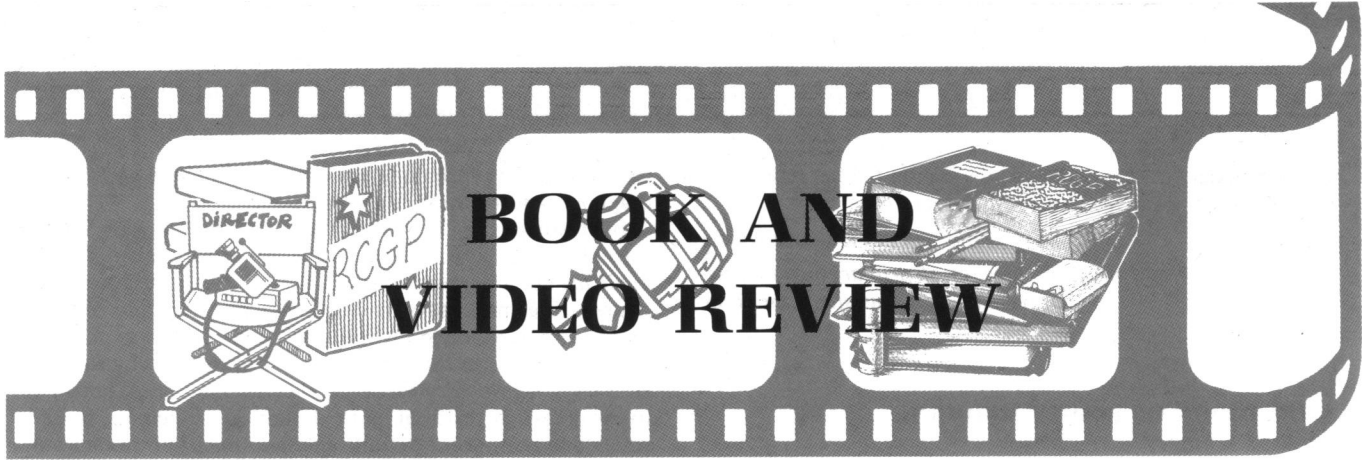

BOOK AND VIDEO REVIEW

THE SUSPENDED REVOLUTION
Psychiatry and psychotherapy re-examined
Faber and Faber, London (1990)
224 pages. Price £14.99

The author, a psychiatric consultant and clinical researcher at Cambridge university, expresses concern that the scientific advance of mental illness has ground to a halt. Freud's successful ideas are blamed for psychotherapy becoming wholly practical, and the eventual separation of psychiatric practice from psychology theory; patients who came for help were felt to be a help, and were deeply admired by some of their therapists. This is regarded as unacceptable by David Healy, who sees such responses as part of the problem rather than part of the solution. Psychoanalysis is said to be of a religious character rather than a sober science, and what is badly needed is a theoretical basis.

The brain is mechanical, yet the mind contained in that machine is not mechanical, but thinking. Brain tumours are hardware disorders, neuroses are software disorders — what, therefore is mental illness? Can science really contribute anything? The art of medicine has to be made more scientific to improve our understanding. But much is achieved by our patient-centred approach, rather than a disease-centred approach; and there is a need for greater awareness. The author points out that mathematics and physics are not applicable to psychiatry. He himself presents an ideal scientific approach: disciplined scepticism. His book is truly fascinating, and well worth reading.

JACK NORELL
General practitioner, London

HEALTH MEASUREMENT SCALES
A practical guide to their development and use
David L Streiner and Geoffrey R Norman
Oxford University Press (1989)
175 pages. Price £25.00

This book aims to introduce 'health sciences' researchers to concepts of measurement and as such, it is a timely if not very radical contribution. The rapid expansion of the health measurement field may be characterized by the diversity (and sometimes absence) of conceptual definitions and by its multi-disciplinary nature. Both factors, while having positive potential, can create methodological problems. The authors address this by returning to the basic principles of the design and assessment of measurement scales.

Chapters reflect stages in the development process, including literature review, item selection, scaling, response biases, reliability and validity, generalizability, and methods of administration. Marginally more esoteric issues such as latent-trait theory and the requirements of change measures are also covered. Useful appendices direct the reader to sources (all North American) where the topics are explored in more detail. The principles covered by the book should already be well understood by social and behavioural scientists but they may be less familiar to those from other disciplines, such as medicine and economics, who are currently involved in health measurement.

