

## BOOK REVIEWS

Jeffrey L. Geller, M.D., M.P.H., Editor

### **The Trauma Model: A Solution to the Problem of Comorbidity in Psychiatry**

by Colin A. Ross, M.D.; Richardson, Texas, Manitou Communications, 2000, 404 pages, \$27.95

Ira Brenner, M.D.

In an important series of editorials written for the *Archives of General Psychiatry* by leaders in psychiatry who were asked to predict the future of the field (1–3), no one addressed the issue of psychic trauma. One might have concluded from this omission that they did not see such trauma as a problem worthy of emphasis in their visions of the future of psychiatry. In *The Trauma Model* Colin Ross takes the opposite view. He sees trauma as the central issue that will confront and confound us for decades to come.

In this book, Ross challenges those working in mental health—clinicians, researchers, students, instructors, and the committees that revise the *DSM*—to consider a new paradigm, which he calls the trauma model of mental illness. With this model, he argues, one can make predictions about all psychiatric conditions and then test them through research. It is a far-reaching and thought-provoking hypothesis, and in describing the model Ross draws on everything from prevalence rates and outcome studies of treatment with medication or psychotherapy to the latest brain imaging and biological testing techniques.

The trauma model offers a cogent explanation for the spectrum of severity of the various mental disorders and for why some patients do not get better as quickly as others—namely, the presence of mitigating factors related to the complications of psychic trauma. Ross contends that early psychic trauma is the most important contributing factor in all mental illness. He proposes that chronic child-

hood trauma is to psychiatry what germs are to general medicine.

Through a series of logical arguments and deductions, Ross points the way to an area of valuable research that could confirm or refute his hypothesis. Among the 14 general principles he presents for his model are developmental susceptibility, the threshold principle, heterogeneity within diagnostic categories, selection bias, the tendency of treatment failures to be trauma model cases, and the nonspecificity of response to SSRIs.

Ross then applies the various principles to axis I, axis II, and axis III disorders. For example, in a chapter on mood disorders, he cites demographic research he conducted in which he found that about 35 percent of respondents with major depression reported having suffered childhood abuse. On the basis of this finding, he predicts that psychotic and refractory

depressions will be associated with higher rates of early trauma. Furthermore, he anticipates that among patients with bipolar disorder, those whose trauma has been more extensive will have less structured and more mixed mood states as well as more borderline traits.

He also predicts that children of abused and depressed mothers will have the highest rates of depression and abuse regardless of whether they are the mothers' biological children or were adopted. Conversely, the adoption of a child of a depressed, abused mother into a nonabusing family would reduce the child's risk level to that of the general population, which suggests that genetic theories of depression may be unnecessary. Bolstering his argument with biology, Ross hypothesizes that the ultimately disappointing results of the dexamethasone suppression test in diagnosing major depression were due to a failure to recognize the psychobiology of trauma. Thus he would predict a nonsuppression rate of 95 percent in a group with comorbid depression and trauma and a rate of 10 percent in a group with depression only.

An extensive section on trauma therapy focuses on cognitive, behavioral, and supportive techniques. The most provocative chapter in this section, entitled "Dealing With Ego States: Talking to the Voices," is emblematic of the message conveyed throughout this volume: "Talking to the voices," Ross says, "may be the most radical contribution of the trauma model to general psychiatry. A paradigm shift must occur for voices to be patients." In other words, trauma-induced dissociative symptoms may be much more prevalent than most clinicians assume and may be found throughout the diagnostic spectrum.

Open-minded readers will benefit from this book, but some aspects of Ross' presentation may detract from its potential value. Ross informs us at the outset that given the breadth of this project, he did not include extensive references, because doing so

#### **In this section . . .**

The lead review is of a book presenting a "trauma model" in which early psychic trauma is a critical factor in all mental illness. Next are reviews of books on environmental factors in the incidence and severity of schizophrenia and on early intervention in psychosis. Reviews follow of books on coordination between child and adult mental health systems, treating adults with learning disabilities, changes in the family over the past half century, and school violence. The closing review is of a book on Freud for young readers.

