

or stick to providing services to individual patients. It also fails to define how far delegation to nurses and other professionals should be permitted. However, it does state that rationing decisions should come from a politically accountable group who share the ground rules openly and review them regularly. It serves mainly to underline the need for accredited clinical generalist clinicians in primary care – obviously a prime consideration for the Royal College.

It concludes with a plea that those who see only an organisation in general practice should look again for the health of the clinical disciplines that give it its life and primary purpose, whilst those who see only clinical disciplines should appreciate that health promoting organisations need good management. Some of the issues with which GPs are struggling will resonate with psychiatrists working in multidisciplinary community mental health teams.

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Psychiatric Emergencies. By S. MERSON & D. BALDWIN. 1995. Oxford University Press. Pp. 122. Hb: ISBN 019 262 4784; pb: ISBN 019 262 4776.

Liaison between Accident & Emergency staff and psychiatrists is often poor and fraught with misunderstanding and frustration. Casualty staff often appear to lack understanding of the medical approach to psychological and behavioural disturbances and the role, limitations and constraints of psychiatric services. Psychiatrists may appear to offer little in the way of practical help or advice to a beleaguered casualty department.

This is one of a series of handbooks in emergency medicine whose target readership is the staff of Accident & Emergency Departments. It will also interest general practitioners and junior psychiatrists. The juxtaposition of the words concise, practical and psychiatry may come as a surprise to non-psychiatrists and medical students but this book combines all three most successfully, providing a clear practical approach to a wide range of problem symptoms and behaviours. Reading it evoked memories of nights spent as SHO on call for psychiatry wishing that I had such a book to hand.

The book is laid out in three sections covering general principles of psychiatric history taking and examination, clinical problems and practical procedures in psychiatry. The chapters are short and self-contained and where possible information is presented in lists or flow diagrams.

The first section reminds non-psychiatrists of the basis of clinical psychiatry and provides

guidelines for making adequate referrals to specialist mental health services. The final chapters provide clear, if limited, accounts of common drugs used in psychiatric practice and use of the Mental Health Act. Both sections provide useful summary information and a good basis for teaching.

The middle section approaches clinical problems in psychiatry as symptoms rather than diagnoses. It is comprehensive and does not avoid difficult areas such as 'manipulative' behaviour, Munchausen's and social crises. The argument for including this last as a psychiatric emergency is well made and illustrates the essentially helpful and practical approach evident throughout. The importance of the therapeutic relationship, transference and counter transference issues are discussed in an easily accessible way. The thought and work which went into discussion of these difficult topics are belied by the clarity and brevity of the prose.

The layout of the chapter on drug withdrawal and intoxication was a little disappointing. Although careful reading reveals much useful clinical information, it is well hidden and makes no mention of commonly used synthetic drugs such as Ecstasy (MDMA). I would have welcomed lists of common drugs of abuse with the corresponding symptoms and signs of acute intoxication and withdrawal. The chapter on psychotropic medication will be, I imagine, frustrating for non-psychiatrists, as it gives no examples of antidepressants or neuroleptics other than clozapine. A few key references as a guide to further reading would increase the appeal of the book for junior psychiatrists.

This book will be of interest to psychiatrists involved in teaching junior psychiatrists, medical students and casualty staff. As a background to tutorials and local protocols it should improve the management of psychiatric problems in casualty and the quality and appropriateness of referrals.

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The Facts About Alcohol, Aggression and Adolescence. By N. COGGANS & S. MCKELLAR. 1995. London: Cassell. Pp. 126. £10.99 (pb), £35.00 (hb).

There is a growing world-wide concern about the health, welfare and economic productivity of adolescents and youth. In the UK, the problems of young people are appearing increasingly on the Government agenda and special areas targeted as health priorities include health promotion, health education and the identification and management of mental health problems. The tragic consequences of drug and alcohol misuse feature prominently in the media and the problems created

by adolescent antisocial behaviour, especially the traumatic effects on victims, are of major public concern. The explosive mixture of the adolescent process and aggression generates highly topical but controversial and complex issues, and in this context a straightforward account of the facts is particularly welcome.

This volume comprises five main chapters supplemented by an introduction and a conclusion section. The book is refreshingly non-alarmist and emphasises normative aspects of adolescent disturbance, indicating, for example, that the drinking patterns of most young people are not problematic. In this way a succinct analysis is given of the background to antisocial behaviour, delinquency and aggression in young people. Drinking patterns are explored in detail and particular attention is given to the damaging effects of low self-worth. An excellent chapter discusses the nature of aggression and violence and the characteristics of its perpetrators. A sensible, multifactorial approach is adopted with appropriate attention being given to the family and to inter-generational transmission. The complex interrelationship between alcohol consumption and aggression is summed up by the telling caption "aggressive drunks or drunk aggressors?".

The main conclusion reached in the volume is that individual and contextual factors play a crucial part and, ultimately, it is the social context in which people drink that matters, especially for those with aggressive tendencies. The relevance of peer pressure is discussed and, in general, the concept of peer preference or peer assortment is favoured with reference to the impact of similarity and attraction in groups. The chapter concerned with responses to aggression, directed in particular to people with high-risk jobs, provides a useful practical introduction to ways of taking the heat out of potentially violent situations by dissipating arousal and frustration.

This is a punchy, jargon-free account of current views about a highly topical subject. The book is designed primarily for professional staff working with adolescents and youth and, in general, it is not really suitable for parents or the general public. The text is backed by up-to-date references and an adequate index. The style is direct, almost conversational, but the format is somewhat uneven; for example, the chapter summaries are of variable length and several lack sufficient detail to be at all useful.

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