

required no greater social scientist than Sir Keith Joseph to deliver it, and as this book concerns itself with the same problem, it also reaches no new or startling conclusions. Its real value lies in the way it examines the hows and whys of that depriving cycle. The book describes a large study, complex but economical in its structure. The retrospective component looks at the childhood experiences and current functioning of 48 sets of parents who had children taken into care because of parenting breakdown. The prospective part follows up the later parenting careers of a sample of girls who were in residential care in the 1960s, and who were part of a study at that time.

The data are presented clearly in bar charts, a great help considering the complexity of the study. They are also discussed extensively in the text, and the litanies of misfortune in these deprived and depriving families make depressing reading. The outlook, of course, is not universally bad; some subjects showed remarkable resilience to adversity, while others made great improvements with the help of a supportive spouse. Where the text really comes to life is in the case histories, whether describing success or disaster, and these are a tribute to the patient and exhaustive work of the interviewers and observers.

The book is not cheap, nor is it easy to assimilate, but those who buy it will be repaid by the depth and detail of understanding it brings to an immense problem: the corrosion that eats away the building-blocks of society.

DON MCDWYER, *Consultant Child and Adolescent Psychiatrist, St Cadoc's Hospital, Caerleon, Gwent*

**The Meaning of Illness.** Edited by MARK KIDEL and SUSAN ROWE-LEETE. London: Routledge. 1988. 176 pp. £7.95.

The primary appeal of a variety of alternative medicines is in their recognition and critique of the limitations of the mind/body distinction which is central to the dominant scientific model of bio-medicine. This can prove to be empowering, with patients recovering some control over their own management. A belief that disease processes, however apparently inexorable, are subject to modification and even reversal does produce positive outcomes, both somatically and psychologically. The single worst feature, however, of alternatives which are based on models involving imbalances between forces which are not amenable to empirical scrutiny or measurement – be they spiritual, elemental, or connected to some external cosmology – is in their potential for victim blaming. Thus, Kidel in his chapter 'Illness and meaning' asserts that: "No illness happens entirely by chance. . . . There is evidence that the body's natural ecology (*sic*) includes most potential agents of infection. When and how we fall prey to their pathogenic power . . . cannot be explained by reference to external factors or 'causes' alone."

This may or may not be true, but undue focus on individual responsibility for disease can relocate aetiology, in a negative and unhelpful way, particularly when this induces guilt in those who remain ill despite their own efforts to effect positive outcomes. When the espousal of oppositional views to bio-medicine is also journalistic, anti-science, and based on generalisations unsupported by evidence, potentially valuable alternative approaches to allopathy are unlikely to win converts. Sadly, much of this collection is written in this way, although honourable exceptions are to be found in Hill's chapter 'Health and illness in Chinese society' and Kraemer's useful contribution on family therapy. To the editors' credit, they have included a chapter which is openly critical of the approach most contributors have adopted. Guggenbuhl-Craig writes of the implicit victim-blaming of "psychosomatic moralism", and Micklem criticises the view of diseases which praises the opportunities they (selectively) bestow for personal development and improved self-knowledge, reminding the reader of the personal tragedy so often associated with serious illness. In the end, however, the search for meaning in illness in most of this collection is hampered by the exclusion of a social context to health and disease, ignoring even the role of carers in the celebration of individualistic perspectives.

GRAHAM HART, *Lecturer in Medical Sociology, Academic Department of Genito-Urinary Medicine, University College and Middlesex School of Medicine*

#### **Ethics and Psychiatry: Toward Professional Definition.**

By ALLEN R. DYER. Washington: American Psychiatric Press (distributed in the UK by CUP). 1988. 188 pp. £35.00.

This book, although presented as a coherent whole, is in fact a collection of essays. It is not a comprehensive account of ethics and psychiatry. It is weak on traditional philosophical argument. However, within these essays there are a number of interesting insights. These mainly stem from an idea which derives from Dyer's experience as a psychotherapist, and which has important consequences for medical ethics. One of the central tenets of moral thinking is the principle of autonomy. When applied to medical ethics, this results in respecting a patient's wishes. The insight from psychotherapy is that there is no simple answer to the question of what a person's wishes are. This is not only because of conflicting conscious desires, but also because of unconscious desires and wants. It is a major aim in psychotherapy to enable patients to know their own wishes.

