

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,

the commonest number being 5 personalities and the maximum in this study being 110 sub-personalities in one individual. The average period of treatment was 22 months. Relapse was much commoner in patients with 18 or more personalities, in whom 60% had partial or complete relapse. Patients with 17 or fewer personalities had an 8% relapse rate.

In North America, the diagnosis has become increasingly common – even in 1980 there were only 200 cases recorded in the literature, but since then there have been many series published, some of them in the hundreds. It is difficult to know how much of this increase presents a true increase in the affected population and how much is due to an increasing awareness among psychiatrists resulting in more accurate diagnosis. It may also be possible that now that the diagnosis has become fashionable, it may be over-diagnosed. Patients may also have learned to conceptualise their problems in ways that attract professional and lay interest. There seems to be an important relationship between child abuse and the later development of MPD, and it is of great interest that the increase in the diagnosis of MPD parallels the increased awareness of child abuse which has been a feature of the past 10 years. Many MPD patients have been previously diagnosed as borderline personality, normally considered difficult to help psychotherapeutically in contrast to the excellent results described in the volume under review. It may be that the authors' cases were easier ones, or it could be that the diagnosis of MPD and the specific psychotherapeutic strategies used with these patients is a more helpful way of viewing some cases of borderline personality.

Where there are very sudden changes in mood of patients with a 'personality disorder' and the appearance of 'psychotic' phenomena in patients whom we are fairly certain are not psychotic, we may find with further enquiry that the phenomena may be more readily understood in terms of MPD. It remains to be seen whether the experience of this syndrome in the UK will compare to North America, but if it does this collection of essays will be a helpful guide in its diagnosis and treatment.

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Handbook of Studies on Schizophrenia. Part I: Epidemiology, Aetiology and Clinical Features. Part II: Management and Research. Edited by GRAHAM D. BURROWS, TREVOR R. NORMAN and GERTRUDE RUBINSTEIN. Amsterdam: Elsevier Biomedical Press. 1986. Part I: Pp 246. \$72.25. Dfl. 195.00. Part II: Pp 313. \$250.00.

These two thin volumes are not conference proceedings, but contain a collection of invited contributions from authors from a number of countries, including Australia. Every conceivable aspect of schizophrenia is

covered; there is an emphasis on biological aspects, but chapters on social and family factors, patient services, and even schizophrenic art are included. The standard in general is very high. Many of the chapters provide balanced, detailed, and up-to-date reviews which are exhaustively referenced. A minority are less than comprehensive, and one or two authors seem content to review mainly their own work. Most impressive are the ten or so chapters relating to aetiology and pathogenesis, where the cover is authoritative. The chapters on pharmacotherapy are wide ranging and informative, and those on family therapy and psychotherapy are clear and even-handed. Unfortunately, there is a relative neglect of the clinical features of schizophrenia: the three chapters devoted to this are individually of a high standard, but several important issues are alluded to rather than examined in detail. However, specialised topics such as schizophrenia in epilepsy, organic states, and the puerperium are given a great deal of attention.

This handbook is of general interest; it provides readable accounts of many important topics, and would thus make a valuable addition to a psychiatric library. It would also be of great assistance to anyone with research interests in schizophrenia. Finally, to those, like the reviewer, who have had to teach on schizophrenia at a postgraduate level it is probably indispensable.

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The Sociology of Mental Disorders (2nd ed.). By WILLIAM W. EATON. New York: Praeger. 1986. Pp 281.

Eaton, who is a psychiatric epidemiologist at John Hopkins University, has responded to the success of the first edition of his sociological primer in psychiatry by incorporating a number of important recent developments. These include DSM-III and the NIMH Epidemiologic Catchment Area Program; more surprisingly, he has added three literary first-person accounts of mental disorder, including an extract from Sylvia Plath's *The Bell Jar*. The social approach here begins by separating "bizarre behaviours" from the rest of human life, and then considering them as either disease or deviance. This is followed by considering the social epidemiology of mental disorders, in which it is rather surprising to find demoralisation as a major category. The remaining sections deal with social psychology, the family, collective behaviour, organisation of treatment, socio-economic stratification, and mental disorder in the modern world (with emphasis on the views of Marcuse, but no mention of Basaglia).

The limitations of present-day sociology in confronting the issue of psychiatric disorder are, on the whole, frankly acknowledged here. For instance, the conceptualisation of social supports and life events stressors is