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would have been impossible and irrelevant. As a result, the less informed reader may erroneously ascribe some of the theories Ross alludes to as his own original contributions, whereas the more sophisticated reader may be disappointed by the superficial and sometimes facile way in which certain ideas are disposed of. Certainly some readers will be unhappy with Ross' apparent dismissal of molecular genetics. Some readers might find the following statement a bit glib also: "Repression, and with it the entire edifice of psychoanalytical theory, could be rejected completely and would have no effect on the established scientific validity of dissociation." Such seemingly offhand remarks could alienate researchers in related disciplines whose contributions may support the very propositions put forth in this volume.

Indeed, it is widely recognized that a significant proportion of persons who end up on the psychoanalytic couch because all else has failed have extensive comorbidity related to psychic trauma. The myth of the worried well indulging themselves in a Viennese reverie is a popular stereotype that does not correspond to today's practice. The treatment of dissociative psychopathology in a psychoanalytic context (4) may provide a unique source of clinical data to further our understanding of the complexity of the problem of comorbidity. Thus if a true paradigm shift is to occur and the full appreciation of the role of psychic trauma is to be appreciated, it will require the cooperation of all related disciplines. In this regard, Dr. Ross' book is an important wake-up call.

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## The Environment of Schizophrenia: Innovations in Practice, Policy, and Communications

by Richard Warner; Philadelphia, Brunner-Routledge, 2000, 136 pages, \$29.95

Mark R. Munetz, M.D.

What if we could take current scientific knowledge about environmental factors related to schizophrenia and make a wish list of interventions to decrease the incidence and severity of the disorder? This is essentially what Richard Warner does in this stimulating and well-written book.

In a concise introduction, Dr. Warner provides an overview of what we know about schizophrenia—etiology, diagnosis, course, and treatment. The book proceeds in three parts, focusing in sequence on the individual, domestic, and community levels. In each part the author identifies major issues and then proposes interventions that he believes will help us "go forward to a level of knowledge and a set of treatment approaches, social policies, and community responses that will limit the occurrence of new cases and allow people with schizophrenia and their families to lead fuller and more satisfying lives."

At the individual level, Warner addresses obstetric complications, substance abuse, social stress, and access to power. At the domestic level, he discusses living with family, domestic stress, and alienating environments. At the community level, he addresses work availability, economic disincentives to work, and stigma.

Warner proposes 13 interventions. Each is simple, has a clear rationale, and is presented with supporting references. Warner is clearly one of those who think outside the box, and he presents most of his recommendations in a way that will stimulate thought but may also provoke controversy. For example, the second intervention calls for individualized substance use coun-

seling. In discussing this recommendation, Warner suggests that in some cases use of marijuana might help a client "feel calmer and happier" and actually prevent stress-related relapse. For other patients, marijuana might help alleviate unpleasant medication-related side effects. For yet other patients, the drug might have deleterious effects. Advocating this degree of individualization of treatment takes considerable courage and is certainly not the conventional wisdom or the textbook approach.

It is worth listing all 13 of Warner's proposed interventions: an educational campaign on the risks of obstetric complications; individualized substance use counseling; cognitive-behavioral therapy for psychotic symptoms; use of benzodiazepines to reduce stress-induced psychotic symptoms; consumer involvement at all levels of service provision; tax-free support payments for caregivers; marketing the family psychoeducational approach; domestic alternatives to the hospital for acute treatment; social firms—consumer-employing businesses; modifications in disability pension regulations; wage subsidies; lobbying of the news and entertainment media; and a global antistigma campaign.

Warner is a well-known schizophrenia researcher who brings to this book a wealth of experience and an international perspective. *The Environment of Schizophrenia* is short; it is a quick read, and every page will provoke thought, hopefully stimulate debate, and maybe encourage action. I recommend it highly to anyone working with patients who have schizophrenia, to psychiatric trainees, to advocates interested in services for people with serious mental disorders, and especially to policy makers who might be inspired to take action on one or more of Warner's well-considered recommendations.

