

assessment is given by Nancy Andreasen (2001) in a recent editorial, although she too worries that the ability to talk to the patient is diminishing as the emphasis on symptom checklists increases.

Rather curiously, given that the writer is not a psychiatrist, the book lacks critical distance and frequently takes psychiatry at its own estimation. Perhaps this is to be expected, because the author is not only the daughter of a psychiatrist but has also been in therapy. A much more searching anthropological account of psychiatry is to be found in Barrett's (1996) *The Psychiatric Team*, in which he questions the 'taken-for-granted' assumptions of clinicians. Luhrmann is hindered by a verbose and repetitive prose style, and readers who do not share her enthusiasm for Freud or Christianity may have reservations about her conclusions. Despite this, and despite its concentration on the American experience, many of the concerns of the book are of fundamental importance to British psychiatry. It is, therefore, well worth reading.

Andreasen, N. C. (2001) Diversity in psychiatry: or, why did we become psychiatrists? *American Journal of Psychiatry*, **158**, 673–675.

Barrett, R. J. (1996) *The Psychiatric Team and the Social Definition of Schizophrenia*. Cambridge: Cambridge University Press.

Eisenberg, L. (2000) Is psychiatry more mindful or brainier than it was a decade ago? *British Journal of Psychiatry*, **176**, 1–5.

Shem, S. (1999) *Mount Misery*. London: Black Swan.

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Psychiatric Intensive Care

Edited by M. Dominic Beer,
Stephen M. Pereira & Carol Paton.
London: Greenwich Medical Media. 2001.
353 pp. £24.50 (pb). ISBN 1 900 151 87 1

This book is addressed to "All healthcare and related professionals working in, or interacting with, psychiatric intensive care units, as well as managers with a responsibility to commission, provide and monitor such units". In addition to the three editors, there are 19 contributors. This useful book shows the strengths and weaknesses of a work written by a committee and for

everybody. On the positive side, it is comprehensive and multi-disciplinary. It is clinically oriented and most chapters will be of interest to clinical staff working on intensive care units. Chapters deal with important issues such as seclusion, physical restraint and rapid tranquillisation.

On the negative side, it lacks the unity, simplicity and clarity that reflects the practice and experience of a single author or, at most, of a small team. The standard of individual chapters is uneven, and jargon and acronyms (such as PICUs, SCIPs and NAPICUs) abound. Also, it is difficult for this type of 'comprehensive' multi-author book to be really up to date. For instance, the otherwise useful sections on pharmacology and rapid tranquillisation do not do justice to recently published evidence on the risk of cardiac complications and sudden death from high-dose medication. The internet affords easy access to journal articles and reviews, and books trying to provide current information and reviews of the literature have an increasingly short shelf-life.

The potentially enduring chapters in this volume are those that provide some sort of manual for clinical procedures and practice. A useful section is devoted to the setting up and management of intensive care units. Such units require clear leadership and lines of responsibility. I would endorse the recommendation that there should be only one or, at the most, two clinical teams – although this often entails transfer of consultant responsibility when patients are

admitted or discharged from the unit. A chapter on good practice raises the question of whether units should be mixed or single-gender. The move towards mixed-gender wards that gathered momentum in the 1960s was part of a well-intentioned effort to 'normalise' the culture of psychiatric hospitals. However, female patients are in a minority on intensive care units and are vulnerable to intimidation, violence and sexual harassment. At the very least, a newly designed unit should afford the possibility of very substantial segregation of women and men.

Unfortunately, the book does not deal with the important issue of resources. Standards are inevitably low in an overcrowded and dilapidated unit, unable to recruit or keep capable permanent staff and relying instead on locum and agency staff. Sadly, this is the situation throughout much of the country.

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Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention

Edited by Wendy Silverman & Philip Treffers.
Cambridge: Cambridge University Press.
2001. 402 pp. £39.95 (pb). ISBN 0 521 78966 4

This multifaceted volume is based on the papers presented at an international conference on child and adolescent anxiety disorders, and it covers a broad range of approaches and perspectives. The 16 chapters range from the more theoretical (on affective–cognitive mechanisms, behavioural inhibition, neuropsychiatry and attachment theory) to the more clinically oriented (phenomenology and assessment, epidemiology, and both pharmacological and psychosocial interventions).

A historical introduction raises the interesting idea that child and adolescent anxiety disorders may be viewed as forerunners of later pathologies. Esquirol viewed anxiety as a sign of vulnerability – a ground on which psychopathology can develop. It is refreshing to think that a lifecourse view on psychopathology was alive many years ago.

