

However, I was disappointed by the failure to develop discussion of any topic very far, by the lack of detail in the survey of previous work, and by the lengthy and repetitious presentation of the author's own work.

ERIC CROUCH, *Consultant Psychiatrist,
St John's Hospital, Aylesbury, Bucks*

Family Abuse and its Consequences: New Directions in Research. Edited by GERALD T. HOTALING, DAVID FINKELHOR, JOHN T. KIRKPATRICK and MURRAY A. STRAUS. London: Sage. 1989. 318 pp. £14.95 (pb), £35.00 (hb).

Coping with Family Violence: Research and Policy Perspectives. Edited by GERALD T. HOTALING, DAVID FINKELHOR, JOHN T. KIRKPATRICK and MURRAY A. STRAUS. London: Sage. 1989. 323 pp. £14.95.

Each of these books contains 21 research papers, selected from more than 400 presented at a conference on family violence at the University of New Hampshire. The authors include social scientists, psychologists, psychiatrists, paediatricians, lawyers, criminologists, and community physicians, and their contributions survey aspects of family violence in all parts of the United States.

Failure to report a known or suspected case of child abuse is a criminal offence in the USA, as, sadly, it is not in Britain – can this be, at least partly, the reason why maltreatment of children appears to be several times more frequent in the USA? In England and Wales about 40 000 children, or 0.35% of the population at risk, are on child protection registers. The corresponding proportion in the USA is reported as being between 1% and 2%, or more than a million children.

Inevitably, given such statistics, non-accidental injury of children features extensively in these volumes. It features, however, by no means exclusively. Violent behaviour between marital partners, between courting couples (“date abuse”), and against aged dependents (“elder abuse”) is also covered, as is sexual molestation.

All the expected aetiological relationships emerge from these pages: the self-perpetuating cycle of violence where offspring, it seems, are doomed to assert their own identity, status, and self-esteem by emulating abusive parents; the subcultures where abuse is a desperate form of non-verbal communication; the young mothers unsupported, or with partners who are not their children's fathers; the unrealistic parental expectations resulting from widespread ignorance about normal child development; the individual childhood experiences, superimposed upon educational and social class attitudes, determining which 90% of Americans consider physical punishment an acceptable sanction, and which 10% do not; the malign influence of substance abuse; and the essentially haphazard occurrence of the

occasional tragedy. As the New York Mayor's Task Force found during its 1987 investigation of child deaths from abuse or neglect, “the fatal and non-fatal cases belong to a common pool. . . in which fatality is primarily a chance outcome”.

Family Abuse and Its Consequences is mainly descriptive. *Coping With Family Violence* is partly descriptive – especially with reference to motivation and rationalisation, for example contrasting male and female attitudes within abusive relationships – but also investigates individual and organisational attempts at amelioration. There is a paper about group therapy for wife-batterers, and another about the shelter movement. There is an illuminating contribution by a lawyer on police attitudes to domestic violence. The difficulty of predicting serious child abuse is discussed frankly, as is the near-impossibility of statistical evaluation in a field where no control case, unless retrospective, can ethically exist.

The 42 papers inevitably vary in clarity, style, and forcefulness. Criticism of earlier research in the USA is over-detailed for readers elsewhere. Some authors include abstracts or summaries; others do not. It is possible, but quite difficult, for a non-American reader to identify the disciplines and qualifications of contributors described in an appendix only, and there mainly with reference to their previous publications. Each paper has an extensive bibliography, but the work as a whole has no index.

Such small reservations notwithstanding, these volumes represent an important contribution to an urgent study, and should certainly be in our libraries.

MARGARET J. LITTLE, *Associate Specialist, Division of Psychiatry, Stobhill General Hospital, Glasgow G21 3UW*

Cognitive Foundations of Clinical Psychology. By CHRIS R. BREWIN. London: Lawrence Erlbaum Associates. 1988. 214 pp. £8.95 (pb), £24.50 (hb).

During the past decade, the dominant orientation of clinical psychology has switched from the behavioural to the cognitive, but this movement seems to have emerged in a piecemeal fashion, lacking a clear theoretical basis. Brewin's book is to be welcomed, therefore, as the first textbook to review and integrate the cognitive theories underlying the practice of clinical psychology. This is a bold venture, and one can't fail to be impressed by Brewin's grasp of a wide literature which he presents in a thorough and scholarly manner.