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**Early Intervention in Psychotic Disorders**

*edited by Tandy Miller, Sarnoff A. Mednick, Thomas H. McGlashan, Jan Libiger, and Jan Olav Johannessen; NATO Science Series D: Behavioural and Social Sciences, volume 91; Boston, Kluwer Academic Publishers, 2001, 289 pages, \$86 hardcover, \$38 softcover*

**Andrew Carroll, M.D.**

The early psychosis movement is one of the more exciting trends of the past decade in psychiatry. Given evidence that longer durations of untreated psychosis are correlated with worse outcomes, the aim is to identify and treat psychosis in its earliest manifestations. The hope is that if cases can be identified before full-blown psychotic symptoms develop, the most disabling manifestations of chronic psychosis can be prevented.

*Early Intervention in Psychotic Disorders* is a collection of papers from an advanced research workshop held in 1998 in Prague. The book comprises 12 chapters written by leading figures in the field of early psychosis. With sections addressing the premorbid phase, the prodromal phase, the onset phase, and the early course of illness, the layout of the book reflects the natural history of psychosis itself. Most of the chapters include a thorough review of the literature, which conveys a comprehensive sense of the state of the art in early psychosis work, as of 1998. Some chapters offer detailed descriptions of seminal projects in the field, such as the Copenhagen High Risk Project in Denmark, the PACE Clinic in Australia, the DEEP Project in Finland, and the Buckingham Project in the United Kingdom.

As is often the case with books derived from symposia, the papers in this one show a distinct unevenness of style, quality, and even typeface. There is also a degree of repetition, which makes reading the book in a cover-to-cover fashion something of a chore. However, all clinicians who deal with psychosis would benefit from reading at least some of the chapters, especially the one by Mc-

Farlane on family-based treatment and the one by McGorry and associates on prepsychotic phase treatment.

Apart from in the chapter by McFarlane, the major conceptual and ethical issues inherent in the early psychosis movement are given little attention. The challenge of treatment of early psychosis is to identify early psychotic illnesses with an acceptable level of sensitivity and specificity. The problem of low sensitivity is discussed,

but the problem of low specificity, which creates the potential for the overmedicalization of normal adolescent turmoil, is given less weight.

The most glaring omission, however, is the absence of any discussion about the confounding role of illicit drugs. Early psychosis that is not complicated by use of cannabis, amphetamine, or other street drugs is approaching the status of rarity in Western urban populations, and any useful approach to early psychosis must take this unfortunate fact into account.

These caveats notwithstanding, this book would be an excellent addition to any psychiatric library and could be usefully perused by clinicians of any discipline who deal with early psychosis or with at-risk young people.

**Family Matters: Interfaces Between Child and Adult Mental Health**

*edited by Peter Reder, Mike McClure, and Anthony Jolley; Philadelphia, Routledge, 2000, 347 pages, \$32.95*

**Maryann Davis, Ph.D.**

The general argument addressed in this multiauthor volume is that a better interaction is needed between child and adult mental health systems. In the introductory chapter, the editors describe the many barriers to good coordination between the two systems. The book addresses mental health care in Great Britain, where, despite a more socialized health system, the barriers are remarkably similar to those in the United States.

According to the authors, the separation between the child and adult mental health systems in Great Britain is a result both of their different histories and of professional training, which tends to be compartmentalized into either child or adult treatment. The child and adult mental health systems in the United States are separated by the same barriers but have the added burden of there being multiple sources of funding for mental health services, each with its own eligibility criteria or limitations on services covered. A valuable aspect of this book for U.S. readers is

that it provides a sense of the difficulties in the interactions of the two systems even when funding is not as important an issue. The final chapter provides good guidance on various steps that need to be taken to integrate the two systems, including research, training, a focus on prevention, and ways to link the two systems.

