This slender volume presents a very interesting thesis: that a substantial amount of any given individual's good or bad fortune is due to an accident of birth over which he or she can exert no control. This accident of birth is the size of the "generation" or birth cohort into which one is born. The author compares the fate of individuals born during the 1930s, a relatively small cohort, with those born during the baby boom era of the 1950s, a relatively large cohort. He argues that generation size has important effects on economic opportunities, family life, and psychological stress. Large cohorts have severe limitations and small ones great advantages simply because of the law of supply and demand. In the process of presenting his argument, the author also discusses a number of other interesting issues, such as the changing roles of women, the impact of birth control, and symptoms of social disorganization such as crime and suicide. The implications of this thesis, that the individual has little control over his own destiny, are of course quite pessimistic. Since we live in a society where the "numbers game" tends to be preeminent, readers may want to learn about another of its possible grim implications.


This book reports the collaboration of Johnston and Holzman in developing methods for scoring the Wechsler Adult Intelligence Scale and the Rorschach so that they can be used as measures of thought disorder. They have developed an instrument called the Thought Disorder Index, which provides measures of phenomena such as inappropriate distance, vagueness, peculiar verbalizations, confusion, looseness, confabulations, autistic logic, contamination, incoherence, and neologisms. As that partial listing of scoring categories of the Thought Disorder Index indicates, their conceptualization of thought disorder is relatively broad and fairly traditional. They have validated the instrument through testing on a total of 70 psychiatric patients, including those with schizophrenia, other psychoses, and no psychoses in addition to a group of normal control subjects. They did not find significant differences between psychotic patients on the basis of clinical diagnosis, but they did find differences when psychological test data was used. They also report the interesting finding that parents of schizophrenic patients have higher thought disorder index scores than do the parents of nonschizophrenic patients or of control subjects, a finding of considerable interest for genetic and family studies. This book reports the results of competent and thorough research in an important area. It will be of most interest to researchers interested in studying thought disorder or the genetics of schizophrenia.


This little book provides an interesting summary of developments in Russian psychology and psychiatry over the past hundred years. It describes the research efforts and theories of such major figures as Sechenov, Pavlov and his followers, Vygotsky, Anokhin, and Luria. It traces the growth of Soviet psychology from an interest in neuropsychology to the study of higher cognitive functions, the problem of the individual, and the relationship between heredity and environment. The interaction between political trends within the Soviet Union and developments in psychology is also discussed. The author's prose style is not always felicitous, perhaps because the book has been translated from Italian, but the contents are quite enlightening.

N.C.A.

Schizophrenia


This textbook, written by two psychologists, summarizes and critically reviews almost all of the psychological and psychiatric research on the disorder of schizophrenia. The chapters are more or less unconnected review articles of the state of the field in methodology, information processing, genetics, biochemistry, psychopathology, and other schizophrenia research areas. They sacrifice depth of criticism for breadth of coverage, and although they do not necessarily give a penetrating synthesis of each domain, the authors' bibliography alone (more than 1,000 references) is worth the price of the book.

A worthy feature of this book is that it contains a chapter on the critical problems of diagnosis—put first, where it belongs. The work of the United States/United Kingdom and International Pilot Study of Schizophrenia groups is examined. Unfortunately, an extensive comparison of DMS-II and the British glossary is already outdated by the advent of DMS-III. A brief discussion of the Research Diagnostic Criteria (RDC), the precursor system for the DMS-III schizophrenia diagnosis, partially assuaged my desire for a discussion of the diagnostic reliability of DMS-III schizophrenia.

A chapter on methodology emphasizes nuisance variables (hospitalization, social status, medication, motivation) that may invalidate laboratory research on schizophrenic cognitive deficits. The Chapman strategy of examining differential deficits on cognitive tasks is endorsed. This is difficult but good advice to follow, and research on schizophrenic cognition would be immensely improved if the authors' advice were followed. The chapter titled "Language and Information Processing" is more encyclopedic than clarifying. Study after study is reviewed and briefly criticized without sufficient organization of conclusions that may justifiably be drawn from this enormous literature. However, recent psycholinguistic work, principally that of Sherry Rochester, is emphasized. This emphasis is a noteworthy trend in the field.

The chapter on genetics reviews the work of the early European investigators and then passes on to a very detailed examination of the Kallmann pedigree study, the Maudsley twin study and the Rosenthal and associates adoption studies. This chapter is marred by the imprecise use of the specific terms "morbid risk," "incidence," and "lifetime prevalence" and by the statement that the Weinberg abridged age-
correction method "assumes a normal distribution of first episodes throughout the risk period." What it in fact assumes, if one means by "assumption" those circumstances under which it produces neither over- nor undercorrection, is a symmetric risk function through the risk period. However, this is a minor cavil about one of the best chapters in the book.

