

minority of clients would always require special provision, especially those with challenging behaviour, and the authors indicate that services for these residents should be given a higher profile.

Allen, Pahl and Quine are careful not to devalue the importance of the staff working in the hospitals. The book sees their futures as inextricable from community care. The authors also wisely conclude that for the hospitals the role of senior managers in villa management and staff motivation will become increasingly demanding as the service contracts. "We feel that it is especially important that their long-term commitment to the client group and their obvious advocacy of alternative forms of care should be recognised and understood by those seeking their cooperation in the development of these new forms of care". At present, there is still no unified training that crosses the boundary of social work and nursing expertise; there is no single specialist modification. The authors also identified a need for some qualification of normalisation theory. Notwithstanding, normalisation is a basic component in any induction training, much time is wasted in ideological disputes over interpretation. The complexities of the 1990s require a sophisticated interpretation of this theory.

W. I. FRASER, *Professor of Mental Handicap, Department of Psychological Medicine, University of Wales College of Medicine, Cardiff*

Counselling and Communication in Health Care. Edited by HILTON DAVIS and LESLEY FALLOWFIELD. Chichester: John Wiley. 1991. 358 pp. £15.95.

This book is intended for health care professionals working in medical settings, aiming to convey an understanding of how distress can arise from both physical and psychological causes, and how this distress can be helped through more effective ways of talking and counselling. To this end, the contributors marshal the available research evidence and outline helping strategies in their areas of interest. The book has three sections. The first examines a variety of theoretical approaches to counselling and reviews the current research literature on counselling in health care. A second section focuses on specialist areas of health care, including work with sufferers from diabetes, renal failure, cancer, and heart disease, and children with disabilities, and in a variety of settings, including general practice, paediatrics and neonatal intensive care. A final section discusses the evaluation of counselling in health care settings and training and organisational issues.

This book provides useful information for those who wish to create a more concerned, less dehumanising type of health care. If I have one criticism of it, it is that, paradoxically, the individual is largely absent from a book which is clearly intended as a 'scientific' textbook, meant to persuade on the basis of a presentation of

evidence and theory. I found myself longing for case examples which would persuade and convince on a different level, and I think the book could have usefully used this type of material. I am sure that the editors are right, also, in pointing to the influence of the institutional ethos as a potential inhibitor of the development of concerned and communicative attitudes on a personal level, but the limited space they give to these issues does not allow them to deal fully with the complexity of this subject, which is of major importance for the successful implementation of the work covered by this book. However, this text is one of the best in its field, and will be a useful source for anyone interested in current approaches to counselling in health care.

TERRY BIRCHMORE, *Principal Clinical Psychologist, Dryburn Hospital, Durham*

Medical Choices, Medical Chances (2nd edition). By HAROLD J. BURSZTAJN, RICHARD I. FEINBLOOM, ROBERT M. HAMM and ARCHIE BRODSKY, with a new preface by HILARY PUTNAM. London: Routledge. 1990. 454 pp. £12.99.

Believe it or not, most doctors still believe that explanatory models applied to billiard balls can readily be applied to patients. These crazed individuals in sombre suits think that there is no difference between a heart and a water pump and a brain and a microcomputer. They forget that even in 1991 some people still have families, that how a patient feels is more important than how a doctor feels, and that when you observe the actions or even the symptoms of a patient, the very act of observation might be affecting that which you are observing.

Difficult and ground-breaking stuff, but have no fear – all can be understood by making the intellectual leap from a human being to a subatomic particle. Out go dreary Newtonian physics, Freud's hydrostatics and Mesmer's magnetism. Libido may have been rather like water but people are actually not unlike photons. In what seems to be a rather polemical text, these authors, with little reference to the philosophy of science, systems theory and all the arguments about explanation and understanding that have so fascinated psychiatrists, embrace with special relish two important principles of modern physics and quantum mechanics – the probabilistic paradigm and the uncertainty principle.

The book then proceeds rather like a morality play in which dark, evil, cold, mechanistic doctors are contrasted with kind, sympathetic doctors who explain to distressed old ladies that this injection might hurt or that this brain scan might or might not be worth all the time, trouble and expense because it might not find the cause of the illness.

The contrasts between the 'baddies' who do not talk to relatives and cannot bear not to always know the