
Carother's The African in Health and Disease published in 1953 delved globally into health but exerted a seminal influence on mental health in Africa. Save such reports in general medical contexts as German's chapter on 'Psychiatric Syndromes' in Medicine in a Tropical Environment (1972) and Giel's Mental Health Problems in Africa edited by T.O. Parry; there was no formal publication on mental health in Africa until 1975 with the maiden issue of Mental Health and Disease in Africa by T. Asuni and C. Swift. In the period since, empirical observations revealed that, in parts of Africa, attitudes to mental health might have changed in positive although poorly understood directions. An indication was that more people seemed more aware of their psychological dysfunctioning not necessarily amounting to insanity and had sought psychiatric attention. In spite of this trend, controversy and ignorance persisted regarding the causation and forms of mental disorders particularly at the primary care level. Further, the inception of structured training in mental health and the incorporation of mental health into primary care have imposed the necessity for a publication containing essential facts of mental health with special linkage with cultural mores and what H.B.M. Murphy described as 'local preoccupations'. This is what has been accomplished in the present volume written by three distinguished psychiatrists with extensive experience in psychiatric practice in Africa.

The basic plan of the first issue is unaltered but this (second) edition is replete with clinical vignettes. The presentation is simple, succinct and relaxing, citations are kept to a minimum and the content gives a coherent and up-to-date overview of current thinking. For instance, informative texts on vagrant psychotics and parasuicide are included in 'Special Problems' and a new chapter 'Psychiatric Emergencies' is presented with simple management guides addressed to primary health workers in deprived mental health facilities.

The book also addresses the laity on questions of causation and recurrence of mental disorders still shrouded in traditional beliefs but explicable by western orthodoxy on the basis of constitutional anlage and environmental arousal. Most illuminating are the chapters on 'Personality Development and the Life Cycle' and 'Childhood Problems' which complement each other. These chapters examine the psychological and medico-social significance of weaning, nightmares, thumb sucking, refusal of food, lying, and mental subnormality.

The weakness of the book is the chapter on 'Brain and Behaviour' which sounds technical, more so as it is unaccompanied by schematic illustrations. Surprisingly, excepting 'Amakiro', there is no mention of culture-bound syndromes found in typical forms in Africa.

The beneficiaries of this book will be general practitioners, psychologists, sociologists, undergraduates, nurses, social workers, and teachers. The postgraduate student is unlikely to be disappointed as there are references to virtually all recent major research on mental health in Africa. The twin problems of reliance on book production imports and plummeting local currencies in Africa have meant that prices of books printed outside the continent have soared. Clearly, local publication with specialist quality, in this book, is the logical option and at its current price, value for money and a worthy addition to any library.

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The earliest liver transplantations were undertaken in the 1960s by Thomas Starzl in Denver and Sir Roy Calne in Cambridge. They are now established, if not commonplace, procedures. One limiting factor is, of course, organ availability. This monograph is a review of the medical, surgical and psychosocial aspects of the assessment and management of individuals with alcohol induced end-stage liver failure and the difficult judgements which have to be made concerning suitability for liver transplantation. The authors, (physician, surgeon and psychiatrist), stress that while they have a responsibility to provide the best possible care for their patients, they do also have a responsibility to allocate donated livers with prudence. They provide evidence which shows that patients who come to transplant as a result of excessive drinking have just as favourable a prognosis as those who do not, provided that they are carefully selected. In recent years, a number of centres have reported similar success rates for alcoholic and non-alcoholic transplants. In one report 73 patients undergoing transplantation for end-stage alcoholic liver had a patient survival at two years of 71%. These findings seem typical of current studies.

The psychiatrist has a crucial role in this selection process. About 15% of persons suffering from alcoholism will develop alcoholic

Book reviews 795
citrrosis. Those who are dependent will be expected to agree to maintain abstinence after the transplant. Any alcohol use thereafter must be taken as a very serious clinical sign and evidence of a high risk to the long-term viability of the graft, although the evidence for this is not as clear as might be expected. Factors which have to be carefully considered during preoperative assessment include the patient's recognition that an alcohol problem exists, and his or her willingness to make fundamental change in life style. A period of abstinence of a minimum of six months prior to operation is often a prerequisite. Evidence of stability characterised by maintaining a job for the past three years and a stable residence within a stable relationship are positive prognostic factors. The authors also rate patients' suitability in terms of their capacity to identify in the future satisfying substitute activities other than drinking, a source of improved hope of self-esteem, clear evidence that the negative consequences of drinking are understood by the patient, and the presence of a 'safety valve' person. Rating scales dependent on the above criteria have enabled psychiatrists to reach reasonably good judgements about suitability.

The authors recognise that these decisions can seem judgemental and that ethical considerations are very significant. A final chapter focuses on the ethics surrounding choice and rehearse the arguments around whether society is justified in denying scarce and finite resource to individuals who have what some regard as a self induced illness. It may be argued that many severe illnesses are in part attributable to patients' conduct, for example lung cancer and smoking or overeating and heart disease. It seems likely that the stigma which often attaches to alcoholics is an additional but scarcely justified burden which they sometimes bear in the decision-making process. As they point out, "...the operative difference in many people's thinking is that alcohol consumption has been traditionally regarded as a vice whereas smoking, overeating, sedentary life style and so on have not. If this were so, however, the argument relies more heavily on shallow moralizing than on a genuine ethical difference."

This is an interesting and succinct monograph which will be of particular value to those whose work regularly brings them into contact with decisions about transplantation. It is a field of great importance to liaison psychiatrists working closely with physicians and surgeons and it is also one that challenges our thinking about the allocation of scarce resources.

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The Learning of Communication Skills and Psychotherapy. By doctors training in psychiatry and working in South West Thames RHA: Educational Goals Contents and Processes. 1993. Department of Mental Health Sciences, St George's Hospital Medical School, Tooting, London SW17 0RE. Pp 54. £4.00 (Cheques should be made payable to St George's Hospital Special Trustees)

This is an unusual publication published privately by St George's and clearly of particular relevance to local trainees. Nevertheless it is an interesting document showing why St George's have been at the forefront of psychotherapy training for registrars. This is of particular relevance following the recent publication of the revised guidelines produced jointly by the general psychiatry and psychotherapy sections of the College (Psychiatric Bulletin, 1993, 17, 695–698).

The booklet covers goals and objectives for basic communication skills, dynamic psychotherapies, and behavioural therapies. There are appendices on the educational contents and processes for each of these and particular reference to senior registrar training.

There are two main reasons for local tutors to obtain this booklet: there is a section giving the logistics of providing training and associated lectures, and also a prescient account of skills and competencies required.

Psychotherapists have been concerned by a recent attempt by the Department of Employment to express psychotherapy in terms of component skills. There is, of course, a risk of crass reductionism inherent in such an attempt. However, the St George's staff have succeeded in keeping a clinical feel to their descriptions. Moreover the descriptions are fully up to date in following the GMC terminology of the "knowledge, attitudes and skills" triad.

The rate of change is so rapid that some sections are already outdated (not least the shift from training being desirable to the current situation where it is mandatory). For this reason it is probably best used by a tutor in drawing up teaching programmes rather than as a self-teaching text.

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The provision of health services for those people who require comprehensive nursing care but do not need full hospital facilities is a contentious