

studies, hysterical seizures, and other interactions of psychiatry with epilepsy, to a number of concluding chapters on monkey models of epilepsy and new advances in pharmacology, largely of an experimental nature. Thus, there is something of interest not only for clinicians, including paediatricians, psychiatrists and neurologists, but also for the basic scientists. Each chapter is complete in itself and the reader is spared transcripts of the discussions that no doubt occurred at the meeting until the last two chapters. I recommend that the reader delete these from his copy: there really cannot be any point in printing sentences such as "I think that is an important point . . . it is a very important issue". The book concludes with a brief index, but unfortunately this is woefully inadequate. In view of the discrete nature of each individual chapter this makes it extremely difficult for the reader to find particular subjects. Naturally, many are covered in different chapters in different ways, and the only thing to do is to read through the whole book! Nonetheless, this book is generally more useful, more readable, and better written than other recent volumes on epilepsy and it deserves to be widely read.

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**Liaison Psychiatry: Mental Health Problems in the General Hospital.** By JOAN GOMEZ. Beckenham: Croom Helm. 1987. Pp 276. £22.50 (hb), £10.95 (pb).

This textbook of general hospital psychiatry is an introductory one for trainee psychiatrists, medical students, and general physicians and surgeons. After four general chapters each area of medicine is covered in varying degrees of detail.

Unfortunately, the first chapter may alienate physicians and surgeons, especially those who do have a positive attitude to psychiatry and prescribe psychotropics in adequate doses. The medical student and trainee psychiatrist may be put off by the daunting list of 24 tasks that the liaison psychiatrist "could and should do", and the established psychiatrist may be irritated because this book teaches that psychiatry is a 'soft' subject (even though the author emphasises the need to establish 'hard' data), that the psychiatrist is the one who must find out why a patient harmed himself, and that memory impairment is a feature of depression. This is a pity, because the book does contain some useful advice arising out of the author's extensive clinical experience.

By repeatedly emphasising the role of the liaison psychiatrist (he can help all concerned in the care of the dying, yet has no panacea) Gomez gives the impression of a special area of clinical practice rather than a set of skills that all doctors should adopt. The assessment of patients is not sufficiently direct and the psychological treatments not presented in sufficient detail for physicians to use this as a handbook.

The critical trainee physician and psychiatrist will be irked by the lack of research data, and references are quoted in a rather haphazard way. The prevalence of depression among patients prior to hysterectomy, in neurological units, and in those with irritable bowel syndrome is dealt with very superficially and a book of this nature requires more than a short paragraph for subjects such as hypochondriasis, and the relationship between life events, depression, and physical illness.

Some may find this a useful text, but the rapid development of research findings relating physical and psychiatric disease surely merits a more exciting textbook on this subject.

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**Treatment of Multiple Personality Disorder.** Edited by BENNETT C. BRAUN. Washington: American Psychiatric Press. 1986. Pp 206. \$17.50.

This book is a collection of chapters by different authors, devoted mainly to the treatment and prognosis of multiple personality disorder (MPD). It is evident that most of the authors have worked together and share the same views of the disorder, which they have conveniently categorised. They share a model of the aetiology of MPD which includes: (a) an inborn capacity to dissociate, usually identified by excellent response to hypnosis; (b) repeated exposure to an inconsistently stressful environment in which the subject has separated the good and the bad into two or more historical chains; and (c) an overwhelming traumatic episode to a vulnerable person which induces dissociation into the previously constructed partial memory and personality. Thirteen basic issues in psychotherapy for MPD are identified: developing trust; making and sharing the diagnosis; communicating with each personality state; contracting agreements about the limits of patient behaviour; gathering history; working with each personality state's problems; undertaking special procedures, such as hypnosis, which have been found particularly helpful in the treatment of MPD; developing communications between the different sub-personalities; achieving resolution and integration; developing new behaviours and coping skills; using social support systems; consolidating gains; and follow-up.

The accent is on individual psychotherapy, but there is also a chapter on the use of group psychotherapy as an adjunct to individual work, the development of social support systems, and the use of drugs. Different sub-personalities in the same individual react differently to medication. This is a fascinating area, which if extended could complement the classic study of 'the pharmacology of placebo'. There is a chapter on the diagnosis, commentary, treatments, and follow-up of 52 patients with MPD. The average number of personalities is 15.4,