

change, and longer term adaptive attitudinal and behavioural alteration.

The simple, common-sense, theoretically integrative approach of this book may be seen by some psychodynamic purists as superficial and overly simplistic and by cognitive-behavioural purists as excessively interpersonal and emotionally focused. I would argue that these are exactly this book's strengths, in a psychotherapeutic culture that is overly dominated by jargon, abstruse theory and ideological isolationism.

I recommend this book warmly to trainees and supervisors interested in unifying theories and integrationist approaches to psychotherapy.

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**Dr N. Macaskill** Senior Lecturer in Psychotherapy, Leeds Community and Mental Health Services, 40 Clarendon Road, Leeds LS2 9PJ

### Schizophrenia and Related Syndromes

By P.J. McKenna. Oxford: Oxford University Press. 1994. 418 pp. £50.00 (hb)

Recently there has been a spate of well advertised multi-author books in which the great and good of schizophrenia research regurgitate permutations of the same chapter which has appeared in the last five such volumes. This book is quite different. Firstly, its existence is a well kept secret: I have yet to meet anyone who recalls any advertising. Secondly, it is by a single practising clinician, not by a professor who no longer sees patients or a sociologist who has never seen any. Thirdly, it deals with the essential clinical material of the disorder: its presenting symptoms and natural history. Curiously, most modern books on schizophrenia avoid this core, presumably on the basis that it is too elusive to comprehend, let alone explain to others. Instead, they concentrate on applying some other discipline to schizophrenia: neurochemistry, neuropathology, imaging, genetics, or even economics. Finally, most authorities are uneasy about whether the disorder exists as a discrete entity. Peter McKenna delights in going against all these trends, most conspicuously in believing more in the disorder itself than in the disciplines which researchers have applied to it.

In short, although books on schizophrenia are ten a penny, this one is worth having. It is the best British book I have read concerning the core abnormalities in schizo-

phrenia. The descriptions of the cardinal symptoms are clear and memorable, and Dr McKenna provides an excellent account of phenomenology; clinical tutors should substitute this book for the incomprehensible chunks of 'Jaspers', or the endless lists of obscure phenomena in 'Fish', which remain on too many reading lists. As one might expect from McKenna's own interests, the chapter on neuropsychology is exceptionally good and brings the complicated psychological theories of schizophrenia well into the grasp of almost all MRCPsych candidates and most examiners.

Dr McKenna has no time for fashion. For example, the dopamine hypothesis is awarded a whole chapter to itself, just when many await its burial after 30 years of unproductive binding and grinding. Furthermore, he fails to chant the mantra term "multidisciplinary team", and there is not even a mention of health service research. Nevertheless, the book gives a picture of a clinician who knows his subject and his patients very well. Those readers who work near Cambridge should send their most difficult schizophrenic patients to Dr McKenna; the rest of us must content ourselves with buying this book and applying his insights to our own patients.

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**Robin Murray** Professor, Department of Psychological Medicine, Institute of Psychiatry, De Crespigny Park, London SE5 8AF

### Understanding the ICD-10 Classification of Mental Disorders. A Pocket Reference

By Norman Sartorius. London: Science Press. 1995. 96 pp. £95 (pb)

This is a useful and pleasantly brief 'spin-off' publication from the ICD-10. The book shows how large an edifice the ICD now is – the ICD-10 is proudly called a "family of classifications" – and how its everyday clinical applications in psychiatry are but one component of it. A variety of topics pertaining to the mental disorders chapter of ICD-10 are covered in the book, including a history of its evolution from ICD-9, the differences between the clinical and research diagnostic criteria, the triaxial scheme, the primary care version, and the ICD-10 diagnostic instruments. Although much of this information can be found elsewhere, it is helpful to have it brought together in this concise fashion.

It is not part of the book's brief to discuss the validity of the diagnostic categories in

ICD-10, though the issue of reliability is mentioned. Regarding its utility, to state (p. 13) that the ICD-10 is "conservative and theoretically unenterprising so as to remain attractive or at least acceptable to a wide variety of people of different orientations and knowledge" certainly makes a virtue out of necessity. One might also add that it has the attraction of relative simplicity and uniformity, eliminating at least some of the unnecessary complexities and incongruities of its predecessors.

Appreciating the full scope of ICD-10 emphasises how close it has become in philosophy and organisation to DSM-IV. It remains to be seen whether it can recapture some of the research terrain from DSM-IV to accompany its undoubted clinical applications. Anyone undecided about which of the two diagnostic systems to use will gain a useful perspective on the pros (if not the cons) of the ICD-10 from this volume.

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**Paul J. Harrison** Wellcome Senior Research Fellow, University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX

### Current Diagnosis and Treatment – A Quick Reference for the Clinician

Edited by R. Pounder and M. Hamilton. Southampton: Pearson Professional Limited. 1995. £40. ISBN: 0443 055998

This book deals with a number of general medical conditions but does not lend itself to being read from cover to cover as I soon discovered; rather it should be dipped into when the need arises. It is logically divided alphabetically into the main specialities such as cardiology, dermatology and endocrinology and a separate section deals with psychiatry. Individual chapters are further sub-divided into a number of different medical conditions and these are reviewed by 'experts' in the field. Each disorder is allocated two pages and includes pertinent background information and details about symptoms, signs, diagnosis, differential diagnosis, aetiology, investigations, complications and management. There is also a useful section dealing with diet and lifestyle, follow-up, patient support and key references. This standardised format is backed up by excellent use of bullet points, clear tables and figures and colour photographs of clinical conditions. The book covers a wide range of topics but does require some knowledge of each of the various conditions before information can be readily accessed.