Most of the book focuses on circumstances under which a good interface between the two systems aids treatment. Such circumstances generally fall into two categories. First, many people who need mental health services as children continue to need them after they become adults. Coordinating their care across the boundaries of child and adult mental health services is important to good treatment. Second, when children or parents need mental health services, it is often ad-

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vantageous to provide services to both generations. While the wisdom of integrating child and adult mental health services may be apparent to family members and to clinicians, numerous barriers to doing so remain.

The second section of the book focuses on the need to continue treating children as they move into adulthood and on the impact children can have on their parents, which may necessitate treatment of the parents. The third section addresses a variety of mental health conditions that parents may have. Among the topics covered are a host of specific psychiatric disorders, substance use, and a parent's history of abuse as a child. Each chapter describes how clinicians who treat adults with the conditions described need to be able to address children's mental health problems or to link them with other clinicians who can, because of the harm such conditions in parents can cause their children.

The fourth section describes various treatments that take a family systems approach, teach parenting skills, or link child and adult services. The final section describes future directions; in doing so it provides a theoretical framework for integrating adult and child services and suggestions on how to bridge the two systems.

The book has some limitations. The discussion focuses on treatment models rather than service models. There is little discussion of the need to pull in other systems, such as vocational rehabilitation or special education, except when the disorder being discussed directly calls for it. Thus the need to coordinate across several child and adult systems is not addressed. Similarly, in discussions about parents with mental illness, the focus is on family therapy or parent training models rather than the potential need to coordinate across various child and adult systems. Perhaps such discussions reflect the reality of the mental health system in Great Britain, which would differentiate it further from the U.S. system.

Confidentiality and trust are not well addressed in the book. Many parents with mental illness report that they are reluctant to reveal their mental health

status for fear of losing their children to state custody. Such distrust or uncertainty can be a major barrier to extending treatment across generations.

Finally, parents are consistently presented only as parents who need to be treated or corrected, rather than as partners in addressing their families' needs. Family members may find this consistent perspective disrespectful of the particular strengths that they bring to bear in addressing any mental

health issues in their families.

*Family Matters* provides useful reviews of relevant literature, including literature from Great Britain that may be less familiar to U.S. readers. Overall, the book provides compelling arguments for considering the family context of children and parents in treatment and for taking into account both the child's stage of development and the continuity of mental health problems into adulthood.

### **Hanging by a Twig: Understanding and Counseling Adults With Learning Disabilities and ADD**

by Carol Wren, Ph.D., and Jay Einhorn, Ph.D.; New York, W. W. Norton & Company, 2000, 221 pages, \$32

**Arlyn J. Roffman, Ph.D.**

Children with learning disabilities grow up to be adults with learning disabilities. While the challenges of a childhood with a learning disability tend to center on academic issues, in adulthood the challenges extend far beyond the schoolhouse walls, affecting relationships, work experiences, and day-to-day activities in the community.

It is critical that mental health professionals who treat adults with learning disabilities understand this broad impact, a point brought home well in *Hanging by a Twig*. The authors, Carol Wren and Jay Einhorn, bring considerable clinical experience to this project, the former as the founding director of Project Learning Strategies (PLuS), a support program at DePaul University for students with learning disabilities, and the latter as a clinical psychologist whose practice has focused on this population.

The authors work in tandem in this book, analyzing from their specific professional perspectives the personal stories of six individuals with learning disabilities who were interviewed in depth for this study. Despite the different vocational directions and educational achievements of the in-

terviewees, they have many experiences in common. Wren's descriptions of the educational basis of their problems are followed by Einhorn's commentary, in which he raises therapeutic questions. The combination of the authors' words and those of the interviewees in quotations offers a broad window into the experience of life with a learning disability.

This book is directed primarily to mental health professionals, and for them it is a valuable resource. Einhorn offers a framework for treatment, emphasizing that understanding the nature of an individual's learning disability and the role it has played is critical to the success of psychotherapy. His commentary, based on an integration of cognitive-behavioral and psychodynamic models, offers therapists practical suggestions—for example, that it is helpful to provide information in short segments if a client has a language processing problem; insightful advice—for example, clients often need to mourn lost opportunities and lost status; and cautions about the danger of the misinterpretation of symptoms that can result from not understanding learning disabilities—for example, a client's digression may be thought to be defensive behavior when it is in fact a function of his or her learning disability.

