

that they give insight into the varied problems that HIV can pose: how, for example, can someone negotiate for safe sex in a new relationship, or even more problematic, for the first time in an established relationship?—my wife would certainly want a few questions answered if I tried to introduce safe sex into our relationship!

It is remarkable that such exercises are not used for other diseases or similar morbidity and mortality, and this begs the question why should HIV be handled differently (a question not addressed in the exercises)? The reason why HIV requires such attention does not seem rational and must therefore be irrational and, I suspect, is based upon the totally irrational phenomenon of sex that created and therefore unites us all: other diseases can be treated in isolation, whereas HIV involves inter-personal relationships in a special way. This irrationality underlies the important question addressed several times in the exercises 'How do you *feel* (my italics) about this?' and the benefit from this scheme of education is that it encourages us to face up to the problem that all of us may have with feelings about our own and others' behaviour and/or sexuality. We cannot overcome such feelings by reason alone: the most we can do is to compensate for these feelings by gaining insight—and participating in the exercises will ensure that this will occur.

The exercises also explore problems associated with drug use (or should it be drug abuse?) and HIV. Strangely, haemophiliacs get left out of the exercises; they too have feelings, both rational and irrational, about the behaviour of those whose blood products they received.

Overall an impressive package; many doctors would benefit from this pack if they could learn to minimise our convenient tendency towards scientific detachment and concentration on study of disease processes rather than concentrating and the caring for people who have diseases.

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**The MRCGP Study Book**, Second edition, E. Gambrill, A. Moulds, J. Fry, D. Brooks. Pp. viii + 187. Butterworths, London; Update-Siebert Publications, Guildford, Surrey, 1988. £14.95.

In the seven years since this book was first published, vocational training has become compulsory and many more trainees are sitting the MRCGP examination. In the absence of anything better trainees see the exam as proof of having successfully completed vocational training and as an essential aid to achieving a 'good partnership'.

In spite of continuing debate within and outside the College, it seems unlikely that the examination will change in the near future. The four authors of this book are all FRCGPs and have been closely associated with the existing examination either as examiners and/or course organisers.

After an introduction to the structure and function of the examination, the authors discuss the exam part by part. Each section of this book explains in detail one part of the examination and gives hints on examination technique. Each section concludes with worked examples and model answers. The last section contains recommendations on a work plan, a guide to further reading and three pages of facts and figures

that candidates are urged to memorize.

Whatever one thinks of the College and its examination (and as a reprieved North East Thames trainer I have my own personal views) trainees will want the qualification and this book can certainly help them to achieve it.

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**Occupational Therapy in Mental Health**, edited by Derek W. Scott and Noomi Katz. Pp. viii + 222. Taylor & Francis, London, New York and Philadelphia, 1988. Price not given.

This book is a welcome addition to the limited number of publications dealing specifically with the practical application of occupational therapy to this treatment area. It highlights the wide range of approaches and methods of practice utilized by the occupational therapist, which include practical activities, specific skills and counselling services, to fulfill the therapist's primary concern with the provision of 'active' treatment regimes.

The book addresses problems encountered by the occupational therapist in direct relationship to his/her clientele. It also refers to the sole occupational therapist working in a small psychiatric unit within a large general hospital, and indicates the importance of communicating her approaches effectively to general medical staff. It does not adequately cover the relationship of the occupational therapist with the rest of the treatment team. This is of importance as other disciplines extend their skills, for example, psychiatric nursing staff now have training in group-leadership.

Many occupational therapy departments are understaffed. This places constraints upon the practical skills the occupational therapist is physically able to offer. The book does not mention the relative importance of different techniques when this situation occurs. For instance, does the occupational therapist concentrate upon fulfilling his/her more traditional role of organizing practical activity groups, or does he/she continue to develop specialized areas, for example, family therapy and psychodrama?

It does not discuss research enough. This should be of importance if the profession is to progress into the future with confidence.

The book does give a general insight of the profession working in mental health, complemented by extensive appendices for further reading, and can therefore be recommended to both students and qualified staff.

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**Ultrastructural Pathology of the Cell and Matrix: a Text and Atlas of Physiological and Pathological Alterations in the Fine Structure of Cellular and Extracellular Components**. Volumes 1 and 2, 3rd edition, Feroze N. Ghadially. Pp. xxiii + 1340, illustrated. Butterworths, London. Boston, Singapore, Sydney, Toronto, Wellington, 1988. £25.00.

This comprehensive compendium of ultrastructural path-



## Occupational Therapy in Mental Health

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