There is a good chapter on the burgeoning field of high-risk and other developmental and longitudinal studies, from the pioneering work of Mednick and Schulzinger to contemporary cohorts of young high-risk children, including the neurological findings of B. Fish. This allows the authors to weave many of the threads of the book (genetics, interpersonal learning history, and information processing) into an account of detailed theories on the etiological chain that leads to clinical schizophrenia. The chapter on biochemistry would be useful to anyone who (like me) knows little of biochemistry. It starts with a discussion of putative neurotransmitters and discusses transmethylation, the dopamine hypothesis, and other related competing theories.

The intended audience of the book is nowhere identified, but from the preface it would appear to be aimed at an audience of researchers or psychiatrists and psychologists. It would be appropriate for a resident in psychiatry or a graduate student in clinical psychology who wants a single source for a broad grasp of the field.

In summary, this is a good reference work whose chief virtue is that it helps one put a finger on a key study in a moment. Its principal weakness is the sacrifice of depth for breadth.

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This book is anomalous, atavistic. While others demonstrate the cerebral pathology of schizophrenia with computerized tomography, Boyer and Giovachini employ dream analysis to uncover preoedipal symbiotic fusions. Do schizophrenic patients have cerebral atrophy, dilated ventricles, neurological deficits, dementia? No matter, just interpret the transference regression and everything will be set right again. In this netherworld of science fantasy the brains of schizophrenic patients are haunted by partially cathetized psychotic introjects thatloom menacingly out of the murky darkness, while a hideous thong of primitive, internalized, preoedipal dyads rush out forever and laugh but smile no more.

It is pointless to subject this book to scientific scrutiny or to demand objective data in support of its assertions and conclusions. It is simply not that sort of book. Like countless other authors beginning with Freud, Boyer, and Giovachini present a purely subjective and highly personal account of experiences with individual patients, embroidered with firmly held idiosyncratic beliefs. It is a book aimed at believers, who will doubtless find that it nicely supports their beliefs.

Even at that, much of it will seem stale. It is a partial revision of the first (1967) edition, with some chapters reproduced essentially unchanged from papers presented at psychoanalytic meetings in 1963-1965. Do not be misled by the claim on the flyleaf and in the preface that the revised first chapter "emphasizes the rapid and sweeping changes in our concepts about genetic and biochemical aspects of the psychotic disorders." The review is brief, superficial, and obso-lete. The statement that "numerous clinicians have found the current methods used in establishing diagnosis to be deficient" is supported by a citation from 1961 and ignores the high degree of diagnostic reliability achieved by investigators during the past decade. Genetic factors are skimmed over in four paragraphs, and biochemical research is dismissed with the statement that "advances in this field have been so rapid and dramatic that only specialists can hope to keep up with them; they cannot be summarized here."

Two chapters are devoted to the historical development of psychoanalysis in schizophrenia, one each to the office treatment of patients with schizophrenia, borderline disorders, and character disorders and to various theoretical and clinical aspects of treatment (e.g., motivation, countertransference, reality testing, primal confusion). Do not expect a how-to-do-it book à la Wolberg's Technique of Psychotherapy. The style is expository and the case vignettes presented in narrative form to illustrate the author's claims. These simply argue to the antecedent by affirming the consequent. This occupational hazard of psychoanalysts is accompanied by the usual extensive use of jargon without the benefit of a glossary. Enthusiasts for this genre will undoubtedly want this book for their libraries—I cannot recommend it to anyone else.

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The traditional pedagogy in medicine has been succinctly summarized as "See one, do one, teach one." Although this has changed in recent years as medical educators have become more sensitive to the subtleties of the learning process, it unfortunately remains deeply embedded in our profession. In psychiatry this has been modified by the widespread use of individual supervision. Although a small but excellent literature exists on the subject there is little that would guide a supervisor in teaching other therapeutic skills such as group therapy or the treatment of disadvantaged groups. Allan Hess, a psychologist at Auburn University, has attempted to remedy this deficit by collecting 31 original contributions on the supervisory process.

The result is sadly disappointing. It is a modern supermarket approach to supervision. Everything seems to be there, but the skillful packaging does not disguise the repetition and absence of quality. This became strikingly clear to me when I was midway through an article titled "Vertical Supervision: Definitions and Concepts" by David S. Glenn- 

wick and Elizabeth Stevens and recognized the familiar "See one, do one, teach one." In this chapter the "vertical supervision model" is presented as an alternative to the traditional model of supervision, which is defined as "a professional
prevalent among the elderly, there have been few systematic studies of sleep in this population.

The reader who is relatively unfamiliar with sleep research will benefit the most from this volume. The first half of the book reviews the general polygraphic characteristics of sleep and past sleep studies in the elderly. The last half of the book describes the results of a questionnaire study of sleep habits in a sample of aged subjects and detailed polygraphic characteristics of sleep in 57 of these individuals. As a reference for basic sleep data on the elderly, the book is excellent in that it provides very comprehensive data on a large sample. However, the excessive detail given on 30 different sleep parameters for each subject at times obscures the overall theme of why the elderly complain of sleep disturbance.

