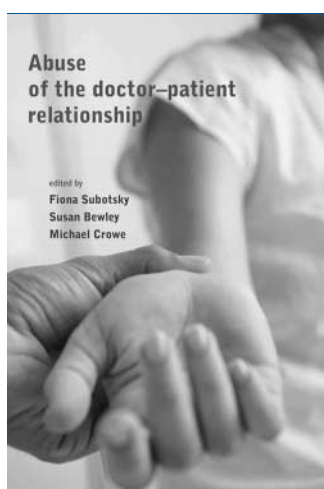


Freedman is interested in ideas and historical context, and the opening chapter gives a scattergun selective history of madness and some philosophical asides. Although rounding out the book, they are not particularly satisfying in themselves. Where the book excels is in revealing the practical application of clinical science. Freedman tells a human story, combining the insights of both clinic and laboratory. Readers seeking a comprehensive overview of the neuropathology of schizophrenia will find this book too parochial, intentionally so. Instead, this is a fascinatingly personal introduction to Freedman's particular corner of the neuropsychiatric world.

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Abuse of the Doctor-Patient Relationship

Edited by Fiona Subotsky, Susan Bewley & Michael Crowe. RCPsych Publications. 2010. £25.00 (pb). 256pp. ISBN: 9781904671374

The Kerr/Haslam Inquiry and its recommendations is the common theme that draws together this complex and important book. It is regrettable that despite the centrality of the Inquiry to the trust between healthcare professionals and patients, the publication of its outcome caused barely a ripple in the wider public domain. I wonder whether this lack of immediacy in the general public was matched by a similar lack of concern in the healthcare professions. And it would be interesting to know how many current practitioners and trainees actually know who Kerr and Haslam are.

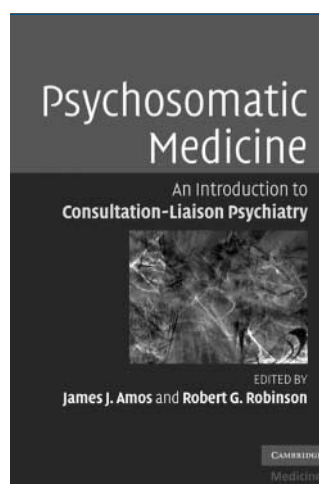
The strength of this book is that it casts its net much wider than the gross misconduct of two psychiatrists. Relating directly to the Inquiry itself, the questions raised are less about what caused these two members of our profession to behave in a criminal and deeply offensive way, but how, despite the repeated complaints of their victims over many years, the health services effectively looked the other way. The Royal College of Psychiatrists, alongside the General Medical Council and other Royal Colleges (medical, nursing and allied professions) have been responding to this and other less sensational cases by developing a host of guidance on boundaries between healthcare professionals and patients and the potential for breaching these. The upside is that the training of students in addressing the ethical boundary dilemmas faced by healthcare professionals has never been stronger. The downside is that, taking Baroness Onora O'Neill's seminal views on trust in public services into account, the resulting 'tick-box' culture perversely encourages what she terms 'gaming the system'.

This book clearly maps the territory in the complex areas of boundaries between patient and professional (all regulated healthcare professions, not just doctors). Experts are drawn in from general practice, psychotherapy, sexual therapies and nursing; obstetrics and gynaecology; as well as teachers, ethicists, medical managers and healthcare regulators.

If my reading of the facts is correct, it would seem that interventions and regulation will have only a limited impact on the (quite rare) wily predator in preventing a serious boundary violation, but should obviate the potential for further violations by that person by bringing the offence quickly (and often painfully) to the attention of managers and regulators. However, the book contains important guidance on the prevention of boundary violations that vulnerable doctors can blunder into, perhaps due to a sometimes toxic combination of overenthusiasm and naiveté. As with any multi-authored publication the styles can vary, and inevitably what is presented is a book that should be dipped into rather than read in a single sitting.

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Psychosomatic Medicine: An Introduction to Consultation-Liaison Psychiatry

Edited by James J. Amos & Robert G. Robinson. Cambridge University Press. 2010. £35.00 (pb). 290pp. ISBN: 9780521106658

There are reasons to believe that aspects of liaison psychiatry will grow in the near future, despite previously predicted false dawns in the UK. These include the continued focus on improved quality in clinical pathways, together with the recent announcement of a major power shift to primary care. Aspects of the liaison model, such as improved treatment of the psychological sequelae of chronic physical conditions through to better management of medically unexplained symptoms, could provide service development opportunities for traditional liaison teams as well as for more holistically oriented community psychiatric colleagues.

This book would sit well on the shelf of anyone thinking of such a move. The authors state that they wanted to create their own 'little book of psychosomatic medicine' and in this I think they succeed. It is an edited collection of 28 chapters and is laid out in a concise, easy-to-read format. Each chapter, no more than a few pages long, gives a brief summary, case examples and an extensive reference list.