Dyer develops these ideas in the context of informed consent and compulsory treatment. He breaks away from the traditional analysis in terms of a conflict between autonomy and paternalism. He also looks in some detail at the ethical problems surrounding the practice of psychotherapy itself.

I would like to see Dyer develop his ideas further. They are important not only to the practice of medicine, but to any enterprise where the autonomy of individuals is of central ethical importance. In Western democracies there can be no more important such enterprise than voting at general elections. The insights of psychotherapy might tell us much about the concept of freedom in a society where the packaging of political ideas is given more importance than their content.

R. A. HOPE, *Clinical Lecturer, Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford*

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### *New editions*

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**Companion to Psychiatric Studies (4th edn).** Edited by R. E. KENDALL and A. K. ZEALLY. Edinburgh: Churchill Livingstone. 1988. 840 pp. £42.50.

Previous editions of the *Companion to Psychiatric Studies* have already made an impact among trainees in psychiatry. The 4th edition of this extremely well-presented and comprehensive volume had 41 chapters on a wide range of salient topics. The subject matter is relevant for both the postgraduate trainee in psychiatry and the practicing consultant psychiatrist. The latter will find it extremely difficult to discover any important area of psychiatry left uncovered in this text. As before, the editors have sought contributors who are mostly, like themselves, based in Edinburgh, but they also have distinguished contributors from other centres, and it is hard to single out chapters for special mention, since the book has such a generally high standard.

The book competes in the larger textbook field with such stalwarts as Kaplan & Saddock's *Comprehensive Textbook of Psychiatry*. The 3-volume 'Kaplan' has 3500 pages and addresses the American postgraduate, while its Synopsis (for undergraduates) has over 1000 pages! Perhaps it would be not unreasonable to expect our undergraduates on this side of the Atlantic to also read textbooks as weighty as the *Companion to Psychiatric Studies*.

The chapters cover a range of topics from historical and aetiological areas, to chapters by diagnostic category, chapters by age group, and chapters on the range of treatments in psychiatry. The orientation of the book is broadly eclectic and its general balance is a tribute to the skills of the editors, who represent both the academic and clinical sides of psychiatry. Feedback from trainees on previous editions has been excellent. My random

tests of its usefulness as a reference also proved first class (e.g. one of mine was on lead encephalopathy which is nicely covered in the extensive chapter by Dewar on 'Aspects of neurochemistry and neurotoxicology').

It is possible that the book would be viewed by trainees as difficult to read from cover to cover, because both of its size and the detail with which topics are covered. Nevertheless, the 4th edition constitutes an excellent 'data bank' of knowledge in psychiatry.

Perhaps it would be unfair to criticise one aspect of this book which applies equally to most other texts. Psychiatrists write almost as observers of the passing scene, suggesting short-term remedies for illnesses or problems, but seem afraid to use their skill and knowledge assertively in planning changes in delivery of treatments or services. As an example in the *Companion*, tricyclic antidepressant toxicity and overdose is emphasised but the tactic of using safer alternatives is not endorsed. Equally, while there are chapters on epidemiology, and psychiatry in general practice, there is no suggested operational strategy for developing a real community psychiatry service. It would seem to me that such passivity invites psychiatric retrenchment and development of alternative care-giving services.

R. J. DALY, *Professor of Psychiatry, Cork Regional Hospital, Wilton, Cork, Ireland*

**Drug Treatment in Psychiatry (4th edn).** By TREVOR SILVERSTONE and PAUL TURNER. London and New York: Routledge. 1988. 282 pp. £12.95.

As my previous copy had been borrowed and not returned, it was with great pleasure that I renewed my acquaintance through this new edition. Although there have been changes, the current edition retains all that was good in the past, and I am sure will come to be a valued textbook.

The first part outlines general principles of drug therapy, including a useful review of central nervous system transmission which outlines most of the modern theories regarding the role of neurotransmitters. The second and larger part of the book outlines specific therapies for various psychiatric illnesses, including most of the more recently introduced drugs.

While the book is about drug therapy, the limitations of pharmacological interventions are discussed. The book is easy to read, and at the price is affordable to any doctor wishing to increase their knowledge of psychopharmacology. This book is likely to become essential reading for all trainees, and one that even the most experienced psychiatrist will wish to use on occasions when deciding about the use of drugs in the management of their patients.

C. J. THOMAS, *Consultant Liaison Psychiatrist, Leicester General Hospital.*