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Wren and the study subjects themselves discuss a variety of practical educational strategies to ease stress and to foster healthier life adjustments in adults with learning disabilities. Adding to the book's value as a resource are chapter endnotes listing relevant research as well as appendices presenting a checklist of indicators of learning disabilities in adults and suggested modifications of therapy that can help accommodate adults with learning disabilities in treatment.

Mental health professionals will find the writing in this book accessi-

ble and engaging, although perhaps with the exception of the introductory chapter, which is inexplicably and ineffectively formatted as a dialogue. The authors express the hope that adults with learning disabilities will find the book useful as well. However, the text is largely clinical, and even lay readers with strong reading skills are likely to find themselves hindered by their lack of familiarity with the terminology and concepts.

Nonetheless, *Hanging by a Twig* makes a valuable contribution to the field and deserves a place on the therapist's bookshelf.

### To Have and to Hold: Marriage, the Baby Boom, and Social Change

by Jessica Weiss; Chicago, University of Chicago Press, 2000, 299 pages, \$45

William Vogel, Ph.D.

In the course of reviewing books in the behavioral sciences, I have been struck by how often truly thought-provoking, convention-challenging concepts originate with authors whose training has been outside the sciences. *To Have and to Hold* is a fine example. The author is a historian, and she has written a book that compellingly questions traditional concepts of the history of the American family.

Many observers see today's American nuclear family as having undergone revolutionary change and as being in a process in which it will become qualitatively different from what it was 50 years ago; some think of it as an "endangered species." Weiss, however, sees it as having undergone a steady process of gradual evolutionary change. The seeds of the American family of the 21st century, she argues, were present in the mid-20th century. Her analysis is based on data from the longitudinal studies of the Institute of Human Development (IHD) at the University of California at Berkeley. The institute's

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study subjects were interviewed repeatedly over decades, between childhood and late middle age. As a result, Weiss notes, "we are able to follow the effects of the fifties family pattern over time, permitting a much more nuanced and deeper understanding of postwar family life than the one-decade 'snapshot' view historians persist in portraying."

Weiss studied a sample of 100 couples from the first years of their marriages in the 1950s through the early 1980s. Her data reveal that "the idealized middle-class family pattern of the 1950s was both transitory and transitional"—not at all "traditional," as many have assumed. She argues, convincingly in my view, that "the differences of opinion between men and women—over parenting, homemaking, career commitment, sexuality—that come through so strongly in the IHD interviews . . . were the tools of change."

This is an exciting, important, innovative work. Although it certainly belongs in the libraries of health practitioners—physicians, psychologists, family specialists—and academicians whose focus is the family, it should also be of interest to the general public. Buy this book.

### School Violence: Assessment, Management, Prevention

edited by Mohammad Shafii, M.D., and Sharon Lee Shafii, R.N., B.S.N.; Washington, D.C., American Psychiatric Publishing, Inc., 2001, 322 pages, \$49.95 softcover

Gilbert S. Macvaugh III, M.A.

This multiauthor work offers a comprehensive examination of the endemic public health problem of youth violence in schools. It is certainly an important and timely contribution to the field, particularly in light of the school shootings that have occurred across the country in recent years.

*School Violence: Assessment, Management, Prevention* consists of 15 chapters, written by 26 authors from various perspectives, including those of the clinician, the researcher, the attorney, and the school counselor. The book is organized into four parts. Part 1 addresses the factors that contribute to school violence, focusing in particular on the epidemiology of school violence, the developmental aspects of youths who kill, the nature of school violence, the detrimental effects of violence in the media, and the theoretical views of the biological and cultural causes of violence.

Part 2 is likely to be the most useful section for mental health clinicians. It offers an astute discussion of the different facets of diagnostic assessment, management, and treatment of youths who are at risk of violence, with an important overview of the relationship between youth violence and suicide. This section also offers chilling, eye-opening accounts of the shootings at Pearl High School in Pearl, Mississippi, and Columbine High School in Littleton, Colorado, which paint a realistic picture of the tragic and long-lasting effects of school violence.

