

Membership MCQ questions. Only at the end of the book is the reader offered a standard test paper consisting of 50 questions – too few for the trainee's needs.

Both books suffer from a basic fault similar to that of many of their predecessors, in that they contain several errors involving either ambivalent questions or incorrect 'true' or 'false' answers. I attempted all the examples in both books, as did some of my colleagues, and our exasperation at the mistakes we discovered was validated by checking the established facts in a number of well-respected standard texts.

I still await the perfect MCQ book – one in which the questions are interesting and varied, and are neither too easy nor too difficult. They should be accompanied by clear explanatory notes, relevant to Membership revision and (above all) accurate! The two mentioned here do fulfil some of these criteria, but they are far from ideal.

J. J. HART, *Senior Registrar, Department of Psychiatry, The London Hospital*

**Social Learning and Systems Approaches to Marriage and the Family.** Edited by RAY DEV. PETERS and ROBERT J. MCMAHON. New York: Brunner/Mazel. 1988. 325 pp. \$51.00.

It is hard to pin this volume down, which should be a promising start. The promise is not fulfilled, however. This is a collection of papers, mainly in the social learning research tradition, about the study and treatment of a variety of problems in family life, such as maternal depression, marital conflict, sexual abuse, male sexual dysfunction, and handicap. The influence of systems theory is slight, although there is a bold attempt in the final chapter to marry the two traditions, or at least to see where the overlap is. The notion of 'reinforcement', for example, can easily be understood by a systems family therapist as part of the process of 'homeostasis'. The political goal of the authors of this chapter is clearly stated at the end – because behavioural and family therapies are getting less and less funding than "the more directly medically related phenomena . . . as a field we must become more coherent, more efficient, and more inclusive in our focus".

The volume as a whole does not achieve this aim. I think there is more mileage in the idea that systems therapy is the offspring of psychoanalytical and behavioural learning therapies, and the book I would like to see would include all three traditions with this evolutionary perspective in mind. The penultimate chapter, 'Comprehensive assessment of family functioning', is a useful review of the subject, and any hopeful researcher on families would be wise to read it.

SEBASTIAN KRAEMER, *Consultant Psychiatrist, Child and Family Department, Tavistock Clinic, London*

**The Human Brain.** By PAUL GLEES. Cambridge: Cambridge University Press. 1988. 204 pp. £32.50.

The Book Reviews Editor has asked me to consider whether this book is more useful for MRCPsych candidates than other texts already available. There are many books with similar titles – for example, Peter Nathan's excellent *The Nervous System* (Penguin). Glees states in his preface that, "Being primarily a morphologist, rooted in the concept of the evolution of structure, I have placed the emphasis on structural organisation, but functional aspects, experimental research and clinical findings have been incorporated, broadening the interests for clinical students and for students of neurobiology". He has, I believe, only partly fulfilled his task, and whether psychiatrists are an appropriate audience for this book is also, to my mind, not at all certain. There are elegant drawings of cells with dendrites with different types of arborisation, but the artwork of many of the larger-scale illustrations looks very dated. For example, the figure showing the circulation of the human brain is considerably less informative than that found in many introductory texts of human biology designed for GCSE candidates.

Intermingled with some quite complex descriptions of micro-neuroanatomy are statements which fit less comfortably into a modern text – for example, "Old age is often brought to a sudden end by a vascular catastrophe, when the hardened fragile brain vessels rupture and cause infarction (loss of blood to a given vascular bed)." Not only is this account too simplistic for those who are likely to labour through a very complex chapter on the organisation of the cerebral cortex, but the statement is also incorrect, as the pathology of infarction is quite distinct from that of cerebral haemorrhage.

The strengths of the book lie in some unusual drawings and photographs but, presumably in an attempt to keep the cost down, the paper is not of a high quality, and much electron micrographic detail is lost. The diagrams of the anatomy of the peripheral nervous system are much less clear than those in the excellent and cheap MRC publication *Aids to the investigation of peripheral nerve injuries*. I regret that I cannot recommend this book to readers of this journal.

ANTHONY HOPKINS, *Physician in Charge, Dept of Neurological Sciences, St Bartholomew's Hospital, London*

**Parenting Breakdown – The Making and Breaking of Inter-generational Links.** By DAVID QUINTON and MICHAEL RUTTER. Aldershot: Avebury. 1988. 270 pp. £25.00.

"People who were themselves deprived in one or more ways in childhood become in turn the parents of another generation of deprived children." This observation

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.