macology Section, National Institute of Mental Health, U.S.A., is recommended to neurologists and psychiatrists with interests in drug-induced dyskinesias and in the medical and surgical treatment of disorders of the basal ganglia. It is a record of a workshop held in Bethesda, Maryland, in 1968 but much of the information has not yet been published elsewhere.

J. A. SIMPSON

MODERN TRENDS IN PSYCHOSOMATIC MEDICINE—2 Edited by Oscar W. Hill. (Pp viii + 320; illustrated; £4.50.) Butterworths: London. 1970.

A full account of the rise and fall of psychosomatics will constitute one of the more intriguing chapters of post-war medicine. Originally an improbable hybrid of clinical thinking, physiological speculation and psychoanalytical theory, it was fired by the enthusiasm of what one of its more prominent representatives has acknowledged to be 'a reformist movement which emphasized that “patients are persons”:'. The exuberant mood of its salad days is embalmed in the proceedings of the 1949 meeting of the Association for Research in Nervous and Mental Diseases on Life Stress and Bodily Disease when it was solemnly predicted that 'henceforward progress in our knowledge of the role which emotional stresses play in the course and progress of human illness will follow in an accelerated pace'. It is a prediction which has not been borne out, and the much more caution note which was sounded in the WHO Technical Report on Psychosomatic Disorders in the early 1960s has since been echoed by many of the formerly vociferous riders on the psychosomatic bandwagon. In North America some of them already appear to have dismounted in search of other 'breakthroughs'.

What then are we to expect from a volume purporting to indicate modern trends in psychosomatic medicine? In his chapter on functional vomiting, abdominal pain, and diarrhoea the editor refers to these conditions as 'a paradigm of psychosomatic mechanisms' and specifies 'a predisposition to a particular physical reaction derived in part from inheritance, part from the learning experiences in childhood. In most of the patients we can see a current situation operating upon a vulnerable personality to produce the specific reaction'. This ambitious credo receives all-too-little support from the material presented in the majority of chapters on individual syndromes and symptoms, and one of the contributors dismisses the global view as 'merely eclecticism regarding aetiology' urging that work be concentrated on 'the relationship, between events occurring at the highest levels of central nervous system activity and changes in visceral and musculo-skeletal functions in the body, healthy and diseased'. This plea for psychophysiological studies of the mechanisms of illness can be balanced by a need for epidemiological studies of the associations of disease, as illustrated by the chapters on bereavement and duodenal ulcer. The prosecution of all such inquiries, however, can be accommodated comfortably within the framework of general psychiatry, thereby hastening the day to which the editor looks forward when he writes that 'The triumph of psychosomatic medicine will come when the term is dropped'. Meanwhile a veto might profitably be placed on the use of psychosomatic jargon: a useful start could be made, for example, with 'parentectomy'.

MICHAEL SHEPHERD

MENTAL SUBNORMALITY: MODERN TRENDS IN RESEARCH

This book, with a foreword by Professor L. S. Penrose, FRS, is published to coincide with the centenary of St. Lawrence's Hospital, Caterham, England, and all the contributors have been connected with the hospital in the past 10 years.

The editor is eminently suitable to write on modern trends in research as he is also editor of the Journal of Mental Deficiency Research and was editor of the Proceedings of the First Congress of the International Association for the Scientific Study of Mental Deficiency, 1967.

The book is selective in what it includes, and in consequence many subjects are omitted altogether, but what is included is dealt with extensively and authoritatively. Parts have already been published elsewhere.

Each chapter deals with a general review of the topic and then gives some detailed research, sometimes pointing out further lines for continuing study. At the end of each chapter there is an excellent bibliography.

Dr. Richards himself writes the first two chapters and the last one and his style of writing is a delight to read.

Chapter 1 deals with clinical syndromes in general and in particular with two syndromes where mental deficiency and ichthyosis are associated with (1) spastic diplegia and (2) sexual infantilism, two syndromes where there is mental deficiency and deaf-mutism, with the syndromes of de Lange and Rubinstein-Taybi, and finally where mental deficiency is associated with anophthalmia and microphthalmia.

Chapter 2 deals with mongolism in general, in families and in mosaics.

Chapter 3, by A. T. Rundle, deals with anthropometry in general and a 10-year survey of growth and sexual maturation in detail. Mongols are treated as a separate group.

Chapter 4, by Beate Hermelin and N. O'Connor, and Chapter 5, by P. E. Bryant, give accounts of psychological research into arousal and patterns of learning which could lead to practical application in methods of teaching the subnormal.

Chapter 6, by A. W. Griffiths, on drug trials is accompanied by a useful and extensive Appendix of various trials of tranquilizers and anti-epileptic drugs. It recognizes that behaviour disorders and epilepsy are two of the most common problems encountered in hospitals for the mentally retarded. Three drug trials are described but the use of the trade name for sulthiame seems out of keeping with the rest of the chapter.

