

the editor refers to it as a syndrome. DSM III creates no such confusion, although of course emphasizing that people with this personality type can have "short-lived psychotic episodes". Such illnesses are often mistaken by unknowledgeable psychiatrists as serious endogenous psychoses and treated with misplaced pharmacological, institutional or electrical vigour: one of the common mistakes in clinical psychiatry. In the present book Gallahorn (p. 78) perhaps does not deal in sufficient detail with this crucial point in differential diagnosis when merely he comments in passing that borderline personalities with Brief Reactive Psychosis have only transient (and not pervasive and generalized) lack of reality testing.

Inevitably Dr Lion includes a chapter on narcissistic personality; the adherents of Kohut and Kernberg who "collectively conceptualized it" are described as "begging for its inclusion in DSM III". Dr Lion seems to single out especially the grandiosity of the individuals whom the concept is intended to designate. However, in Chapter 4 on the subject, Dr Phillips acknowledges that the features of the condition have been derived from psychoanalytic investigation when, inevitably, they emerge in subtle, gradually unravelled, revelations of complex interlocking tendencies. Thus the Narcissistic personality is defined on the basis of hypothesized pathology, the external traits often being unobvious to the hasty clinician, not alert to the fact that "such traits as exhibitionism and interpersonal exploititiveness may be effectively disguised" (p. 69). DSM III can be misleading in its effort to be behavioural, when not differentiating sufficiently between observable and psychodynamic phenomena. Psychodynamics can too glibly be equated with observable traits.

There are also separate chapters on behaviour therapy, family therapy, hospitalization, milieu therapy, private practice, and drug treatments; and the court, prisons and military service each have their own chapters. So also does psychological testing, psychodynamics and socio-cultural determinants.

Negligence in proof-reading gives rise to irritation the more unfortunate because this is an impressive, clinically significant book with great implications for patient care, about an enormous area of clinical and investigative work still waiting to be done on abnormal personality.

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Coping with Crisis and Handicap. Edited by AUBREY MILUNSKY. New York: Plenum. 1981. Pp 358. \$19.50.

Aubrey Milunsky, the editor of this book, is a

paediatrician with a special interest in birth defects and genetic diseases. Much of his clinical work involves working with families who have to cope with the pain of caring for a severely handicapped or dying child. In 1979 he helped organize in Boston a 'National Symposium on Coping with Crisis and Handicap'. This book brings together the papers presented at that conference. The twenty contributions cover many of the most severe crises families could have to face; the dying child, suicide in the family, having an autistic child, the effects of severe burns. The contributors include not only health professionals, but also bereaved parents, clergyman and a philosopher.

This could have been a book almost too painful to read. In fact, the experience, compassion and strength of the various authors make it easier than might have been expected. It should be possible to commend certain chapters and criticize others for omissions or lack of objectivity. This would not really be appropriate. What makes the book so very worthwhile are the many small items scattered throughout which point to the day to day experience and wisdom of the authors. One example which illustrates this is a discussion on how long the family of a child who has died at home should remain with the body before the undertaker arrives. I found this deeply moving. The fact that a nurse had given great thought to the implications of what could be seen as a small practical point demonstrates the quality of care that can be achieved. That she has put these thoughts into print should help many others look at the meaning of this and many similar practicalities surrounding death and grief.

This is not a book that can tell you what to do. It is perhaps not a book that is meant to be read straight through. Its real use would be as a source of seminar material for staff working with death and handicap. Almost any one of the chapters could be taken as a basis for a group discussion. An increasing number of psychiatrists are becoming involved in this sort of work. They should find this book of considerable help. As an additional bonus there is, at the end, a bibliography of almost nine hundred recent relevant references.

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Jungian Psychology in Perspective. By MARY ANN MATTOON. New York: Free Press. 1981. Pp 334. \$21.95.

This book is advertised as an introduction to Jungian psychology—it is at once less and more than that. It reviews Jung's published work in some detail but it pays little or only passing attention to significant