Cognition is described as being concerned with *knowledge*, and Brewin states that “the theme of knowledge and its acquisition will be central to this book”. Yet there is not a single reference to knowledge in the index, and readers expecting a substantive consideration of the role of knowledge in human experience will be disappointed. Instead we are taken through a diverse

selection of topics in which cognitive processes have been investigated. These include the unconscious, conditioning, affect, attribution, expectancies, and goals. There is also a consideration of information processing in anxiety and depression, and a chapter on cognition and interpersonal relationships. The book ends with a chapter on therapy, where it is argued that cognitive change may be common to a wide variety of therapeutic procedures.

Although the book is primarily academic in nature, Brewin does make some use of clinical examples, and the book will undoubtedly be of value to those clinicians who wish to discover more about the theoretical and empirical basis of cognitive approaches to treatment. Although it is clearly written, I found it rather dry and uninspiring in style. I was also disappointed by the failure to address the historical and social factors behind the current cognitive emphasis of clinical psychology. Nor did I come away from the book with any sense of integration. This, however, may be less a criticism of Brewin than of his subject matter. The cognitive approach seems just as disparate as the behavioural movement in its heyday.

ERIC BUTTON, *Lecturer in Clinical Psychology,
Department of Psychiatry, University of Southampton*

Modern problems of Pharmacopsychiatry: Volume 23. Diagnosis and Treatment of Old Age Dementias. Edited by H. E. LEHMANN and T. A. BAN. Basle: S. Karger. 1989. 109 pp. £32.80.

This volume presents the proceedings of a symposium on the diagnosis and treatment of old age dementias held in Milan in 1987. The title is rather an exaggeration, as the book is dominated by discussions of the importance of cerebral blood flow, even in Alzheimer's dementia, and the value of drugs which influence it, with little reference to much else. The theme of the book is really ateroid (glycosaminoglycan polysulphate, which affects blood rheology) and not dementia. The grand title and cover diagrammatic representations of sequences of glycosaminoglycans (GAGs) promises a sophisticated appraisal of extremely important subjects, but little in the book lives up to expectation. It comprises five chapters introducing aspects of diagnosis and investigation, two dealing with the biochemistry and pharmacology of GAGs (especially ateroid), and three reporting findings from clinical trials of ateroid.

The first two chapters on diagnosis are brief and flimsy. Similarly, the chapter on neurotransmitters barely touches on the subject, but the sections covering neuroimaging and neurophysiology (including topographic brain mapping) are quite concise and contain some helpful plates. There follows a description of the structure and biological activity of mammalian GAGs, which will appeal more to the biochemist than clinician

although it does explain effectively what they are. The pharmacological profile of ateroid is clearly and concisely described, and gives us reason to believe it should be a useful substance.

The final chapters describe three clinical studies of ateroid purporting to provide research evidence of its efficacy in treating the symptoms of chronic organic brain syndromes. The first, a small, uncontrolled, open study, shows very modest benefits for Alzheimer's dementia but not for multi-infarct dementia, which could be explained by non-drug effects. The second, a small double-blind placebo-controlled study, shows positive effects with multi-infarct dementia (astonishingly, no placebo patient was rated improved, while 12 of 15 ateroid-treated patients were – what happened to the placebo effect?), and the final study contains so many major methodological weaknesses as to render the results almost meaningless.

Overall there is little to recommend in this book, although the occasional chapter has some merit. The title promises more than the book delivers; it has little relevance for the practicing clinician, is too limited to assist the trainee, and lacks the sophistication required by the researcher or academic. The clinical studies reported here do little to convince this reader of the clinical value of ateroid.

D. N. ANDERSON, *Consultant Psychogeriatrician,
Psychiatric Clinic, Fazakerley Hospital, Liverpool*

Essential Psychiatry. Edited by NICHOLAS ROSE. Oxford: Blackwell Scientific. 1988. 277 pp. £122.95.

This sturdy paperback, slightly larger than A4 in format, is edited by the clinical tutor in psychiatry at Oxford and written with 14 of his colleagues. Its claimed purpose is to provide an introduction to "the range of topics relevant to someone working in the mental health field, whether they be social worker or GP, medical student or nurse". In practice, medical students are likely to form the majority of its readership. There are several books available to medical students at a similar price; is the one we should be recommending?

Each chapter starts with a 'factsheet', forming a synopsis of what follows, and ends with a list of essay questions and an annotated further reading list. The text is not otherwise referenced. There are no photographs and only occasional line diagrams, but extensive use is made of highlighting and of boxes to include both key and optional points. Differences between general medicine and psychiatry are well explained in the introductory chapter on diagnosis and classification, with extensive use of illustrative cases. ICD-9 and DSM-III are mentioned but not DSM-III-R. Research strategies and the inter-relatedness of genetic, biological, social, and psychological models of psychiatry are elegantly introduced in Hope's chapter on causation.