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Part 3 covers some of the legal considerations associated with school violence. The two chapters in this section, written, respectively, by an attorney and a forensic psychiatrist, are devoted exclusively to clinicians' legal responsibilities in violence risk cases set forth by the landmark *Tarasoff* case. The authors cogently discuss the legal concepts of foreseeability and liability on the part of those who treat violent patients, and they offer some useful suggestions for following the applicable standard of care for reducing the risk of losing civil negligence actions.

Part 4 focuses on the prevention of school violence. It offers a plethora of innovative examples of primary, secondary, and tertiary prevention strategies that have been implemented with remarkable success in several cities across the country. A consistent theme in this section is the importance of recognizing that systemic community collaboration efforts are

necessary for the effective prevention of school violence. Mental health professionals working in the role of consultants to schools are likely to find this section particularly useful.

This volume's editors and contributors have succeeded in providing a concise but detailed and scholarly analysis of school violence. The book's strength lies in the pragmatic, hands-on approach it advocates in dealing with the numerous issues related to preventing school violence, from the assessment of those at risk to models of treatment and prevention.

*School Violence: Assessment, Management, Prevention* is an invaluable resource for psychiatrists, psychologists, social workers, school counselors, and educators. The book is filled with practical suggestions for ameliorating the problems of youth violence in the schools. It is simply a must-read for anyone who works with children and adolescents in the school setting.

tions to pursue a career in government, but he was not able to do so because he was Jewish. He then jumped from one medical field to another before settling on neurology. In this he found that having his patients talk and answer personal questions seemed to work better than electroshock therapy or other methods. The next few chapters deal with how he developed psychoanalysis from his work with patients suffering from hysteria. In his treatment of these patients he pioneered the use of catharsis and free association. Reef explains Freud's theories about sexual concepts as well.

The book goes on to tell of Freud's further development of his theories as well as the arguments generated over these ideas. The reader also learns about people who were close to Freud and about his relationships with them. The end of the book describes his escape to Great Britain around the start of World War II and his death from cancer soon afterward.

*Sigmund Freud: Pioneer of the Mind* is a good source for historical information and was not really intended for pleasure reading. I would recommend it to someone interested in psychology or psychiatry, or someone who would like to learn more about one of the most famous thinkers in Western history. The book is also appropriate for someone looking for a biography of a doctor or a scientist that is written at a junior high or early high school level.

## Sigmund Freud: Pioneer of the Mind

by Catherine Reef; New York, Clarion Books, 2001, 160 pages, \$19

Jessica Kadish

Cure patients by listening to them talk about their problems? Unheard of. Insane. Absurd! But there was one man who tried this method. This man plunged into the unknown world of the unconscious mind, regardless of what others thought. He was none other than Sigmund Freud, a daring freethinker and a unique individual. His method of treatment, called psychoanalysis, was the beginning of modern-day psychiatry. In this book, Catherine Reef gives an in-depth story of the life of Freud as well as an overview of his theories and historical coverage of world events during his lifetime.

Reef does an excellent job of describing Freud himself and his life.

She describes his childhood, his journey into medicine, his adulthood, and his career. Her reviews of his theories cover the main points and are understandable. On the whole, the book focuses more on Freud's life story than on his theories.

In the first chapter, Reef tells about Freud's career and how psychoanalysis works. She describes controversies over his teachings and writings and explains why they occurred then and why they still occur today. The next few chapters deal with the story of his childhood, including his precocious intelligence, his academic accomplishments as a boy, and how he was by far the favorite child in the family. These chapters later recount his long courtship of Martha Bernays and their subsequent marriage. They also describe Freud's troubles with anti-Semitism at the University of Vienna.

Reef discusses Freud's initial inten-

*Ms. Kadish, a seventh-grade student in Shrewsbury, Massachusetts, is in the age group this book is intended for. Her mother, Marie Hobart, M.D., edited the review.*