

and neurophysiology to enable competent neurological evaluation. Thus armed "the astute physician should have no difficulty making the diagnosis", and presumably need not request a neurologist to make it for him. In addition to orthodox techniques of detection some unconventional tactics may prove diagnostically rewarding. "You may be able to trick or confuse a patient or possibly use noxious stimuli to get an adequate response on examination". This and other dodges are advisedly carried out in the absence of observers because "the family may not understand or appreciate what you are doing".

The introductory chapter on the neurological examination is disconcertingly followed by short chapters offering useful and sensible comments on the pattern of symptoms and the detection of inconsistencies of testing in simulated disorders of vision, speech and hearing. A reasoned account is given of the diagnostic and economic implications of the neuroradiological investigation of patients with neurological symptoms but no signs. The use of evoked potentials to auditory, visual and somato-sensory stimuli are briefly described and the problems of interpreting these apparently objective tests in unco-operative patients and the methods of overcoming them are sensitively discussed. Set against the modest claims of the authors describing physical diagnostic procedures the clinical neuropsychologist confidently offers a test battery which "objectively measures aspects of brain function", principally consisting of the Wechsler Adult Intelligence Scale and the Minnesota Multiphasic Personality Inventory. Disappointingly some common sources of false positive and negative errors are insufficiently emphasised, such as the ability of patients with damage to the limbic system and to the frontal lobes to perform normally on the WAIS and the relative failure of the highly anxious individual to score on verbal sub-test, leading to a spurious diagnosis of dominant hemisphere damage.

The final chapter devoted to "Conversion Disorders" provides a concise and lucid account of the historical background, the clinical manifestations, the diagnosis and treatment of hysteria, addressed to the non-psychiatrist and rendering the introductory chapter redundant. Although a psycho-dynamic explanation of hysteria is accepted here as self-evident there is a refreshing lack of the analytical jargon which makes the penultimate chapter, "The Psychiatry of Hysterical Symptoms" such a hard read for the unconverted. Neither in these theoretical chapters nor elsewhere in the book does the concept of role playing appear and pretence is accorded a status such that malingering can be said to "involve some type of conflict-solving by regression to more primitive modes of behaviour".

It is perhaps because the book is intended to appeal to specialists in psychiatry and the neurosciences, trainees and physicians and general practitioners, that there is a lack of balance in the contributions. Whereas correction of the abundant spelling errors would undoubtedly improve the text, elimination of all solecisms would seriously rob the earlier chapters of their charm. One of the chief motives of the authors is to reduce the enormous expenditure on what are regarded as unnecessary procedures in the investigation of patients who pretend to be sicker than they are or to be sick when they are not.

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Phobias. By ROSS MITCHELL. London: Penguin. 1982. Pp 104. £1.95.

Agoraphobia: Multiple Perspectives on Theory and Treatment. Edited by DIANNE L. CHAMBLESS and ALAN J. GOLDSTEIN. Chichester: John Wiley. 1982. Pp 225. £21.00.

Phobias is a short book aimed at the lay public with the intention of informing and helping phobic sufferers. It describes the symptomatology and treatment of phobias in simple terms, but did not quite have the same appeal to me as similar books. However, it packs in a lot of material with which most psychiatrists would probably agree. It is a moot point how much good books like this actually do, but probably the more public awareness is raised about psychiatric problems, the better we can help our patients.

I liked the multiauthored book on *Agoraphobia* because it reminded me of the Maudsley Hospital conferences where a case would be formulated in completely different terms by different psychiatrists depending upon the standpoint they took in psychiatry. In Chapter 2 Salzman says agoraphobia is best treated by "uncovering psychotherapy", whereas in Chapter 3 Emmelkamp says, "exposure *in vivo* is the treatment of choice". Emmelkamp gives a careful review of the literature and cites his own data in support of his contention. Hafner emphasises that "spouse-aided therapy" is effective although he is pessimistic about the value of a scientific approach in the understanding of agoraphobia. Zane also eschews science for intuition, and depends on detailed case reports to support his treatment that includes exposure *in vivo* as part of a package, along with various cognitive manipulations. Liebowitz and Klein discuss experimental psychopharmacological approaches such as lactate infusion and clonidine, but firmly come down in favour of imipramine in all cases of agoraphobia with panic attacks. It might surprise readers in the

U.K. to know that Klein advocates very small doses of imipramine, even as low as 10 mg., to counteract panic attacks.

