level of maturity of a person when making a formulation of their psychiatric problem. Now that lifespan developmental psychopathology is recognised, a scientific basis for developmental description throughout adult life is emerging. We now recognise that psychological development does not stop at 18. So where is psychoanalysis in all this? For ages it has been the pre-eminent developmental metaphor, even if not strictly scientific. Does it help inform an axis of development which can be applied to psychiatric cases whatever their age?

Pollock and Greenspan originally edited a series of developmental papers by psychoanalysts, mostly American, in the early 1980s. These books have now been revised and enlarged and this is the fifth volume. It is dedicated to the neglected area of early adult life, although not exclusively. I was delighted to find a chapter (by Elliot Jaques) on the midlife crisis, which made me revise my notions of what early adulthood might include. The title of the book is misleading, as several contributors refer to established adulthood or even the elderly. Even here it seems difficult to maintain a clear focus on older teenagers and young adults.

This is a book to relish. There are eleven essays on the application of modern American psychoanalytic thinking to adult development and psychopathology. Person on femininity and Kernberg on borderline personality write particularly helpfully, and the final chapter on an approach to assessment by Greenspan & Polk proposes a system which is clinically useful. These are chapters which should find their way into reading lists for higher trainees. Psychoanalysis continues to provoke thinking.

There are good reference lists, but I cannot see why it is necessary to list 32 references to Freud in one chapter, especially as some of them are almost 100

years old. However, most of the book looks forward, integrating scientific studies of development with carefully explained psychoanalytic concepts. I don't think everyone should read all of it, but a library for thoughtful clinicians should include it.

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**Precursors and Causes in Development and Psychopathology.** Edited by DALE F. HAY and ADRIAN ANGOLD. Chichester: Wiley. 1993. 320 pp. £34.95.

This volume aims to bridge the gap between child development and clinical psychiatry. The editors invited a number of scholars from Britain and the US to reflect on ways in which the concepts of 'precursors' and 'cause' have been applied to normal and abnormal development. The book contains contributions from developmental psychology, child psychiatry, genetics, neuroscience, statistical theory, and the philosophy of science. The result is a thoughtful and interesting review of the underlying concepts and implications for the interpretation of research findings, leading to the editors' recommendation to abandon conventional causal analysis in favour of formalising the descriptive task of developmental research in probabilistic terms (i.e. rather than searching for a cause, researchers should describe the probabilistic relationship of interactions at any level of analysis).

Each chapter provides an excellent overview of contemporary knowledge and applied research strategies in: brain abnormalities and psychological development; developmental behaviour genetics; infant precursors of childhood intellectual and verbal abilities; children's theory of mind; development of prosocial behaviour; attachment in infancy and later adjustment; development of criminal offending; and childhood depression.

However, the chapters vary in their readability. At times the integration of philosophical ideas and statistical concepts makes it difficult to appreciate the accumulated knowledge and innovative ideas for future research.

The authors differ from maintaining the terms 'precursors' and 'cause' to the suggestion to reject the nouns of everyday speech or common-sense concepts because of their implicit limitations. However, all stress the importance to move on from unidirectional and reductionistic interpretations of causation, to the analysis of multiple pathways and outcomes of development with contemporary statistical approaches (i.e. parameter estimation, likelihood modelling and graphical techniques).

The editors choose to remain agnostic as to whether true causes exist, but their recommendation to strive for more precise descriptions and the other authors'