

simply explained guide for the nurse faced with responsibilities of sudden illness and injury, written most understandingly by a team of doctor specialists whose concept of the accident and emergency department is holistic; a blending of interfaces between patient, police, ambulance, nurses, doctors and laypersons, and all to benefit the patient."

The index is more than adequate for the quick reference necessary; the chapters cover all aspects, the print is clear, and I could find no off-putting errors of syntax.

The authors and editor are to be congratulated upon the success of this unusual venture. I am sure that my medical colleagues will want it on the surgery shelf and that it will prove just as practical a comforter as Arthur Bell's *Pocket Obstetrics* was to many a young doctor in a sweat in yesteryears.

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### THE BATTERED CHILD: RECOGNITION IN PRIMARY CARE

N. O'Doherty

Baillière Tindall  
London (1982)

57 pages. Price £9.95

Dr O'Doherty and his publishers, Baillière Tindall, have taken a lot of trouble to include in this short booklet a good selection of well-produced pictures about various forms of ill-treatment of children as seen in hospital. Presentation is clear and will be useful to doctors both in hospital and the community who may meet this syndrome.

The book cannot, however, be recommended to general practitioners or to trainees because it does not properly meet the second part of the title and shows little awareness of problems and opportunities for diagnosis in primary medical care. Indeed, there are no references to primary care other than the statement that new cases "continue to be poorly managed".

The special relationship of doctors who also care for the parent, the value of access to the home through home visiting, and patterns of behaviour associated with non-attendance at surgeries are not discussed.

There is very little understanding in this book that children with bruises are seen almost every day in general practice

and that the real skill is not so much seeing the bruises as distinguishing between those that are associated with ill-treatment and those that are associated with normal living.

Finally, on page 38 there is the statement that "the battered child must always be admitted to hospital", which is not necessarily true or correct in the United Kingdom.

In conclusion, this book represents an admirable idea and has much to commend it, but the author should have collaborated with a colleague in primary care to justify his title.

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### PSYCHO-SOCIAL ASPECTS OF DEPRESSION. NO WAY OUT?

Lars Fredén

John Wiley  
Bristol (1982)

202 pages. Price £14.50

The debate about the nature and cause of depression has made little progress in the last decade or so and seems currently to be concerned with claims for the minor advantages of one antidepressant drug over another when we have no good understanding of what we are treating. Yet Brown and Harris offered some new insights in *Social Origins of Depression* (1978) and this book, which is a pleasure to read, promises to illuminate future discussion.

Dr Fredén does not offer new facts but develops a consistent and acceptable model of depression by carefully correlating contributions from psychiatric, psycho-analytic and behavioural theory with the findings of empirical research. The author reviews comprehensively an international range of relevant literature, complements this with his own studies and uses both to modify the original hypothesis. He keeps his argument as simple as possible, demonstrates admirable common sense in interpreting findings, maintains a logical flow and provides appropriate case histories to illustrate his points.

Unfortunately, the final chapter, in which Dr Fredén offers suggestions for a way out for the depressed, is skimpy. He says that there must be changes in society, particularly in the roles of individuals. He is critical of the medical profession's view of depression, especially of the "poverty of medical language which encourages us . . . to react to people as stereotypes rather than varied individual personalities". He advo-

cates a psychotherapeutic approach towards the individual, his or her relationships with others and, most importantly, the whole family. He does not, however, indicate who should be responsible for this care. The psychosocial nature of his theory might imply that it should be removed from the medical setting and into a different system of care.

I recommend anyone who wants to review their ideas about depression to read this book. At £14.50 you will want to use your postgraduate library copy, unless, as I hope, a paperback edition is published.

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### PSYCHOLOGY AND MEDICINE

D. Griffiths

Macmillan  
London (1981)

491 pages. Price £12.50 hardback,  
£4.95 paperback

This appears to be the first in a series of publications introducing different professions to the mysterious world of the psychologist, and it carries out its task with great aplomb. The psyche is looked at from a behavioural stance, but the supernatural aspects of consciousness, such as the Christian acceptance of the value of suffering, are barely touched on. Most of the areas relevant to the practice team are covered in this book, ranging from the biological bases of behaviour to methods of creating change and dealing with many specific problems, such as child psychology, stress and sexual behaviours. But where is alcoholism—can psychologists offer no solace here?

All the sections have clear, appropriate references and suggestions for further study, and the questions addressed to the reader at the end of each chapter lead quite easily to teaching or discussion. Some of the writing, however, makes oppressive reading, with large tracts of prose unbroken by headings, and there is a shortage of good diagrams and charts. I particularly liked the chapter on personality and individual assessment, which contains concise descriptions of many of the tests used by psychologists.

It is rare to see such good value for money.

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