

the human mind, including language and theories as well as works of art, science, and technology. The crux of the matter lies in the interaction between these worlds, and I do not see that the argument is altered by making the unit an extended system of modules rather than "centres" or single cells. The analysis of fully conscious intelligence as an interaction between worlds 2 and 3, with the use of artefacts and speech to amplify memory and permit model building at mental as well as physical levels, is illuminating and the reconstruction theory of learning is thought-provoking. The relationship between evolution of speech and self-awareness is important. The body image concept and the results of callosal section are discussed in an interesting way; are the parietal lobes more important than the frontal for self-consciousness? Mountcastle seems to be moving in that direction.

A goal-directed brain which learns from experience by action and selection is certainly a better bet for further evolution than one depending on conditioned reflexes and associations (*pace* the behaviourists), and it can create its own evolutionary pressures. Both authors agree that the organisms only learn from experience if they are active. They are particularly impressed by Held and Hein's cats. It is also agreed that organisms actively try to impose guessed regularities (and, with them, similarities) upon the external world as it is seen by the sense organs and the self-conscious mind scanning whatever cerebral modules happen to be "open" (Eccles calls it the liaison brain), coupled with memory stores and affective drive from the limbic system. The argument leads them to conclude that the "self" can actively modify the activity of "its" brain. For this reason they reject parallelism in favour of a ghost in the machine. It is not the Ego, and the Soul is an embarrassing term: the emperor is wearing new clothes! So Eccles follows Sherrington and Granit into the dualist camp but cannot suggest a mechanism for a wind without a functioning brain unless it has a supernatural origin. Back to the Golden Bough. As to the question of *what* is the self-conscious mind, Popper does not think that the question is important. You must make up your own mind (actively of course).

J. A. SIMPSON

Historical Explorations in Medicine and Psychiatry Edited by Hertha Riese. (Pp. 232; \$22.95.) Springer-Verlag: New York. 1978.

This volume of historiographic studies is published as a tribute to the work of Dr Walther Riese, the distinguished philosopher and neuropsychiatrist who died in 1975. The contents reflect the wide-ranging interests of this leading thinker and, although somewhat diffuse in their materials, are unified by a sustained thread of concern with the evolution of ideas. Dr Hertha Riese, his widow, and herself an accomplished psychiatrist, has assembled an international team of 20 authors to provide a group of loosely related essays.

In the opening section of historiography, methodology, and classification, Dr Jeanne Brand (USA) usefully describes the *modus operandi* of the research orientated historian and claims that the history of psychiatry is best understood against a background of social history. Professor P. W. Harkins (USA) contributes a chapter in a section concerning the historical roots of modern medicine on the scope and limitations of Hippocrates' views in regard to the present day practice of medicine. Dr I. Galdston (USA) draws parallels, which are not always convincing, between some remarkable problem-solving dreams of patients in psychotherapy and the suppletory purification rituals of the ancient Greeks. In a section frankly devoted to the past, Dr M. Schachter (France) presents a biographical study of the personality and obscure neurological malady of Heinrich Heine. The last section is devoted to a historical-philosophical review of mind-brain relationships. Here Dr W. Goody (UK) ponders the question of cerebral adaptation to the fast-moving four-dimensional world in whose terms man is progressively thinking. In the same context, Professor H. Baruk (France) applauds the emergence of psychodynamic insights during the past 75 years but sourly criticises Freud for his indifference both to neurological and spiritual dimensions.

Readers with a flair for wisdom rather than knowledge will find much to interest them in this unusual publication. It should appeal to many neurologists, psychiatrists, and psychologists with a penchant for the philosophical side to their professional life.

A. B. SCLARE

Therapy Options in Psychiatry Edited by J. Connolly. (Pp. 375; £6.95.) Pitman Medical: Tunbridge Wells. 1978.

If the reader is prepared to look elsewhere for advice on drug therapy this is, by and large, a very readable and enlightening book on most aspects of psychiatric treatment. Minor reservations concern the journalistic use of single word subheadings which bear no relation to the text in the chapter on addictions, and the rather scant attention given to treatment of adolescents despite there being four chapters with psychotherapeutic orientation. The display array of headings, subheadings, and type size in the section on drugs accurately mirrors the content and presentation therein.

J. A. G. WATSON

Electroconvulsive Therapy Task Force Report 14. (Pp. 200; illustrated; \$7.50.) American Psychiatric Association: Washington DC. 1978.

This 200 page report deals with aspects of ECT as did the shorter memorandum by the Royal College of Psychiatrists in September 1977, and both have been prompted in part by the increasing and critical interest taken by the public in this treatment. ECT is usually effective in the treatment of "major" or "severe" (psychotic) depression, this being the main indication for use. Its value in schizophrenia and hypomania is less certain. The development of unilateral ECT, delivered to the nondominant hemisphere, has greatly reduced the memory dysfunction associated with the procedure but there is still room for doubt as to whether this mode is quite as effective as bilateral treatment. The active anti-ECT lobby in USA resulted in the passing of a Bill in California in 1977 controlling use of the treatment because of the alleged division of opinion about its efficacy. However, as the Task Force rightly states, there is no division of *informed* opinion. Nevertheless replies to a questionnaire indicated that some practitioners have ceased to employ ECT "because of legal issues and because "insurance rates are so excessive."

Although the matter of relative contraindications is dealt with rather nonspecifically and is difficult to locate because of the absence of an index, the report is excellent in all other respects.