

Clinical Handbook of Psychological Disorders (2nd edn). Edited by DAVID H. BARLOW. New York: Guilford. 1993. 534 pp. £39.95 (hb).

This is one of those mega-books that is sure to find a place in all clinical libraries. It contains 12 large chapters by leading American clinicians (mostly psychologists) on the most common psychological problems (e.g. anxiety, depression, eating disorders, obsessive-compulsive disorder, PTSD) and one personality disorder (borderline). There is also a chapter on couples therapy, although nothing on the psychological management of psychosis. Like many American books it remains heavily influenced by the DSM and the debates for and against certain syndromes. The problems of comorbidity (especially of Axis I and II) and the increasing interest in symptom rather than syndrome approaches, as championed by Costello, may cast doubt on the long-term use of linking therapy to diagnostic types. Nevertheless, a considerable amount of work has gone into a careful crafting of each chapter. Each one reviews epidemiology, classification, aetiology, risk, aspects of theory and case discussions. A real bonus is the helpful, in-depth approach to various instruments and procedures for assessment.

The later part of each chapter attempts to take the reader through therapy, session by session, using client-therapist interactions and dialogues. These, however, are of mixed quality. Some (like the one on generalised anxiety disorder) see the therapist doing a lot of explaining and the client mostly agreeing. At times there seems to be a lack of use of basic counselling skills (e.g. of reflecting feelings and paraphrasing). The cognitive-behavioural approach in many of these chapters is heavily into thought-monitoring, evidence-testing, homework, and focusing on specific problems. Your run-of-the-mill NHS patient, however, can have difficulties with each of these, at least in my experience, and one could be lulled into a false sense of security with some of these dialogues. The depression chapter by Young, Beck & Weinberger introduces Young's ideas of early maladaptive schemas (e.g. abandonment, shame, mistrust). This is probably one of the most innovative chapters, although one has to say, useful as these listings are, they reflect combinations of many other people's ideas without their richness. There is no obvious reason why these are any better than other listings. Linehan & Kehrer's chapter on borderline personality disorder is also innovative and useful.

This is certainly one way to cut the symptom cake and engage in therapy, and there is no doubt that Barlow and the contributors have done a magnificent job. However, there are other ways to think about these problems, such as in terms of shame, sexual abuse, variations in attachment style, family systems, or personality. There are also different forms of cognitive therapy such as constructivist (Mahoney) and

interpersonal (Safran), which suggest different therapeutic interventions. However, despite some reservations, like the 1985 edition, this will become a well known and well used reference book for clinicians and researchers alike. The quality of the writing and layout is excellent. Moreover, for this price one could not find better value for money.

PAUL GILBERT, *Kingsway Hospital, Derby*

Neuropsychology of Alzheimer's Disease and Other Dementias. Edited by R. W. PARKS, R. F. ZEC and R. S. WILSON. Oxford: Oxford University Press. 1994. 681 pp. £50.00 (hb).

The inevitable challenge in any compilation on current knowledge of dementia is to be able to encompass an ever increasing wealth of knowledge which in part still defies a clear psychopathological and neuropathological categorisation. This book attempts to give a broad view of current knowledge in a structured and organised way, but shows noticeable flaws, such as the chosen criteria for introducing a differential diagnosis to Alzheimer's disease, and indeed some vagueness in the classification of the main categories of dementia. In particular, the pathological/clinical dichotomy of dementia classification has not been clearly dealt with. For example, the separation of a chapter on vascular dementias from another chapter on white matter dementias could lead to some degree of confusion. Furthermore, no section has been specifically devoted to spongiform encephalopathies.

This book was conceived as a useful tool for psychologists and clinicians involved in the assessment, diagnosis and management of cases of dementia. The broad range of the public addressed inevitably leads to problems of prioritisation of topics and/or exclusion of detail. Some parts will not be easily understood by clinicians without a specialised and fairly advanced knowledge of psychometric concepts and investigations. By the same token, the information provided on treatment and management will be seen by many as of limited scope in the context of this book.

Despite all this, however, this book contains some remarkable contributions. One example of this is the clear description of the neuropsychological consequences of frontal lobe damage. The section on brain imaging is to be commended for its clarity and the good standard of illustrative material. Part 1 of the book is the most complete and well organised, which cannot unfortunately be said for the remaining sections.

