

re-educating them and society generally towards a more positive view of their sex.

Ameliorative public health programmes are obviously crucial. So too is collective action from which, as Seid points out, women have often been diverted into paralysing preoccupation with themselves and their bodies. In taking the broader view, however, this lively volume also raises other, more specific questions – whether, for instance, anorexia is a defence against feared pregnancy or sexual permissiveness – only to leave them tantalisingly unanswered.

JANET SAYERS, *Faculty of Social Sciences, University of Kent, Canterbury, Kent*

The Prevention of Suicide. Edited by RACHEL JENKINS, SIAN GRIFFITHS, IAN WYLE, *et al.* Geneva: WHO. 1994. 194 pp. £35.00 (pb).

This is a compilation of papers presented at a two-day conference organised by the Department of Health, Faculty of Public Health Medicine, the Royal College of General Practitioners and the Royal College of Psychiatrists. The underlying motivation for the conference appears to be the Health of the Nation targets, relating to the strategy for mental illness by reducing the overall suicide rate by at least 15%, and the lifetime suicide rate in people with severe mental illness by at least a third.

This volume is particularly valuable in that it brings together leading researchers and clinicians, and contains most that is relevant in the advance of both the understanding and practice of suicide prevention. Reviewing such a book in detail is daunting given the wide range of authors and subject matter, but a look at the list of authors will satisfy most clinicians that they should have a copy available. I personally shall certainly ensure that our local community mental health teams respond to the stimulating article by Geraldine Strathdee and colleagues entitled “The challenge of suicide prevention in a local service”, and the local liaison service to both Johnson & Thornicroft’s paper “General medical services – accident and emergency departments” and Morgan *et al* on “Secondary care”.

Keith Hawton artfully sums up the “Causes and opportunities for prevention” and is, as ever, readable and relevant. I thought his comment on the importance that “those in the caring professions who are frequently doing their utmost to prevent suicide, often within services with meagre resources, are not subjected to automatic morale-sapping condemnation when a suicide occurs” is particularly pertinent in the current climate. Key workers and responsible medical officers will increasingly be held responsible for perceived lapses in care, resourced or not.

There is enough dry factual information from the Department of Health to keep the statisticians happy,

and the conference was opened with the surprisingly informed, if somewhat platitudinous, address by the Secretary of State for Health.

I personally do not believe that the Health of the Nation targets on suicide prevention are achievable by the year 2000, but I applaud the impact the policy is having on placing these issues on the national agenda, resulting in a re-examination of the causes and prevention of suicide, and the probable subsequent improvement in clinical practice. No purchaser, provider or clinician can afford not to be familiar with the information contained in this book.

DAVID ROY, *South Western Hospital, Pulross Road, London*

The Medical Basis of Psychiatry (2nd edn). Edited by GEORGE WINOKUR and PAULA CLAYTON. Philadelphia: W.B. Saunders. 1994. 601 pp. £46.00 (hb).

This is the second edition of a book first published in 1986. Intended as a reference textbook for all doctors from students to practising physicians, its layout is novel, based on four units: adult syndromes, child psychiatry, symptoms clusters and special areas.

Although like many reference texts it looks formidable, clear simple language and excellent illustrative vignettes make this textbook immensely enjoyable and easy to read. The tables are admirable, the reference lists are valuable, and the editorial comments add to the text without diminishing its flow. Within the chapters the sections on differential diagnosis and treatment are thorough, and include discussion of the place of psychodynamic psychotherapy and psychological treatments wherever appropriate. Epidemiological issues attract wider cultural discussion than is found in most UK reference texts, and the subject also merits a separate chapter at the end of the book.

Particularly commendable are the last two units. The unit on symptom clusters takes the opportunity to outline the principal symptoms in psychiatric practice, to examine them in detail and within the context of other medical conditions. The final unit on special areas has six short chapters, including “Use of the laboratory in psychiatry” and “Clinical psychopharmacology and other somatic therapies”, which are excellent. Indeed, every chapter in these two units is well constructed and fascinating to read.

Less favourable aspects of the book include its sole use of the DSM classification system. Students revising for the UK examinations are required to adhere to the ICD system. The inclusion of a section on the use of clozapine in the treatment of schizophrenia is of great value, but curiously there is much less said about some of the newer treatments of depressive illness. The subspeciality of learning disability is only referred to in

the context of other disorders, and is given no space of its own. The same can be said of psychotherapy and historical aspects of psychiatry.

