

appear to be dramatic, powerful and unsettling. It is from these that the patient is encouraged to go forward into the world with a new more daring, fresh and original way of being that will encourage him to fulfil his true potential, his true nature in the world and a more honest and sincere way of being. Presumably all this is ultimately designed to free him from constraints and inhibitions that have previously been restraining him and preventing his full expression. There is a certain Messianic zeal about the presentation and faith is certainly one of the keynotes in the book. The sceptical reader will come away wondering whether this is ultimately a beneficial and basically useful therapeutic approach. Whatever the book does not do, it provokes and draws attention to experiential and humanistic therapy and reminds the reader that beyond the dynamic and analytic other worlds are waiting.

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**Therapies for Adolescents.** By MICHAEL D. STEIN and J. KENT DAVIS. London: Sage Publications (Jossey Bass). 1982. Pp 393. £15.50.

This book, the authors feel, will serve a useful purpose in bringing a mass of literature to the practising clinician. There are seven sections covering emotional disorders, physical disorders, inter-personal skill deficits, anti-social behaviour, sexual problems, substance abuse and suicidal behaviour. The therapy orientation is behavioural: lip service only is paid to dynamic psychotherapy, entailing as it does more than "working through relationship difficulties between therapist and patient." Much of the therapy described in the book demands levels of skill which can only come from training and experience. There are several warnings not to use a particular treatment if not experienced. However the book is interesting and informative and covers a considerable range of disorder, and certainly it provides a stimulus to further reading.

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**Study Guide and Self-Examination Review for Modern Synopsis of Comprehensive Textbook of Psychiatry/III.** By HAROLD I. KAPLIN and BENJAMIN J. SADOCK. Baltimore, Maryland: Williams & Wilkins. 1983. Pp 383. £14.25.

This book of multiple choice questions is divided into 43 brief chapters, designed to cover basic science and clinical topics for American Board examinations. The answers are set out more fully than in most books

of this type and the reader is guided to appropriate pages in the parent textbook for further information.

Unfortunately, there are several reasons why this book is unsuitable for MRCPsych candidates. The questions follow various formats which are generally dissimilar from those used in the MRCPsych examination. This can only be confusing for candidates, who must be well rehearsed in answering the MRCPsych type of question. Part I candidates will find that too much emphasis has been given to personality theories to the detriment of coverage of other important areas, especially neuroanatomy and physiology.

Not surprisingly the text emphasises the use of the DSM-III classification system, mainly draws on the American literature and quotes American incidence and prevalence rates of illness. Reading the comprehensive answers drew my attention to the differences between American and British practice. In addition, I often felt uncomfortable with the jargon eg: "psychodiagnostician".

The idea of providing comprehensive answers to multiple choice questions and linking these to sections in a large textbook is laudable. However, I feel strongly that examination candidates need areas of dissonance reduced and not highlighted. I therefore cannot recommend this book to MRCPsych candidates.

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**The Impaired Physician.** Edited by STEPHEN C. SCHEIBER and BRIAN B. DOYLE. New York: Plenum. 1983. Pp 211. \$24.50.

This is a timely and useful book. Many psychiatrists will have had personal or professional contact with colleagues or the families of colleagues needing help, and will have encountered some of the difficulties described (denial of illness, unhelpful 'special' arrangements and so forth). If systematic attempts to identify and to provide help for doctors in distress are to be made, as is surely desirable, it is useful to look at the American experience.

The twelve contributors to this book survey, broadly, the nature and extent of the problems, groups particularly at risk (women physicians, psychiatrists) and personalities vulnerable to breakdown. The serious problems of drug dependency, alcoholism, depression and suicide are seen as the tip of an iceberg of distress much of which may be either untreated or treated late.

The various sections include one on possible preventive approaches at medical school. Educational