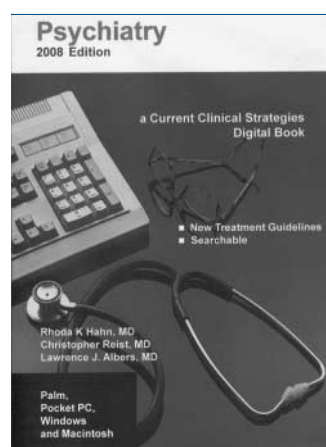


histories of historical figures (J. M. Barrie, Adolf Eichmann and St Augustine, among others) and the author's interviews with various individuals, as well as case studies of communities as diverse as the Canadian 'Orkneymen' and Maoist China. It all amounts to a well-reasoned and illuminating read that will challenge many people's views on the world that we live in, as well as providing a refreshing alternative to a clinical view of addiction dominated by genetics and neuroscience. My only concern was that the solutions offered to tackle dislocation in the final two chapters seemed lightweight in comparison with the rest of the book.

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Psychiatry (2008 edn)

By Lawrence J. Albers, Christopher Reist & Rhoda K. Hahn
Current Clinical Strategies Publishing, 2008.
US\$28.95
(CD-ROM for Palm, Pocket PC, Windows & Macintosh). * 115pp.
ISBN: 9781934323038

*The book is also available in a paperback format (US\$12.95).

This electronic book has been written to provide practitioners with an up-to-date, easily accessible reference of clinical psychiatry. Designed for use with palm and handheld computer devices, it is a substantial resource of clinical topics and practical advice. It guides the reader through the initial assessment and evaluation of psychiatric patients, before providing more detailed discussions on common and not so common psychiatric disorders. It concludes with a highly informative, albeit brief, discussion of the key principles of pharmacological and somatic therapeutic options, interspersed with summary tables useful for everyday working. All information is presented in a concise, easily understood format, to which the reader quickly becomes accustomed.

The book is undoubtedly aimed as a working guide for the junior doctor who has little experience of clinical psychiatry and is likely to be most gratefully received by those making the transition from medical student to practising doctor. To this end the book provides useful day-to-day advice on a host of common issues, including patient admission, as well as a range of examples of how to format and record salient pieces of information in patient notes. Particular highlights are the guidance notes on distinguishing differential diagnoses detailed below every clinical topic and descriptions of personality disorders.

The book appears to have been written for the American reader – it is grounded on the DSM-IV diagnostic criteria and at times refers to US law. Although this does not detract from the book's usefulness, it may be confusing to non-American readers.

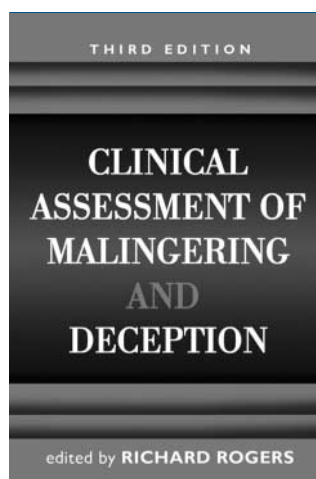
One aspect of the book that I found disappointing was the lack of cross-referencing and linking of topic areas. Although a rudimentary word or phrase search system exists, the book

noticeably lacks any hyperlinks and at times the authors direct the reader to specific page numbers, something more akin to paper publications.

Overall, this electronic book provides a useful resource for the working doctor and is likely to be welcomed by those facing the prospect of having to work in a psychiatric setting for the first time.

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Clinical Assessment of Malingering and Deception (3rd edn)

Edited by Richard Rogers.
Guilford Press, 2008.
US\$65.00 (hbk). 526pp.
ISBN: 9781593856991

Psychiatrists and psychologists commonly conduct assessments where 'clients' may, for a host of reasons, attempt to feign mental disorders, psychopathology and neuropsychological deficits. When psychopathology or deficits are identified, they may play an important part in the outcome of the case, whether civil (e.g. compensation) or criminal (e.g. competency issues).

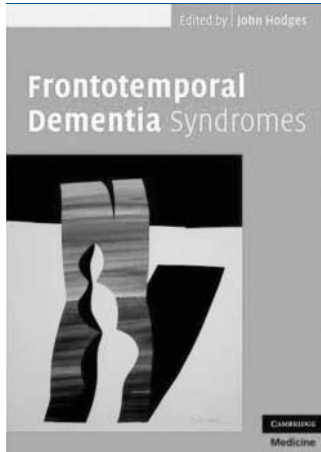
This edited book, which consists of 24 chapters by experts in the field, is in its third edition. It demonstrates the remarkable expansion in the field of malingering and other forms of deception since its first edition in 1988. Major advances have taken place in the development of detection strategies, which include the use of multiple measures rather than relying on a single test, and their solid conceptual foundation and empirical validation. The book's focus is on malingering, but it contains chapters on a range of issues that do not fall directly within this area such as the use of polygraph techniques (e.g. with sex offenders), the controversial field of recovered and false memories, and deception in children and adolescents. A huge strength of the book is the exceptional breadth of relevant subject matter, the appropriate detail and comprehensiveness of each chapter and their consistently good quality.

The book sends a clear message to all clinicians: be vigilant to deception in every case, be well acquainted with the numerous publications on malingering and the tests available to detect deliberate and consequential deception, keep up to date with the rapidly growing research base, incorporate multiple measures of deception into your assessment battery, and when deception is identified describe the person's apparent motivation to deceive without making unsubstantiated inferences regarding their character and personality. This is a very tall, and many would argue unrealistic, order for most clinicians. The field of malingering is rapidly expanding and it should probably be viewed as a specialty in its own right. The best first step for all clinicians is

to read this comprehensive, authoritative and informative book. They can then make an informed decision about whether they want to change their practice and how to do it.

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Frontotemporal Dementia Syndromes

Edited by John R. Hodges.
Cambridge University Press.
2007. £55 (hb). 346pp.
ISBN: 9780521854771

Frontotemporal dementia is an important and probably increasingly recognised form of dementia with a unique presentation, clinical course and treatment challenges. The nature of the most common expression of frontotemporal dementia means that individuals are often first seen by psychiatrists before they are referred to neurologists. This is the first book for 10 years on the

subject and things have changed, settling into a description of the three most common causes of frontotemporal dementia – the behavioural variant, primary progressive non-fluent aphasia and semantic dementia. These all stem from pathological appearances of Pick's disease, still a useful construct and one favoured by the editor.

This is an excellent book. It comprises a series of essays from the Cambridge group who have a wealth of experience in diagnosing and describing what must be at the core of the interface between neurology and psychiatry. It is based on the observation over a number of years and is helpfully divided into chapters of general introduction with essential clinical descriptions of the main types of disorders and the overlap with diagnostic criteria that are extremely helpful. The historical perspective is important and tracking how things have developed over time is most informative. There is a scamper through the neuropsychology of the condition with detailed tests described, a particularly helpful chapter on neuroimaging and excellent contributions on the pathology and molecular biology of the condition, hard to keep up to date with but essential to know. There is an experientially themed chapter on the psychological treatments of frontotemporal dementia which is excellent but little is said about drug treatment (this may be because little can be said).

By accumulating huge expertise in the area, this book helps to put frontotemporal dementia at the forefront of people's thoughts. It acts as a state-of-the-art treatise on the subject and one wonders whether we will have to wait another 10 years for the next version.

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