The book is well written and graphically well-presented, and ample references are listed at the end of each chapter. In conclusion, one is left with the feeling that this is a valuable scientific text but that it could be made into a more incisive publication if trimmed, and perhaps more selectively focused on neuropsychology

only. Psychologists will find it more useful than clinicians, and MRCPsych students may well wish to use it for reference on brain function and psychometric concepts.

ROBERT M. LAWRENCE, *Department of Psychogeriatric Medicine, Purley Resource Centre, Purley, Surrey*

Concise Guide to Consultation Psychiatry (2nd edn).

By MICHAEL G. WISE and JAMES R. RUNDELL. Washington, DC: American Psychiatric Press. 1994. 300 pp. US \$19.50 (pb).

This is a well written book that packs a lot of extremely useful information into a small space (5" x 3.5") and which could be used as an invaluable ward-based pocket-sized guide for trainees in liaison psychiatry. It is well stocked with tables, mnemonic-orientated memory aids, diagnostic instruments such as the Mini Mental State Examination, and an excellent index. It has an expected American bias, but this reveals itself most conspicuously only in the sections dealing with legal issues and the management of violence (in which the use of control and restraint are given special prominence). Otherwise the contents translate well to the UK setting.

The authors are both experienced liaison psychiatrists and it shows. The opening chapters dealing with the psychiatric consultation, mental state examination, and the diagnosis and treatment of delirium, affective disorders and anxiety disorders, are excellent and form the strongest sections of the book. There are also good sections dealing with the use of neuroleptics in the medically ill and some of the commoner drug interactions. The chapters following these are weaker, and those on pain (no mention of pain management programmes), deliberate self-harm (almost exclusively taken up with assessment of suicide risk), childbirth-related disorders (only two pages), and care of the terminally ill, are disappointingly brief and lacking in detail.

I would question one or two points. In particular I would query whether 50–100 mg daily of thiamine is a sufficient dose for the prevention of Wernicke's encephalopathy in alcohol withdrawal syndrome, and there is no mention of the role of magnesium in the management of that condition or of confusion in general. Bromocriptine and dantrolene are still proposed as first-line treatments for neuroleptic malignant syndrome, which some might query, no reference being made to their side-effects or dangers of toxicity, and the role of lorazepam is overlooked. The "epileptic personality" rears its head once again, but I was surprised to find no chapter on psychiatry and epilepsy; in a book which already offers treatment for male erectile disorders (why not female sexual dysfunction?) and the problems associated with organ

transplant and intra-aortic balloon pumps (!), the omissions are puzzling and perhaps reflect the author's personal interests.

On the whole this is a book I would recommend for trainees because of the strengths of the earlier chapters. A further revision (this is the second edition) in line with an expansion of the remaining chapters would greatly enhance this book and propel it into the "essential" league.

C. V. R. BLACKER, *Gwaynten Unit, Royal Cornwall Hospital, Truro, Cornwall*

Reading, Writing and Dyslexia: A Cognitive Analysis (2nd edn). By A. W. ELLIS. Hove: Lawrence Erlbaum. 1993. 137 pp. £19.95 (hb), £7.95 (pb).

The study of normal and abnormal reading has reached great prominence in psycholinguistics. How do we translate the written forms of words into their meaning and pronunciations? How do we learn to do these tasks? How do we carry out the reverse process of writing? What effect does brain injury have on these processes? This book aims to provide an introduction to these topics that is suitable primarily for psychology and education undergraduates, but also for the general reader. It fully achieves this aim. It is also, unlike many texts, fun to read. Although it is the second edition of a successful textbook published in 1984, it is no mere updating of the earlier edition. It is a major rewrite, with material clarified, reorganised and improved. I am recommending several copies both to our library and to our bookshop.

Ellis adopts two related approaches, those of normal cognitive and cognitive neuropsychology. Indeed, the book may be said to take an ultra-cognitive stance: don't expect to find much mention of the brain in it. Perhaps the book represents not only the state-of-the-art but perhaps also the end-of-the-road for this approach. To make further progress we need to pay more attention to what happens inside the boxes of our flow-chart diagrams. Towards this end, I would like to have seen more on connectionist (or neural network) models. These have had a major impact on our understanding of normal and abnormal cognition. As the author has the knack of explaining complex ideas simply and clearly, any contribution in this notoriously difficult area for undergraduates would have been a bonus.

The book begins with an interesting and entertaining chapter that provides background on the origin and types of written language. The next two chapters look in detail at single visual word recognition. This topic has generated more research (some would say disproportionately more) than any other in psycholinguistics, and Ellis leads us clearly through the data and models. This is followed by examination of the disorders of reading and word recognition that result