

the interaction between patient and analyst remains a central characteristic. Hinshelwood portrays the group of Kleinian analysts as like a research team, each pursuing different areas of investigation but relating together as a coherent whole.

Hinshelwood has succeeded admirably in his task of introducing the work of Kleinian analysts and this will undoubtedly be the book to recommend to psychiatrists and psychotherapists in training, and indeed to anyone who wants to get some idea of what this approach is all about.

PHIL MOLLON, *Mental Health Unit, Lister Hospital, Stevenage*

Post-Traumatic Stress Disorder – Additional Perspectives. By MERRILL I. LIPTON. Springfield, IL: Charles C. Thomas. 1994. 241 pp. US \$48.75 (hb).

This book certainly ranks highly among those texts that offer practical advice to clinicians in mental health. Trauma is a common event, but the effects of it are often missed and many of these people go on to experience severe psychological disturbance. The symptoms of post-traumatic stress disorder (PTSD) are listed sequentially, with each one having an entire chapter devoted to it with a description of how the symptom may present or be suspected and detected. All symptoms from the DSM-III-R are discussed, and then the author describes a further 19 symptoms (in 19 subsequent chapters) that he has come to consider as important in this condition. Unfortunately this tends to confuse the reader upon first opening the book, because there are some 86 chapters within 240 pages.

The treatment section again considers each symptom in turn, with advice on management in individual chapters. Although the listing of individual symptoms and their management may be advantageous in that

the treatment of a particular symptom can be looked up, the chapter numbering system does not allow easy cross-referral from the symptom description chapter to the symptom treatment chapter.

The title implies that this book in some way offers additional perspectives to previous monologues, and this is probably a fair representation. Lipton is candid about his own personal experiences as a military veteran and how the effects of PTSD went undetected in himself for many years. By use of personal memories and experiences he has better understood others with similar problems. Over the last decade, work with many hundreds of victims of trauma has occurred, and insights are shared in the book. Although there is some repetition within the text, there are lots of "hidden gems" worth waiting for.

The chapters on prevention and treatment of PTSD are comprehensive and up-to-date. A multi-modality approach is presented to help the reader deal with acute and chronic states, and the role of medication is carefully considered. Lipton repeatedly returns to the importance of detecting and reducing ruminations in the management of this condition. Useful suggestions are also suggested in making contingency plans for dealing with disasters, and it is worrying that so few of these are currently in place, at least in the UK. This failing potentially exposes many innocent people – like emergency medical personnel and fire-fighters – to the possibility of developing PTSD. Even more worrying is the likelihood that many of these traumatised individuals will fail to have their problem detected.

Although not discussed within the text, one example pertinent to mental health professionals is how they could be helped to deal with the effects of the suicide of a patient under their care. The book is highly recommended reading for all those working in mental health.

KEVAN R. WYLIE, *Department of Liaison Psychiatry, Leeds General Infirmary, Great George Street, Leeds*