

disorders includes useful methodology of visual analogue scales and other self-rating schemes. The authors also discuss in detail how premenstrual depression may be mimicked by many of the affective disorders that can occur episodically. The interaction between affective disorders and premenstrual depression is further explored. As a gynaecologist, I am sure that my management of patients who complain of menstrually-related depression will be considerably improved by my reading this chapter.

The evaluation of premenstrual syndrome, together with general advice on treatment of less severe forms of the disease, is clearly described in a good and well-balanced central chapter. The management of more severe forms of the syndrome is also fully reviewed, together with the treatment of any other co-existing psychiatric disease. It is pointed out that few controlled studies are available, and that there is scant evidence for the existence of any therapy of proven value for premenstrual disease. The volume concludes with a chapter concerned with cognitive approaches to the treatment of premenstrual depression and a chapter on research techniques used to study the premenstrual syndrome.

This is a very interesting and valuable little book. Although it is written exclusively by psychiatrists, it will be of considerable value to gynaecologists who probably see as much of this disorder as anyone. It was a pleasure to read such a concise and objective review of this difficult problem.

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Masters of Madness: Social Origins of the American Psychiatric Profession. By CONSTANCE M. MCGOVERN. Hanover, NH: University Press of New England. 1986. Pp 262. £18.00.

Reading this book I experienced a strange feeling of déjà vu: it all seemed so familiar. And then it dawned on me that this was because the history of American psychiatry is essentially the history of English psychiatry told with an American accent.

The Association of Medical Officers of Asylums and Hospitals for the Insane was founded in England in 1841, whereas the American analogue, the Association of Medical Superintendents of American Institutions for the Insane (now the American Psychiatric Association), was founded three years later in 1844. The origins of these associations in both countries lay in the expressed wish of well-intentioned men to pool their experience with the earnest desire of improving the treatment of the insane.

There were differences in emphasis, of course, but the rise and the fall of the asylum systems in England and America ran roughly parallel courses, although it is in

the context of the demise that the closest approximation can be seen. What is most remarkable is the sharp division of opinion which has arisen in both countries as to the desirability of closing the mental hospitals.

This division could not be better illustrated than in the quotations given at the beginning of Chapter 7, which are the declared views of two Presidents of the American Psychiatric Association. In 1958, Harry C. Soloman opined, "I do not see how any reasonable objective view of our mental hospitals can fail to conclude that they are bankrupt beyond remedy . . . [they] should be liquidated as rapidly as can be done". However, in 1984 John A. Talbott had occasion to write, "Our public facilities are deteriorating physically, clinically, and economically: our chronically ill are either 'transinstitutionalised' to nursing homes or deinstitutionalised to our cities' streets".

It seems a pity that this most readable and informative book should be marred by occasional lapses in scholarship. For example, there is not and never has been a "British Association of Medical Officers of Lunatic Asylums". Again, the author alleges that at the trial of Daniel M'Naghten (*sic*) the court decided that a person was insane if he could not distinguish right from wrong. The court decided no such thing; the so-called right/wrong test was incorporated in the McNaughton Rules which were formulated after the trial.

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What is Epilepsy? The Clinical and Scientific Basis of Epilepsy. Edited by M. R. TRIMBLE and E. H. REYNOLDS, Edinburgh: Churchill Livingstone. 1986. Pp 350. £40.00.

There have been many books on epilepsy in recent years, including several involving one or other of the editors of this book. It is easy to justify the production of these volumes on the basis that epilepsy is a common problem, but non-specialists may be forgiven for wondering whether there is really sufficient new information to require the use of so much paper. The present volume has arisen from the symposium which took place in July 1985, "To review the present state of knowledge and to discuss its relationship to the larger, central question; what is epilepsy?". The latter is a question of philosophical interest, but is not of much importance in clinical practice, in which an entirely empirical approach is taken to all such questions. This book has, in fact, much to commend it. It consists of 24 review chapters, each well-written and representing an authoritative view. Even hoary old classics such as the classification of seizure disorders make interesting reading. The scope of the book ranges from a historical introduction, through discussions of problems of epilepsy in children, differential diagnosis from other paroxysmal neurological disorders, EEG, seizure monitoring and depth electrode

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,