

namely that planning tends to be a process of muddling through rather than rational-comprehensive in nature.

D. P. FORSTER, *Senior Lecturer in Community Medicine, University of Newcastle upon Tyne*

Mental Illness and the Law. By TONY WHITEHEAD. Oxford: Basil Blackwell. 1982. Pp 181. £4.95.

As representatives of two of the groups for which this publication is intended, I asked a nurse and a social worker for their opinions on this book. Both said that it is excellent and I agree with that view. Dr Whitehead has accomplished the difficult task of providing a clear guide to British legislation concerned with mental illness. There are some mistakes. For example, it is said that if both prosecution and defence psychiatrists agree to a finding of diminished responsibility the charge of murder is reduced to manslaughter and the Court then has to decide only upon what punishment, if any, should be given. The tribulations of Mr Peter Sutcliffe prove that this is not the case. The blurb promises that the author will criticize current injustices and suggest desirable reforms and it is in this exercise that the book is weakest. In any event, such opinion is misplaced in a guide to legislation. The book should be more comprehensive in dealing with the law relating to children and young persons and much of the outline of the Mental Health (Amendment) Act has been outdated by changes agreed in the Commons' Special Standing Committee.

PAUL BOWDEN, *Consultant Forensic Psychiatrist, Maudsley Hospital, London*

Psychopharmacology of Sleep. Edited by DAVID WHEATLEY. New York: Raven Press. 1981. Pp 256. \$39.44.

This book is divided into two sections; the first addresses itself to the nature of sleep. The papers review and update our knowledge of the neurochemistry of sleep, of chronopharmacology, of endogenous sleep peptides and of the molecular pharmacology of benzodiazepines. A very interesting chapter on the phylogeny of sleep concludes that the function which sleep subserves throughout the animal kingdom is far from clear: experimental findings however suggest that some animals have learned to make better use of the state we call sleep under the shaping forces of chance and necessity.

The second part of the meeting covered the management of sleep disturbances. Valuable contributions range from an updated working knowledge of the pharmacokinetics of hypnotic drugs, an essential prerequisite to intelligent prescribing, to the effects and after-effects of these drugs. There is an excellent chapter on the management of a variety of sleep

disorders such as narcolepsy, sleep apneas and sleep disorders during childhood. The need for new hypnotics is discussed, with agreement that the need is for more knowledge about existing hypnotics rather than the development of new ones.

Reading this book left me with more questions than answers: an updated knowledge of the pharmacokinetics of hypnotics, although helpful, could not be married in practice to our experience with their effects and after-effects. The reader is not left much wiser as regards the question of which hypnotic, in what dose, for what patient, and our use of hypnotics remains empirical.

This book can be recommended: the first section is valuable to sleep researchers, the second section provides a working knowledge of the use of hypnotics in the management of sleep disorders for psychiatrists, physicians and general practitioners.

M. T. ABOU-SALEH, *Senior Registrar in Psychopharmacology, West Park Hospital, Epsom, Surrey*

Psychosocial Aspects of Depression. By LARS FREDEN. Chichester: John Wiley. 1982. Pp 202. £14.50.

With an endless series of new antidepressant drugs all equally effective, the advent of Beck's cognitive therapy brought an air of excitement to the subject of depression. There can now be very few mental health professionals who would not agree that the management of depression must be comprehensive and always include a psychotherapeutic element. The patient's social context, and his family and work relationships must be taken into account in understanding the aetiology and the future management of the case.

This book by a Swedish social scientist reviews the phenomena of depression and samples the various studies to date, and reports the author's own research. He is an advocate of Ernest Becker's approach to depression which sees depression as arising from threats to self esteem associated with feelings of lack of control over one's own actions. The patient has a limited repertoire of possible actions arising from his rigidity and "depressive personality"; there is a failure to cope and he becomes depressed. The author refers to other theories including Seligman's learned helplessness and Bibring's psychodynamic approach. He also produces extensive evidence of the need to involve the family, particularly the spouse of the depressed patients.

Unfortunately, there is an element of crusading against mental hospitals and the author builds a straight-jacket for psychiatry. The psychiatrist is a blinkered "confused", "biologist", with no understanding of psychodynamics or psychotherapy.