

read, covering a vast amount of ground in relatively few pages. It contains many diagrams and a few photographs of high quality. Quick reference is made easy by an excellent index and a detailed table of contents.

This book can be thoroughly recommended.

**Family Psychiatry.** JOHN G. HOWELLS, M.D., D.P.M. Edinburgh and London. Oliver and Boyd, 1963. Pp. v + 110. Price 18s.

“This book describes a service to combat emotional disorder, and how this service utilizes the family as the functional unit; patients in all age groups are accepted as a means of introduction to the family, which is thereafter, both in investigation and treatment, considered as a whole.” “In family psychiatry a family is not regarded merely as a background to be modified to help the presenting patient alone. Family psychiatry accepts *the family itself* as the patient, the presenting member being viewed as a sign of family psychopathology”. The Ipswich service is the subject of this admirable book.

When one meets a good idea, one wonders why no one thought of the same thing long ago. Why do not all psychiatric clinics treat whole families? In fact, there are only two other services in this country like the Ipswich one. Why is it such an obviously good idea? “It could be said that the family is the crucible wherein the personality is forged. The child, if disturbed, becomes the disturbed adolescent, who in turn becomes the disturbed parent, and it is found that it is precisely those disturbed parents who are most likely to create disturbances in their children. So the wheel turns a full circle, and these vicious circles go spinning into time and perpetuating neurosis or emotional disturbance. The central problem for psychiatry is how to break into this vicious circle.” “In estimating families in these dimensions, it is necessary to employ new means of investigation, new test procedures and a new organization, all planned to reveal the true family emotional situation quickly and to evaluate it in emotional terms, as a preparation to giving an emotional prescription.” The book includes an attempt to evaluate the results of the service; the successes claimed are limited, and therefore convincing.

All this is important to us. General practitioners are much the largest source of referral of patients to this service. Indeed one proof of its value is that the local practitioners referred 66 times as many cases in 1959 as in 1947. “The general practitioner’s attitude towards the clinic determines to a great extent the attitude of his patients towards it”. “It has always been the policy of the service to refer back to the general practitioner all the cases that his facilities enable him to deal with. It is encouraging to see the way in which the outlook of the practitioner has broadened through the years. He now regards himself as responsible for family situations, including marital problems and delinquency”. It is clearly the policy of this service to arouse general practitioner’s interest and by continual contact to increase his skill in psychiatric work. A con-

siderable amount of teaching goes on and this is not confined only to the local doctors.

At a time when it is being seriously proposed that we might do better to relinquish any attempt to be doctor to whole families, this book provides a most important justification for continuing our traditional role. If emotional disorder is so often a family disorder, a single family doctor is more likely to perceive the nature of the trouble than separate doctors for each individual. Indeed this book pays tribute to the value of the general practitioner as an accessory to the service described. One might add, however, the provisos that we should fully accept our psychiatric role and organize adequate training for ourselves.

This is an important book. It is also a very well-written one. Finally, it is short.

**Family Ill Health—An Investigation in General Practice.** ROBERT KELLNER, M.B., CH.B. London. Tavistock Publications. 1963. Pp. vii + 112. Price 20s.

Every general practitioner is aware of the family or household incidence of ill health. There are those families who make constant and often unnecessary demands on his time and patience; there are also those whose requirements though frequent cannot be called trivial. These are the ones who present the problems; for two or three years the family are constant attenders and then for no obvious reason their demands cease and they may not be seen again for years. What is happening in these families? Sometimes a persistent streptococcus is the cause of recurrent sore throats, sometimes a frank psychoneuroses in one or more of the family is to blame. As often as not there is no obvious reason.

Just as no person who is physically sick can avoid some change in his mental equilibrium, however mild, so no family with a sick member can itself escape the effect of this on its individual members. If the sick person is the bread-winner the effect may be great, if the housewife the resulting upset on the others may be severe, but even if it is only a minor illness in one of the children there is a resulting upset in the attitudes of all the other members. There is disharmony. Every doctor knows that even when he has been at pains to explain the disability to the relatives they are apt to exaggerate, for illness still holds something of the mysterious to those untrained and merely to be "under the doctor" implies a significant degree of ill health.

Dr Kellner has done a service in publishing this pioneer survey of family ill health although his selection of cases is limited to those families in which a member had an overt emotional disturbance or had attended with functional symptoms. He divided his families into four groups. Group 1, the rare attenders, group 2 the average attenders, group 3 the frequent attenders, and group 4 the uneven pattern of attenders, but as he himself admits the grouping is arbitrary and there is considerable overlapping between the groups.

A great deal of work has been done in this investigation. It is full and