Standard reference texts tend to follow a similar structure, with early chapters on mental state examination, classification and phenomenology, followed by chapters discussing the main diagnoses and treatment issues, and concluded by an overview of the subspecialties of psychiatry. While this format is probably most comfortable for those starting to read around the subject, the novel structure adopted in this book allows concepts to be viewed from a rather different angle. Careful editing has ensured that information is not duplicated in different chapters or units.

In summary, this textbook has been an absorbing one for me to read, which is not a comment I would often make. It broadened my own perspective of a number of topics and while I don't think that it ought to be studied in isolation by those with limited experience in psychiatry, it would in my opinion be an excellent reference textbook for any medical or psychiatric library. It is a book which I intend to use often.

HELEN ANDERSON, *Department of Psychiatry, Southern General Hospital, Govan Road, Glasgow*

Hypnosis in the Relief of Pain. By ERNEST R. HILGARD and JOSEPHINE R. HILGARD. New York: Brunner/Mazel. 1994. 312 pp. US \$28.95 (pb).

One of the success stories of modern hypnosis is its application in pain control. That such is the case is due firstly to the establishment of plausible theoretical foundations, secondly to the accumulation of evidence from good quality clinical and non-clinical research, and thirdly to the development of effective procedures both for the management and amelioration of chronic organic pain and for the control of pain and discomfort resulting from certain medical and surgical interventions, childbirth and dentistry.

All of these areas of theory, research and practice are described in this book which first appeared in 1975; a second edition came out in 1983 with a forward by Patrick Wall and a supplementary chapter on developments since the first publication, the original text being unrevised. The only change in the 1994 edition is an additional forward by Joseph Barber. Those who are already familiar with this book may therefore have expectations which are not fulfilled. Indeed, even the addresses of organisations listed in the appendix on "The availability of hypnotic services" have not been updated.

One of the strengths of the book is that clinical practice is informed by sound theoretical concepts and extensive research literature. Two important theoretical underpinnings are Melzack & Wall's 'gate control' theory of pain and the influential neo-dissociation

model of hypnosis due to Ernest Hilgard himself. The best known empirical work on the latter is Hilgard's demonstration of the 'hidden observer', where the volunteer subject, under conditions of hypnoanalgesia, is able to give an out-of-consciousness rating of the normal pain experience. Both the 'hidden observer' concept and the neo-dissociation theory itself have their detractors, but in my experience even the most radical debunkers of 'hypnosis' are able to recommend 'hypnotic' procedures as effective for pain relief.

All those claiming to be specialists in hypnotherapy for pain control ought to have read this book and be regularly consulting it. I have no doubt that they are, for it is a worthy classic in its field.

MICHAEL HEAP, *Department of Psychiatry, University of Sheffield*

Reconstruction in Psychoanalysis: Childhood Revisited and Recreated. By HAROLD BLUM. Madison, CT: International Universities Press. 1994. £21.00 (hb).

The subject of this book is of particular interest to interpretive psychotherapists, particularly psychoanalysts. It is a subject on which Freud wrote at some length throughout his career, and is of practical as well as theoretical concern. How much does the therapist depend for his method upon imaging in detail the early lives and situations of his patients, and upon sharing his imaginative constructions with them? How well can he know his patients' childhood and how can he assess the reliability of the information which he gathers? How important is it to his patients that their therapist gives time and attention to their versions of their childhoods? Blum has interesting and important things to say upon all these problems and related topics.

Clinical practice and theory have swung from one extreme to the other, from relying nearly entirely upon 'reconstruction' of patients' pasts, to dismissing reconstruction as unreliable and as avoidance of the important issue – namely, the quality of current relationships, in particular with their therapist. Interpretation has swung from sharing examination of the reported past to pronouncements about the patients' clinical transference. Blum's book is the fruit of chairing a research group of experienced psychoanalysts, all concerned to assess the importance of 'reconstruction' in their work. His own stance is to see reconstruction and interpretation of transference not as opposed alternatives in clinical work, but as requiring and reinforcing one another.

The research group seems to have worked by discussing cases on which the members were engaged either as therapists or as supervisors. Only three cases are presented in the book, two of them current or recent and one recalled after some years. These are the core of the book and they are interesting. One is of a