The most important question that must be raised about the value of this book is whether it advances our understanding of sleep disturbances in the elderly. It is now well known that the incidence of sleep disorders in general rises with increasing age. Upper-airway sleep apnea, for example, is most prevalent among middle-aged and elderly men. There is no evidence that the authors recorded respiration during sleep in their study group, nor was leg activity recorded to detect nocturnal myoclonus (rhythmic leg twitching during sleep). Since both of these sleep disorders are known to disrupt sleep, it is important that they be ruled out as causes of insomnia before sleep disturbances are used for symptomatic relief of sleeplessness. Sleep apnea, for example, is exacerbated by sleeping pills; instead of helping the insomnia, they may increase sleep disruption. Most important, periods of apnea may be lengthened, potentially threatening survival. That the author does not address these issues in any detail is one of the major weaknesses of the book. It is critical that physicians be aware of the many potential causes of sleep disorders in the elderly, that all-night polysomnographic recordings be obtained, and that sleeping pills be prescribed cautiously for an elderly person complaining of insomnia.

Although this book is comprehensive, it should be updated in the light of recent findings in sleep disorders medicine. For the expert in the field of sleep, Sleep and Sleeplessness in Advanced Age will serve as a reference work; for the beginning sleep researcher, this volume will provide a good introduction to the field of human sleep.

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Psychophysiology, a discipline straddling psychiatry, psychology, and physiology, is the topic of this volume in the six-part Handbook of Biological Psychiatry. The editors have assembled a correspondingly diverse group of contributors to summarize and evaluate the field.

One feature of this book that makes it especially readable and useful to biological psychiatrists is the introductory chapters on concepts and techniques. Sometimes put off by the arcane terminology and intricate experimental paradigms of psychophysiology, the psychiatrist will find habituation and GSR demystified by Walrath, Stern, Siddle, and co-workers, and REM sleep brought into the light by Hartmann. An introductory segment on EEG and evoked potentials would have been a useful addition, but these techniques are in some ways better known to psychiatrists.

A second notable feature is the awareness of the authors of psychopharmacology and neuropsychology. Traditionally, much of the data collection in psychophysiology has been done by psychologists; the advent of widespread drug administration has introduced an artifact into studies over which the psychologist often has no control as collaborator in a therapy-oriented, physician-dominated field.

Some volumes have tended to totally neglect drugs either as artifact or strategy, but in this book both psychologists and psychiatrists describe, analyze, and exploit the effects of psychoactive drugs on psychophysiological measures. Venables begins his chapter on peripheral effects of drug treatment of schizophrenia with the effects of medication on electrophysiological activity. Saletu features a comparison of the effects of drugs on the EEG with off-medication abnormalities in schizophrenia, and Perris discusses the relationship of individual differences in catecholamine neurochemistry to electrophysiological measures in depression. The awareness of psychopharmacological issues sometimes highlights the absence of data. Christie's introduction to her chapter on peripheral indexes of depressive states advances the importance of psychophysiological measures in depression, yet studies of the effects of tricyclics, MAOIs, and lithium are scarce in the literature. And because the symptoms of anxiety can be defined psychophysiological, one might have expected more on the effects of anxiolytics in Lader's otherwise comprehensive chapter. Shorter sections on alcoholism (by Naitoh), aggression (by Hinton), brain damage (by Holroyd and Parsons), and childhood disorders (by Taylor) are useful reviews. Bancroft's chapter on the psychophysiology of sexual dysfunction is noteworthy for its coverage of neuropsychological, cardiovascular, and behavioral aspects of normal sexual response as well as sexual dysfunction. Finally, J.P. Henry reviews psychological factors in physical disease, an area of continuing controversy, presenting an interesting mélangé of animal behavior, anthropological, and human psychosocial studies.

Review chapters cannot cover every research that should have been done but haven't; they can make us aware of what could have been but wasn't. This volume reminds us of the diversity, reliability, and clinical applicability of these noninvasive biomedical techniques. For the young researcher planning a project, for the collaborator of psychophysiologists afraid to reveal his or her ignorance, and for the curious biomedical scientist, this volume provides a useful and interesting source.

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BIOSTATISTICS AND RESEARCH DESIGN


Many psychiatrists and other mental health workers have a phobia regarding statistics. This is unfortunate and limits the productivity of research conducted with their classic book. The book contains clinical research data are recorded, diagnoses, frequencies, and intended read probabilities. The results but this too exact statistics than those of metaanalyses on mainstream, but achieve a higher clear, written rates of illness, test, and the high on the two-by-three sampling square, the F test for fourfold, usually neglect studies compared to later chapters prospective for trials. The uses of and the correct followed by which several groups field in which asserts each of the many, making it and to choose. The last chapter is often of great interest on "Effects of read. Not only are they good for misdiagnosis for subjects of interests of the kapp cue's book closes with directly or indirectly been debarred or present contrib students of the results.