Finally, Chambless acts as the diplomatic chairman emphasising positive ideas of all the contributions, and suggesting that an interactive multidimensional approach is the correct one. All the authors provided thought-provoking material, and anyone looking for ideas about agoraphobia to confirm or refute would find a rich source here.

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The Treatment of Drinking Problems. By GRIFFITH EDWARDS. London: Grant McIntyre. 1982. Pp 334. £6.96, £14.95 (paperback)

This book is above all else practical. It should help psychiatrists, physicians, social workers, nurses and counsellors develop their confidence in responding to drinking problems. We know that clinicians shy away from recognising and dealing with the alcoholic because they feel pessimistic about being able to help and believe they will be entering into a longterm and unrewarding treatment relationship. Professor Edwards 20 years' experience is a healthy antidote to this therapeutic nihilism. His enthusiasm for treatment is all the more cogent because it comes from someone who in the Addiction Research Unit has not only treated alcoholics but critically monitored the effectiveness of his work.

At first he unpacks the portmanteau phrase, alcoholism—describing its constituent elements, such as the alcohol dependence syndrome and a range of other alcohol related problems. He counsels against focusing on the extreme case to the exclusion of the individual whose drinking is beginning to cause problems, and reminds us of the special needs of the woman with drinking problems and the link between psychiatric illness and alcoholism. I was particularly impressed by the way in which he presented technical information in a manner which is understandable to a range of professions without losing interest for the psychiatrist—he genuinely writes for the whole team. His approach to history taking, the need for a drinking history and his delineation of a formulation should be required reading for trainee psychiatrists.

Assessment of the problem drinker and his or her family leads on to a consideration of treatment. Having recognised the protean manifestation of alcohol problems a range of treatment strategies are described and we are advised to tailor the treatment to suit the needs of the patient. Matching therapy to clients remains an unresolved issue. The reader will of course still find he

lacks the magic key to unlock just the right door for the individual needs. The best we seem to be offered is a mixture of good sense, good will and trial and error.

This is a very frank book and it is refreshing to see rarely described clinical problems presented with such clarity. Under "special presentations" alongside the young problem drinker, and the violent alcoholic we find "the very important patient"; that is the individual with a public reputation to preserve whose treatment is clandestine, furtive and often consequently inadequate. He offers sensible advice about ways of ensuring that their position of influence does not paradoxically ensure that they receive second class treatment.

I particularly enjoyed the chapter entitled "when things go wrong, and putting them right". Every situation described is instantly recognisable and the ideas combine humility which recognises that there is no panacea, with originality that sustains optimism.

This is an excellent book which should be read by those who frequently encounter alcohol problems in their clinical work—and that includes all of us.

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The Cry for Help and the Professional Response. By JACK KAHN and ELSPETH EARLE. Oxford: Pergamon Press. 1982. Pp 133. £10.00, £4.95 (paperback).

This book, like a dragonfly, moves rapidly from one subject to another, alighting here for a second, there a moment longer. Succinctly it raises issues in an authoritative style which invites questioning and discussion.

"Each profession has . . . an authoritarian role which can be the basis of reciprocal seduction and exploitation". If an appropriate response is to be made to a "disease, dysfunction, or deviation", then careful diagnosis using different frames of reference is necessary. Moving beyond his area of specialist skill the professional leaves his authority behind him, and possibly enters an area of uncertainty which may be creative. Both the relationship between helper and helped, and some of the difficulties which arise are discussed.

Written to add a "little complexity and challenge" to the limited views and frames of reference of different professionals who respond to a "cry for help", this book achieves its aim, and particularly the latter two thirds make exciting and valuable reading. Important references being included, it could make a useful text for teaching.

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