

the combination of purpose and randomness can implant suggestions for change.

Although the book contains many examples, from simple unitary symbols through to more complex ceremonies, it seems to me that this is an area of work it is hard to harness without a lot of practice, and at its worst could promote the image of therapist as either a gnostic guru or a theatre director.

The clinical examples also highlight the gap in clinical severity between patients presenting to private therapists in America and those most commonly seen in public sector work in Britain. The gap is widened by the examples being often only one intervention in a longer treatment so they tend to read as if they are "a quick fix".

In the end, this book did not make me feel I wanted to include the authors' ideas into my clinical practice, so much as to make me feel it was an important Public Health measure that we are all encouraged to hold on to and elaborate on our various individual and cultural heritages, and celebrate public and personal events as enthusiastically as possible, preferably with friends, neighbours and workmates rather than in a therapist's office.

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Crack: The Broken Promise. By DAVID F. ALLEN and JAMES F. JEKEL. Basingstoke: Macmillan. 1991. 115 pp. £9.95.

Makes a Briton feel guilty, this one. Here we are saying that 'crack' is not a new drug, simply a new mode of administration of an old drug (cocaine), and that while there has been an incremental increase in cocaine usage here over the past decade, there is no evidence of the development of the pervasive use and problems related to that use as has occurred in certain areas of the United States. Then here are Allen & Jekel who are unequivocal:

"A war threatens the normal existence of the Western Hemisphere, especially from Peru to the United States and Canada. The enemy in the war is freebase ('crack') cocaine and the forces promoting the drug, who are so ruthless and powerful as to make the Sicilian Mafia appear gentle and weak by comparison. . . . The drug forces have been spectacularly successful in the Western Hemisphere because despite early warnings, none of the involved nations took the threat of crack cocaine seriously until it was well established." (p. 1)

What are we to do? Should we British continue not to 'take the threat of crack cocaine seriously'. Or should we mount a serious interception campaign, with battleships patrolling our coastline, sniffer Rottweilers, potentially stoned out of their heads, at every port of entry and a

massive increase in staffing of our friendly little neighbourhood Drug Squads? Allen & Jekel certainly do not advocate a *laissez-faire* approach:

"Defeating the drug problem will take the same kind of anticipation, preparedness, and national will that was required to win World War II. We hope Europe will use these errors to avoid the dangers of appeasement and lack of preparedness in this war." (p. 96)

Well, who are these authors, these harbingers of the 'crack epidemic', how balanced and informed is their book, and can we afford our wait and watch approach? According to the Foreword, by Frank Gawin, the Director of Stimulant Abuse Treatment and Research at Yale University School of Medicine, "Dr Allen was the first to be faced with the spectre of 'crack' cocaine, which appeared first in the Bahamas almost a decade ago, and thus also the first treater faced with the need to respond to cries for help with crack addiction. . . . Dr Jekel has long experience in public health and its interactions with human behaviour, and has been especially concerned with the human face of epidemics." (p. x). Their short book is not a medical text. Rather, it is for the interested layperson, aiming to provide "everyone working with or concerned about the problems of crack addiction – from psychiatrists to police, from counsellor to concerned citizen – with a basic understanding of the worldwide crack epidemic". It consists of a historical Introduction then six chapters each of about 15 pages on "The crack crisis; Crack addiction: a clinical perspective; Crack addiction in the home, school and workplace; The treatment of crack addiction; Prevention of crack abuse; The societal challenge of crack addiction". This is followed by a postscript and four appendices. Each chapter is referenced, but it is notable how few of the references are in refereed journals: those that are tend to be works on clinical description or treatment outcome.

The book is an easy evening's read, with the clinical sections (Chapters 2–6) being clear and illuminating. There are no surprises, no new approaches but much common sense. But even here the moral crusade tone of other parts of the book pervades:

"the social impact on the addict's life may be devastating. Crack cocaine is a no-barrier drug which creates havoc in persons from all segments of the socio-economic spectrum. Once the user is addicted, the mind is constantly thinking of crack. Hence every sleeping dream, every waking thought, every motivation and ambition is how to obtain more crack. Compulsive crack use is associated with ethical fragmentation, in which the user loses his conscience and other moral influences. At this point anything may be tried: prostitution, promiscuity, sadomasochistic behaviours, stealing, lying, bestiality, etc." (p. 29)

The book is weakest epidemiologically. There is really no attempt to quantify the 'epidemic'. Indeed, among the few numbers presented, the authors report a fall in

the use of cocaine in the middle classes in the USA of 48% between 1985 and 1989, followed by "This must be interpreted with caution, as many other measures show problems from crack use to be increasing". (p. 18) These other measures are not specified. Sadly, no data are presented from the Bahamas, on which presumably the authors have a mass of clinical and demographic data.