On the down side, each chapter has its own page numbering system which I found slightly confusing and this may present problems with referencing. In addition, the book is quite large for a 'quick reference' text and this is partly due to a considerable amount of redundant space. Also, several notable areas are not discussed including ophthalmology and ENT. A whole chapter is devoted to AIDS rather than being incorporated into the infectious diseases chapter, Chronic Fatigue Syndrome is classified under 'infectious diseases' and the leukaemias are given a disproportionate amount of space at the expense of commoner disorders. There is also very little mention of urology and nothing on gynaecology and obstetrics. In addition, a section dealing with acute medicine/surgery and minor injuries would have been useful.

I did not sit down with the intention of reading this book from start to finish but instead used the book as and when clinical issues arose. I increasingly found myself using it and in the process discovered that my knowledge in some non-psychiatric areas was seriously "behind the times". The book is carefully and logically put together, it is clear to read and has relevant and up-to-date information. Although I would recommend this book for departmental libraries, to be most effective it should be used as a resource. This is not a book to inspire but it does provide useful and relevant information about physical disorders which will be helpful to psychiatrists.

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**Stephen Curran** Lecturer in Old Age Psychiatry, Division of Psychiatry and Behavioural Sciences in Relation to Medicine, University of Leeds

### **Psychopharmacology: An Introduction (3rd edn)**

By René Spiegel. Chichester: John Wiley, 1996. 295 pp. £45 (hb). ISBN: 0 471 95729 1

This is the third edition of a single author book on psychopharmacology first published in 1983. It differs from most other texts in the field by virtue of its strong emphasis on historical development of the subject (did you know that Kraepelin did experiments on the effects of caffeine and performance in the 1890s?) and its emphasis on the human psychological aspects of psychopharmacology (the author is a

psychologist working in the drug industry). These aspects of the book give it both charm and interest and it stands as a complementary text to those written predominantly from a neurochemical or therapeutic perspective. Although this third revision was published in 1996, it lacks information on some of the newer drugs, such as sertraline, nefazodone and venlafaxine. Moreover, because it is written from a Swiss/German perspective (costings in Swiss Francs, for example), some of the drugs mentioned are not available in the UK. Translation from the German also provides some interesting idiosyncrasies.

Overall, this book should be read by all psychopharmacologists working with humans or animals. They will learn about the origins of their subject and will almost certainly enjoy the personal style. It would also appeal to scientific psychiatrists. Trainees should not rely on it as the sole psychopharmacology text for the MRCPsych examination.

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**David Nutt** Professor, Psychopharmacology Unit, University of Bristol, School of Medical Sciences, Bristol BS8 1TD

### **Quest for Answers: A Primer of Understanding and Treating Severe Personality Disorders**

By Salman Akhtar. New Jersey: Jason Aronson, 1995. 223 pp. £23.95 (hb)

The author of this book is a distinguished American psychiatrist and psychoanalyst who has published widely on a range of topics. Dr Akhtar outlines the various types of personality disorder and how they overlap and how they differ. There follows a structural description of such patients based on an analysis of the meaning of concepts such as 'identity', 'the self', 'superego defects', 'ego weakness' and 'splitting' etc. The entire work is outlined from a psychoanalytic perspective, yet includes some interesting deliberations on the relationship between personality disorders and mental illnesses such as affective disorders and schizophrenia. As such he sees a role for appropriate medication in some variants of personality disorder, thus bridging rather than distancing psychotherapy from psychiatry. Indications and contraindications to types of psychotherapy are outlined. There is also a useful section on types of transference and

the various problems that may be encountered by the therapist during the patient's therapeutic journey in search of emotional well-being.

The book culminates in deliberations on prognosis and outcome, with some useful reference to gender differences and separately to the risks of suicide; the highest being in female patients with a diagnosis of borderline personality disorder. Dr Akhtar reminds us that a history of suicidal gestures is frequent in such patients who do subsequently kill themselves and as such their self-injurious behaviour should not be lightly dismissed as merely attention-seeking. Although many patients successfully reach a stage of being able to separate from the therapist and lead their lives without such support, there are also a few patients who effectively require "a therapeutic life sentence", although this will usually be a form of occasional crisis intervention by the therapist rather than permanent regular therapy. With increasing age, there is also a tendency for some patients with severe personality disorder to partially or even fully recover or burn-out. In such patients it is therapeutic and even life-saving to offer support and treatment particularly through the more active years of early adulthood until middle age.

The book is valuable and should be read by anyone with an interest in personality disorder. Its disadvantage is that as with much American work, almost all the references are American and it therefore does not embrace a fully international perspective. Further, this and many other primarily psychoanalytic works use a form of vocabulary which even well educated psychiatrists might not be quite sure they understand. For example, in the initial part of the book, the author writes "Psychostructurally at this level of character organisation there is a restriction of the conflict-free ego, poor superego internalisation and integration, blurring of the ego-superego delimitation, and most important, the lack of an integrated self-concept resulting in the syndrome of identity diffusion". The style of the book is also unusual in that it is written as a series of expert answers to various questions, reminiscent almost of a catechism by a papal authority.

Although I found this book bemusing when I began reading it, I gradually found myself eager to read more of it and now that I have finished it I feel I know quite a lot more about personality disorders than previously.

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**Dr Harvey Gordon** Consultant Forensic Psychiatrist, Broadmoor Hospital, Crowthorne, Berkshire, RG45 7EG