written primarily for the clinician, to update those "faced with a bewildering panoply of often conflicting injunctions" about the treatment of the obese patient. Although written for anyone working in or near the field of obesity, most of the contributors originate from departments of psychology. It is not surprising, therefore, that the book has a leaning towards the psychobiology of obesity, but other approaches are not ignored. I was particularly drawn to read the chapter on surgery; other sections cover the obstetric problems of the obese patient, the view of the physician, and the public health approach.

This book is a must for those working in the field. For the generalist, a copy in the departmental library would seem appropriate.

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The Neuropsychology of Attention. By RONALD A. COHEN. New York: Plenum Press. 1993. 545 pp. US\$75.00 (hb).

Attention is a topic of considerable interest in psychiatry. In nearly all psychiatric disorders, attention is impaired in one way or another. The cognitive impairments observed in many psychotic patients are often attributed to a general failure of attention. Depression and anxiety are frequently explained in terms of an abnormal selectivity of attention towards unpleasant events or memories. A comprehensive textbook on the psychological and physiological basis of attention in all its aspects is, therefore, to be welcomed.

I cannot pretend to have read this vast book in its entirety. I have read most of the useful summaries that are scattered throughout and I have dipped into those chapters which concern topics of special interest to me, but I confess that I never found that I was unable to put the book down again. Perhaps it is too much to expect an exciting story in a comprehensive textbook, but, in general, I was rather disappointed with what I read. On the other hand, the book is comprehensive. In addition to reviews of literature directly concerned with attention, there are sections on informationprocessing models, physiology, neuropsychological assessment, and psychiatric disorders. Yet there are also omissions. There is very little mention of the extensive European work on the Neglect syndrome. Blindsight, which is a phenomenon of major importance for our understanding of the neuropsychology of conscious awareness, is not mentioned at all.

The theoretical sections of the book have a somewhat old-fashioned feel, being largely couched in terms of 1970s information-processing psychology. In general, much recent work is not discussed; for example, the most recent brain-imaging study comes from 1989. However, I think the major problem that makes this book unsatisfactory is the attempt to produce a unified account of attention. The term 'attention' covers many different and independent processes. The author is aware of this, but is determined to put them all together into a comprehensive model. As a result, this is essentially a model of "how the brain works" and, inevitably, unsatisfactory. This is a useful book to refer to, as long as the reader is aware of its North American bias. It is not a book to take on holiday.

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Using Family Therapy in the 1990s. Edited by JOHN CARPENTER and ANDY TREACHER. Oxford: Blackwell. 1993. 252 pp. £12.99 (pb).

Family therapy writing can be implausible and obscure, challenging the faithful, vindicating its enemies and discouraging newcomers. No such problems with this book, which is practical and jargon-free.

Systems theory is used in understanding problems within their context, often applied to the interaction of individuals in families. However, family therapists do not apply their techniques in splendid isolation; they are always part of wider professional, economic and cultural networks. This is particularly relevant in the UK where therapists tend to work for statefunded agencies. The British-based authors use this wider systemic view to describe good family therapy practice in a variety of clinical settings. They explain the historical and political background, moving on to descriptions of agencies and the planning of interventions.

Another editorial theme is that therapy should be user-friendly. Family therapists have long enjoyed sitting behind their one-way screens, muttering darkly about toxic parents and resistant families who will not accept the expert view. Carpenter and Treacher instead advocate listening to families and taking their wishes seriously. This seems an admirable guiding principle, but challenging to established systemic practice. To user-friendly eyes, paradoxical interventions may seem dishonest, video cameras and screens intimidating. Requests for information and advice should be seen as just that, not as opportunities to inveigle families into therapy. Therapists should work with relatives' groups, who may have strongly biological views. It was a great pleasure to see such widely varying approaches brought together in this book.

Established workers will find plenty to interest and provoke them here. Students of family therapy will use another book to learn about theories and techniques, but should read this one before they try to apply them.

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