So, while the authors may well have had much to tell us, their way of telling invalidates their own message. Their book is essentially a fire and brimstone sermon, and we British are unlikely to be that easily intimidated into acceptance of their alarmist view particularly when it is so evangelically expressed.

But what if they are right? It makes you think.

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Mind: The Complete Guide to Psychiatric Drugs. By RON LACEY. London: Ebury Press. 1991. 200 pp. £7.99.

It has been a cause of personal regret that some years ago, *Mind* adopted the position of campaigning for the mentally ill as if they were solely an under-privileged minority whose need was to have their civil liberties protected. I therefore regarded a guide to psychotropic drugs for the layman by this organisation as a possible change of heart. Sadly my hopes were dashed, and I found reading this volume an unpleasant experience.

The author's view seems to be that, with rare exceptions, psychiatrists and other doctors are at best misguided and ill-informed, and at worst, willing disciples of evil pharmaceutical companies, who peddle dangerous substances to the innocent populace for financial gain with no regard for their health. His view of drug therapy is that, for the most part, it is probably unnecessary, and frequently harmful. He believes that the prevention and cure of all psychiatric illness lies elsewhere. Like all good propagandists, he tries to be careful not to overstate his case, and the book is peppered with statements to "consult your doctor" before stopping any treatment.

The book is divided into sections on anxiolytic, anti-depressant, neuroleptic, and antimanic drugs; there are also short chapters on anti-Parkinsonian and stimulant drugs. After brief historical introductions and descriptions of diseases, the text consists of descriptions of drugs that are mainly derived from the data sheets. No simplified explanations of their psychopharmacology are provided, but reference is made to selected research papers whose conclusions are acceptable to the basic premise that detrimental side-effects and drug interactions exist. A great deal of emphasis is placed on the dangers of taking medication, but the author fails to differentiate between described side-effects and adverse

reactions. No mention is made of risk/benefit ratios. It is perhaps not surprising that the book ends with a guide to complaints procedures. There are a significant number of errors in the text and the content is not up-to-date.

I was left with the feeling that if this volume needed to be produced, it should have been written by an experienced clinician with an interest in psychopharmacology.

It is quite possible that a vulnerable section of the community will read it and be influenced adversely by its contents. I do not recommend it as suitable reading material for any interested patient, client, consumer, or their families, and hope that a future publication giving a more balanced assessment of drug therapy in psychiatry will be written for lay readership.

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Handbook of Psychological Assessment 2nd edition. By G. GOLDSTEIN and M. HERSEN. Oxford: Pergamon Press. 1990. 608 pp. \$90.00.

The editors felt they needed to update and expand the first edition of the Handbook which appeared in 1984. In this endeavour they are probably wise. Much, if not most, of contemporary psychology has devoted itself to measurement. In fact many psychologists view accurate measurement as the basis of psychology. However, what is measured and how measurement is conceptualised can reflect a vast array of different viewpoints. The concept of the discipline of psychology as a homogeneous body is erroneous, more realistically it is an umbrella term for a number of different schools of thought which can approach their subject matter from different perspectives and with different goals. Here lies the difficulty in tackling such a potentially broad but fundamental topic as psychological assessment and including its subject matter in one, albeit large, volume. In such a difficult task, the editors have made a valiant effort. They have put together a well written, scholarly and comprehensive text. There are ten sections made up of 23 chapters. These sections include: historical introduction; the psychometric foundations of testing; assessment of intelligence; achievement, aptitude and interest; neuropsychological assessment; interviewing personality assessment; behavioural assessment; assessment and intervention; and special topics – which consists of chapters on the assessment of minority group members and computer-assisted assessment. These last two chapters are especially welcome.

There is a comprehensive feel to the volume in both its coverage – for example there are separate chapters on children and adults where appropriate within the different sections – and in emphasising the function of assessment information – such as directions for