

twins or the work of Clarke and Clarke. Genetics have no place in this book, nor has research.

Throughout, there are regrettably very many misprints and errors, some of them horrendous. For example, 'How much time do you spend with your *martial* partner each week?' (p 206). Not much, one would imagine, having regard to interpersonal relationships! Further, it is extremely unlikely that the *electroencephalogram* (p 419) will display cloven T waves and an increase in the Q-R interval!

As regards forensic material, original sin is rejected, and therefore one can only recommend to the authors Lord Adrian's comment that 'We must not set ourselves up to instruct the teachers, criminal courts, and the law-givers on matters about which we have no clear views ourselves.' (*BMJ*, 25 July 1959.) Thereby we may avoid the charge sometimes levelled against us that 'The psychiatrists seem to have taken over from the priests as the hucksters of salvation and to have done a good deal less to preserve the elementary decencies.'

This American textbook cannot be recommended to readers in the United Kingdom.

H. C. BECCLE

**An Introduction to Medical Sociology.** Edited by DAVID TUCKETT. London: Tavistock Publications. 1976. Pp viii+397. Index 15 pp. Price £9.

With the notable exceptions of George Brown's lucid and painstaking inquiry into the social causes of disease and Ann Oakley's stimulating discourse on the family and its relationship to illness, this book has little to recommend it. Among long, rambling discussions on doctor-patient relationships, the supposed life styles of middle-class and working-class people, the organization of hospitals and of the NHS, and the social definition of illness, no connecting thread can be discerned other than a distinctly acerbic, not to say paranoid, tone. This seems to be directed against drug companies, 'elitism', the 'medicalization' of society, 'labelling' (i.e. making a diagnosis) in psychiatry, and doctor power. Doctors will no doubt be surprised to learn that in addition to their many other sins they are 'moral entrepreneurs' (p 360) because 'some moral evaluation is always involved in the definition of illness'. The evidence for this astonishing claim is that 'We get a cold because we failed to wear warm clothes, we relapse because we go back to work too soon, etc. These are clearly moral, not clinical evaluations' (p 359).

Whatever may be said about the level of argument in this book (and judging by the foregoing sample

the less said the better), collectors of obfuscating jargon will not be disappointed. Many splendid examples can be found, including the following gem (p 221): 'The lip service that is played (*sic*) to the scientific basis of medicine, to universalism, affective neutrality, functional specificity and collectivity orientation, serves, at least in part, as a smokescreen.' So, of course, does gibberish. Patients become 'care recipients' or 'utilizers', doctors 'care providers', and the practice of medicine a 'health-care delivery system'. The language used here reveals much about the underlying philosophy.

The importance of medical sociology is obvious. Man, as George Brown puts it, must be studied where he belongs—in society. But does medical sociology require the maiming of the English language? If so, the price may well be too high.

H. STEVEN GREER

#### CLASSIFICATION

**The Hierarchical Nature of Personal Illness.**

By G. A. FOULDS. London: Academic Press. 1976. Pp x+158. Index 4 pp. Price £5.80.

This book was completed just before Dr Foulds' untimely death and this represents a final statement of his position after many years of careful clinical research. His is a classification system of symptomatology and he is unapologetic in his espousal of an illness model of psychological disorder. He postulates a hierarchical structure with four levels of pathology—dysthymic states, neurotic symptoms, integrated delusions and delusions of disintegration—and an individual showing symptoms at any level will also demonstrate some at all lower levels. In an interesting experimental section, support for this formulation is presented together with some evidence that with changes in clinical state, symptom pattern alters in accordance with the hierarchical structure.

The system proposed is an interesting one and represents a useful descriptive model for those types of disorder, such as depression, where clinical forms differ mainly by one having some additional features rather than by each showing a specific picture. However, since this is only a descriptive system, it has no aetiological base and although the application of the model in the choice of treatment is implicit throughout the book, no evidence is presented as to its utility in this context.

It would have been useful if a greater proportion of the research effort had been directed towards the natural history of the disorders, and particularly to the effects of intervention at various levels. Does a patient who previously demonstrated integrated delusions respond to treatment of his neurotic