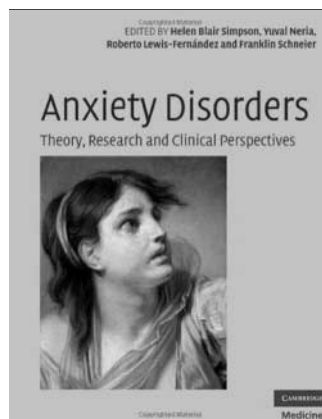
The book starts logically, extolling the virtues of good communication before skimming the surface of transference analysis of difficult interactions. It goes on to briefly focus on

some of the more traditional hospital-based liaison topics such as assessment of delirium, alcohol use and self-harm, and gives short chapter overviews of somatoform and factitious disorders. Chapters focusing on a range of other specific situations pepper the book, from pregnancy to the special consideration of children, transplant procedures and the increasingly relevant bariatric interventions. Each of these chapters is likely to prove useful as signposting to more detailed texts. The strongest section of the book gives a series of detailed summaries of the knowledge base of specific conditions such as post-stroke depression, depression and cardiac disease and the interplay between mental health and a range of other conditions, from cancer to a variety of neurological, endocrine and infective disorders.

Understandably, the book has a US focus – its cited evidence base is overwhelmingly stateside-oriented and there is a dominance of DSM diagnoses. In addition, several chapters give specific drug usage and dosage information, which obviously should not be followed without checking with local guidelines first. However, for the book's focus on psychosomatic medicine in its widest sense, it is an excellent entry-level text for students, postgraduate trainees and many other professionals.

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Anxiety Disorders: Theory, Research and Clinical Perspectives

Edited by Helen Blair Simpson,
Yuval Neria,
Roberto Lewis-Fernández
& Franklin Schneier.
Cambridge University Press. 2010.
£60.00 (hb). 394pp.
ISBN: 9780521515573

This is a thoroughly comprehensive review of all anxiety disorders. Covering the entire lifespan, it gives an excellent account of epidemiology, aetiology, treatment and current research. By also providing a historical context to the evolving clinical and research landscape, it becomes a fascinating and useful text for any clinician, researcher or student looking to expand their knowledge. Contributors from Columbia University Department of Psychiatry and New York State Psychiatric Institute offer well-researched reviews of the literature, but also a very personal account of their own research and experience. With a heavily research-oriented approach, it is not the most accessible text for those wishing to simply familiarise themselves with this area. There is, however, a useful section on treatment in primary care.

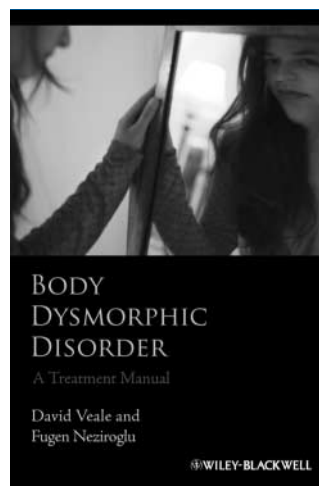
The book is broadly divided into four sections. First, an in-depth description of epidemiology is given, taking age, and geographical and cultural factors into account. The history, and future, of anxiety disorders is covered from DSM-I to DSM-5 and beyond. Psychological, biological, genetic, psychodynamic and evolutionary theories of anxiety are assigned equal prominence, and are both engaging and informative.

The two sections that follow cover aetiology and clinical descriptions of anxiety as a pathological condition. Controversies related to diagnostic validity of disorders such as social anxiety disorder are discussed. Particularly interesting sections on the usefulness and limitations of work in animal models of anxiety and their implications for clinical practice, and a detailed section on culturally bound anxiety syndromes, make this a very rich and thorough account. Discussions of important comorbidities of depression and personality disorder ensure the book is grounded in real-life clinical practice.

The final section focuses on treatment. Although not proposing to be a treatment manual, the book does provide a well-informed account of psychological and pharmacological treatments. In addition, there is a well-referenced chapter on brain stimulation techniques (electroconvulsive therapy, transcranial magnetic stimulation, deep brain stimulation and vagus nerve stimulation). The chapter on complementary treatment strategies gives the clinician an excellent grounding on which to base a well-informed discussion with patients.

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Body Dysmorphic Disorder: A Treatment Manual

By David Veale & Fugen Neziroglu.
Wiley-Blackwell. 2010.
£39.99 (pb). 488pp.
ISBN: 9780470851210

The National Institute for Health and Clinical Excellence published guidance on the treatment of both obsessive-compulsive and body dysmorphic disorders in 2006. Despite this, it is immediately apparent to anyone treating these disorders that knowledge and adherence to these guidelines is patchy and many individuals are inadequately treated. If the situation is poor with regard to treatment of obsessive-compulsive disorder, it is even more so with body dysmorphic disorder. This book can thus be seen as a welcome addition to the literature.

The book is divided into two distinct parts. The first part is a full description of the theoretical background, including various items such as neurobiological aspects of body dysmorphic disorder, a translation of an original excerpt by Morselli (1891), and acral lick dermatitis and serotonin reuptake inhibitors in dogs. The authors cite and present an extensive number of studies. The second part is a treatment manual, taking the reader step by step through various techniques including a standard history in body dysmorphic disorder, constructing a cognitive formulation and addressing difficulties in engagement. There are detailed verbatim examples of questions that may be asked by the therapist, as well as forms, diagrams and case vignettes. Self-report