The only drawback is really less well written than any other possible, I have some difficulty to simple nor butt. On the w the standard shelf "must" to be
The productivity of researchers and the understanding of research consumers. Dr. Fleiss's newly issued revision of his classic book is a safe and effective treatment for this phobia.

The book covers the type of statistics most often used in clinical research in psychiatry: methods appropriate when data are recorded as present or absent (e.g., symptoms, diagnoses, family histories, and, sometimes, recovery). The intended reader is one who prefers learning how to use statistics wisely rather than how to work out abstruse proofs. The reader could have been offered a "cookbook," but this too easily produces the state of "knowing more statistics than one understands." Fleiss, by an intelligent blend of mathematical exposition, numerical examples (often drawn from psychiatry and almost always from medicine), and a mixture of quantitative and proof problems achieves a nice balance of theory and practice. The book is clearly written and logically organized. Specific and overall rates of illness, sensitivity and specificity of a diagnostic test, and the hazards of biased sampling are covered early on. The two-by-two table is discussed from the standpoint of three sampling schemes that may generate such a table. Chi-square, the Fisher exact test, and some measures of association for fourfold tables are then developed. An important and usually neglected topic, how to determine sample sizes for studies comparing rates, is treated in extenso.

Later chapters cover cross-sectional, retrospective, prospective follow-up studies and comparative clinical trials.

The uses of matching subjects or groups are discussed, and the correct analysis of such data is shown. This is followed by two chapters that discuss competing ways in which several proportions may be compared and data from several groups combined. Fleiss never treats statistics as a field in which there is one known right answer. He fairly asserts each of several approaches to some difficult problems, making the reader able to understand each approach and to choose one.

The last chapters of the book are of particular interest to psychiatrists. Since psychopathologists work with data that are often of questionable diagnostic adequacy, the chapter on "Effects of Misclassification Errors" should definitely be read. Not only can diagnostic error weaken our findings, we are told, it can negate or reverse them! Statistical controls for misdiagnosis, which are sometimes useful, are given. The subject of interrater agreement and some remarkable properties of the kappa coefficient of agreement are detailed. The book closes with a treatise on unstandardized rates and directly or indirectly standardized rates. Epidemiologists have been debating this choice for many years; although the present contribution will not settle it, it will enable the student of the matter to get a foothold.

The only drawback of the book would seem to be the exposition in the chapter "Combining Evidence from Fourfold Tables," which is a bit dense for the average reader. The theoretical aspect and practical "how-to-do-it" aspect are less well integrated here than elsewhere in the book. However, this only makes the going a bit tougher, not impossible. I had also hoped for a bit greater spread in problem difficulty, but the level of the problems is neither too simple nor too hard, and this lack of range is a minor fault. On the whole, this book is to be recommended as a standard shelf reference for psychiatric researchers and as a "must" to be read by all who wish better to use and understand data involving dichotomous or dichotomizable measurements.

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This book is motivated by the author's experience as a consultant to clinicians—those who work directly with patients and generally do little if any research. As discussed in the first chapter of the book, there is a perceived polarity between basic or pure and applied or practical research in the health sciences, and this polarity presents a difficulty in clinical studies. Namely, the clinician has direct access to patients, expertise in diagnosis and treatment, and research ideas stimulated by previous experience. However, these same individuals often have little formal training in research design and even less in statistics and so lack the tools for implementing their ideas. Even when appropriate consultants are available, there can be such a gap in language and orientation that an investigator becomes frustrated and proceeds with an inadequate design. Dr. Goldstein's book is written to help the professional clinician implement and carry out a research project. Accordingly, it covers all phases of research design and method at a basic level in a nontechnical style. Roughly half of the book is devoted to statistics and design and half to methods of carrying out a research protocol. In addition, there is a timely chapter by Stuart Twemlow and Julia Warnock on single-subject methods.


The treatments of analysis of variance designs (one-way, factorial, nested, repeated measures, and analysis of covariance) and techniques of multivariate analysis (factor analysis, cluster analysis, and discriminant analysis) provide a comprehensive introduction to the formulation and application of these methods. The reader will not be able to apply these methods independently but will be guided in better understanding and appreciating applications by others and will be given a flavor of the analytic possibilities when initially designing a study. Indeed, statistics is not a spectator sport; expertise can come only from hard work and experience.

There are many mundane questions each researcher must ask himself or herself when designing a study: Can I really get the number of required subjects? Do I have enough time to conduct the research? Are other staff members willing to cooperate with the study? Are the necessary funds avail-