The emphasis on such fundamental principles in a book about health measurement, particularly with the admirable and consistent use of examples from relevant literature, may encourage improvements in methodological coherency. However, it is disappointing that the conceptual and philosophical issues raised by health measurement are not more fully discussed, because methodological progress is ultimately constrained by theoretical development. The undoubted need for books like this may be partly attributable to the paucity of coherent theory.

SIMON A NAJI
Research fellow, Health Services Research Unit, University of Aberdeen

ANXIETY AND STRESS MANAGEMENT
Trevor J Powell and Simon J Enright
Routledge, Chapman and Hall, London (1989)
196 pages. Price £9.99

This useful book is the first in a series on strategies for mental health. Forthcoming titles will include *Assertiveness training, Bereavement and loss* and *Rehabilitation and community care.* If these volumes are of the same high standard as this book then they may, as the series title implies, have a positive effect on mental health.

The contents of this book divide into four parts: the first part looks at the research underpinning theories of stress and anxiety, the second describes a wide range of assessment procedures, the third and by far the largest section looks at management strategies, and a final section uses clinical cases to demonstrate the application of the strategies which are described.

The stated aim of the authors is to demystify symptoms and to provide individuals with coping skills. There are skills here in abundance for the general practitioner and other members of the primary health care team. At a personal level there are useful sections on goal planning and time management, and the chapters on self-help techniques, changing client's lifestyles and

running anxiety management groups should further reduce the prescribing of sedatives and tranquillizers.

C K DRINKWATER
Senior lecturer and head of division of primary health care, University of Newcastle upon Tyne

A TEXTBOOK OF FAMILY MEDICINE
Ian R McWhinney
Oxford University Press (1989)
380 pages. Price £40.00

Ian McWhinney's first book *An introduction to family medicine* has long been the bench mark for books about general practice or family medicine. *A textbook of family medicine* expands and updates this material and could be taken as the definitive description of the discipline of general practice. The 10 chapters in the first part 'Basic principles' are the most rigorous description of the underlying philosophy, scientific discipline, and practical application yet published. They constitute the 'grounded theory' of our discipline and could and should be used to refute the arguments, explicit or implicit, used by the medical educational establishment to denigrate and marginalize general practice. Indeed, most specialties would do well to be able to marshal an equally formidable statement of basic principles.

Because of the weight of argument, this book is not easy reading. In particular the chapter on clinical method with its mathematical approach to diagnostic certainty, might seem a long way away from the diagnoses and decisions that have to be made in a Monday morning surgery. However, this should go far to relieving the chronic inferiority complex of general practitioners who often denigrate their own quite rigorous problem solving approach by saying that they 'cut corners'. McWhinney has validated the thinking general practitioner's approach to diagnosis and decision making.

Interestingly in his introduction McWhinney says that he started to write a second edition of *An introduction to family medicine* but it required so much change that he decided to give it a new title and he says that 'calling it *The essentials of family medicine* also reflected my feeling that the book was no longer an introduction to the subject'. One has to ask why then it is entitled *A textbook of family medicine,* and indeed, herein lies its weakness. A textbook is by definition a reference book to which one goes for the definitive description of phenomena and their management. One does not read a textbook from cover to cover. Equally, a textbook is expected to give equal weight to every subject within its remit. This is not a textbook and it should be read through. The chapters on clinical problems are, as McWhinney points out, chosen to show the application of the principles enunciated in the first part, but they are neither definitive in their range nor in the depth to which each topic is covered. The three problems presented are sore throat, headache and fatigue. Dizziness, weight loss, and menstrual irregularity have been less written about and would have been equally good carriers for the basic principles. Similarly the two diseases described, diabetes and hypertension, must be two of the most written about conditions dealt with in general practice and it would have been refreshing to have the principles applied to the less well defined problems of arthritis, chronic lung disease and peptic ulceration.

Nevertheless this book is required reading for any general practitioner, whether at the beginning of his or her career or well established, who wants to think about what he or she is doing. It is lucid, logical and penetrating. It is food for thought but also comfort for those who feel themselves out-gunned by the exponents of the quick technological fix.

DAVID METCALFE
Professor of general practice, University of Manchester

CLASSIFIED ADVERTISEMENTS