In Chapter 7 P. E. Sylvester describes techniques of neuropathology which do not require highly expensive laboratory equipment and gives findings relating brain weight and numbers of fibres in particular brain areas to results of IQ tests and to patients with epilepsy and cerebral palsy.
Chapter 8 is statistical and provides proof, if it were ever in doubt, of the ageing of the population in hospitals for the mentally subnormal, and in particular of the longer survival rate of the severely subnormal.

Although this volume has only 254 pages and an index, the lay-out is compact, making it the equivalent of a larger volume. It is printed by photolithography; the type is clear and the many Figures and Tables are well produced. It has a paper cover, but is well bound and is good value for money.

D. A. A. Primrose


Like most new forms of treatment, behaviour therapy has gone through a predictable developmental course. Its infancy was characterized by temper tantrums against existing forms of psychotherapy, the outbursts of its supporters (mainly psychologists) being met by its critics (mainly psychiatrists) with a mixture of indifference and wrath. (Not, incidentally, a good way to get the behaviour to extinguish, as any reinforcement theorist will tell you.)

The behaviour therapy movement is now entering a new phase of maturity, in which reasoned argument is beginning to replace polemic. A sign of this maturity is the recent appearance of a number of books which set out to provide an overview of the extensive literature that has accumulated on the subject. Dr. Yates’s book achieves that aim very competently. Yates starts by tracing the historical development of behaviour therapy and by discussing some of its basic concepts. He then gives a comprehensive account of the various behaviour therapy techniques that have been developed, including their use in the treatment of psychotic end-states and of behaviour disorders in children, as well as their more familiar applications to adult neurosis. Characteristically, at every point he critically evaluates the theoretical basis and practical efficacy of all of the techniques he describes.

This gives the book a solidly academic air which may daunt those not familiar with psychology textbooks but with which anyone wishing to talk sensibly about behaviour therapy must come to terms.

It is only when Dr. Yates decides to climb on his pet hobby-horse that his objectivity and his logic seem to falter. As a Maudsley-trained psychologist, he is clearly a fervent (and worthy) disciple of M. B. Shapiro and therefore of the latter’s methodological approach to clinical psychology—namely, the intensive experimental investigation of the single case. Yates is so carried away by his enthusiasm for the method that he hammers home his message ad nauseam. Sometimes the message is self-evident, sometimes it just seems to be wrong. For example, at one point Yates chastizes Gelder and his colleagues for not really understanding the essential nature of behaviour therapy. He then goes on to dismiss their excellent comparative study of behaviour therapy and standard psychotherapy; doing so on the grounds that it is irrelevant to the assessment of whether or not behaviour therapy is a valid form of treatment. Yates’s argument seems to be that, because each patient presents a new problem and must be considered the subject of experimental investigation in his own right, it is inappropriate to test the validity of behaviour therapy using conventional group designs where individuals showing similar abnormalities are assigned to different treatments which are then compared for their effectiveness. Furthermore, Yates argues, ‘the validity of behaviour therapy is not a function of whether he (the patient) improves, deteriorates, or remains the same in relation to some arbitrary external criterion.’ While few would deny that each patient is different, or that single case studies provide a valuable alternative approach, behaviour therapy can hardly plead that it should be excused from scrutiny by more conventional experimental methods. As for Yates’s view that the validity of behaviour therapy has little to do with judged improvement of the patient, I wonder whether he really believes that as fervently as it appears (the italics are his). If he is right, behaviour therapy is due for an early retirement. And it will not be professional opposition that brings it about. The subject of experimental manipulation (patient to you) will see to that.

Gordon S. Claridge


The second edition of the late Dr. Huldah Bancroft’s book is improved for the medical user by the increased information on small samples statistics. The wider availability of electronic data processing is recognized. The book is an introductory course intended for medical students. The mathematics are kept to a minimum. This makes it easy to acquire a working familiarity with selected formulae but it is less certain how much understanding will be gained. This is a minor criticism, as the interested reader will be encouraged to consult more advanced texts. This one is very basic and one would commend the advice on construction of Tables for a journal. A particularly useful chapter covers the analysis of follow-up studies in which there are large individual variations in the time of follow-up.

This is an attractive book, well suited for its intended readership of medical students and physicians. Perhaps the next edition could cover ranking methods.

J. A. Simpson

**Notices**

International Symposium of Stereoecephalotomy 4-6 July 1971, Bratislava, Czechoslovakia, organized by the Neurosurgical Society of Czechoslovak Medical Society J. E. Purkyně, in conjunction with 4th European Congress of Neurosurgery, Prague (27 June-2 July). Details from Dr. Miron Šramka, Department of Neurosurgery, Bratislava, Kramáre, CSSR.

New York State Psychiatric Institute, 75th Anniversary Celebration 21-23 November 1971: symposium on ‘Seventy-five Years of Progress in Psychiatric Research and Teaching’. Details from Dr. Lawrence C. Kolb, Director, Department of Mental Hygiene, New York State Psychiatric Institute, 722 West 168th Street, New York, N.Y.10032, U.S.A.