

the same feeling when reading this book, which is rather odd, since it purports to (deep breath here) “provide information to those multidisciplinary professionals who work in mental health and have little awareness and/or appreciation of the prevalence of various forms of communication breakdown in people with mental illness and therefore the place that the speech and language therapist (SLT) might have in helping to alleviate these problems”. Only the difficulty is that I still have not reached the “Aha, so that’s what it is” stage. Maybe it is me. Maybe not.

I am not saying that the book is not scattered with undoubted gems. I should mention here David Newby’s concise chapter on communication and formal thought disorder in schizophrenia and a fascinating contribution by Alice Thackery entitled “What can we learn from the deaf patient?” But the problem may be that the editors had two quite different aims: selling the idea of the SLT as a member of the multi-disciplinary team to mental health professionals, and selling the ideas of working in mental health to SLTs and their students. Unfortunately, neither of these laudatory aims is satisfactorily fulfilled.

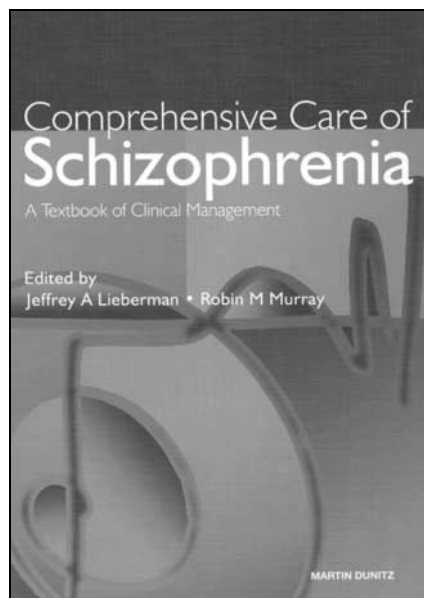
Psychiatrists working in rehabilitation, who probably have the most to gain from an attached SLT, would have to search quite hard here to discover exactly how an SLT would provide ‘added value’ to their team. SLTs and their students who are new to mental health will not learn a great deal about modern approaches to assessment and treatment from the early chapters of this book, which are curiously quaint in places. There is, for example, no mention of selective serotonin reuptake inhibitors in the chapter on the treatment of depression. Personal construct psychology gets a whole chapter, while cognitive-behavioural therapy is afforded only a passing mention. The declamatory style of writing is best conveyed by the statement “few personality disordered people excel academically”. Those of us who work in universities might disagree here.

I must note, however, that people who specialise in communication can fail to convey ideas clearly – not just those with formal thought disorder.

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Comprehensive Care of Schizophrenia: A Textbook of Clinical Management

Edited by Jeffrey A. Lieberman & Robin M. Murray. London: Martin Dunitz. 2000. 256 pp. £46.95 (hb). ISBN 1 85317 893 4



If you have only £50 left in your library budget, buy this book. It is the best and most comprehensive textbook for the clinical management of schizophrenia that I have seen in a very long time. The attractive layout, exceptionally clear language and beautiful printing makes the book so easy and enjoyable to read that it could even be recommended for bedside reading. The deceptively user-friendly style disguises a wealth of information on evidence-based clinical practice, practical advice and thoughtful opinion where sufficient evidence is lacking. The text belies the adage that incomprehensibility is a sign of authority, since the authors convey complex aspects of diagnosing and managing schizophrenia in an easily accessible format suitable for a wide spectrum of mental health professionals.

The book covers all aspects of managing schizophrenia, discussing not only different stages of the illness but also special issues such as violence, schizophrenia in women and different systems of care in the developing and the developed world. There are very useful checklists, guidelines and diagrams, for both planning treatment and understanding biological aspects such as neuroreceptor binding

affinities of antipsychotic drugs. One chapter covers the importance of the clinician-patient and clinician-carer relationships, not only in the illness in general but also during specific phases such as the prodrome. Clinicians in the UK continue to delay making and communicating the diagnosis of schizophrenia to patients and families, which can often cause unnecessary anguish and delay in treatment. This chapter advises clinicians how to handle and communicate uncertainty to patients and families, not necessarily by minimising the gravity of what might unfold. There are excellent chapters on childhood- and adolescent-onset schizophrenia, medical management of patients with schizophrenia, treating chronic schizophrenia and violence in the acute and chronic phases. The penultimate chapter is a series of first-person accounts. The chapters are all of a high standard and some, such as that on cognitive-behavioural therapy, are particularly good.

I can find no shortcomings in this book. Community mental health teams would be well advised to invest in it since it will be useful for clinicians from all disciplines and, given its up-to-date reference list, is unlikely to be superseded in the near future.

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Ethics Primer of the American Psychiatric Association

American Psychiatric Association. Washington, DC: APA. 2001. 102 pp (pb). ISBN 0 89042 317 2

This is a most curious publication. The word primer is derived from the Latin *primus* (first) and usually refers to a textbook that provides the first principles of the subject. *Ethics Primer* certainly does not do this. The slim volume comprises 11 chapters and an appendix containing the 2001 edition of the *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* (which has been published in many versions by the American Psychiatric Association (APA) since 1973).

Most of the authors are associated with the APA's Ethics Committee and deal with topics within their expertise. When tackling