

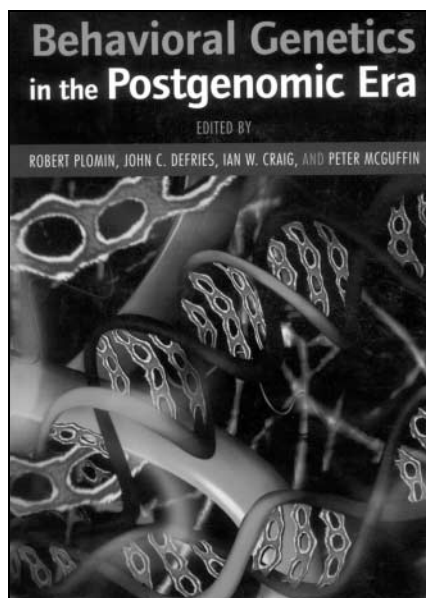
as quoted earlier) as 'a system of education in which the pupil is trained to find out things for himself'. How apposite as a recommendation to read this book! An aphorism of the late Professor Eric Bywaters, doyen of rheumatologists, is that one consults textbooks to find out the things that no one knows.

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Behavioral Genetics in the Postgenomic Era

Edited by Robert Plomin, John C. DeFries,
Ian W. Craig & Peter McGuffin.
Washington, DC: American Psychological
Association. 2003. 608 pp. US\$49.95
(members), \$59.95 (non-members) (hb).
ISBN 1 55798 926 5

The closing years of the 20th century saw molecular genetic approaches prove successful in identifying genes involved in a large number of rare disorders and traits that show a simple, Mendelian pattern of inheritance. In the opening years of the new millennium human geneticists are applying the powerful approaches and knowledge emanating from the human genome project to tackle the more challenging problem of genetically complex disorders and traits – common (or universal) characteristics that show substantial variation within human populations, and that do not have a simple pattern of inheritance; these are disorders and traits that are likely to follow some form of multifactorial model in which a combination of susceptibility genes and environmental factors act and interact to determine the expression of the trait. Most clinical psychiatrists will immediately recognise that many psychiatric disorders fall into this category; furthermore, so do most normal behavioural traits (including general and specific cognitive abilities and personality variables). As the media frequently remind us, the human genome project continues to deliver increasingly powerful resources and tools that can be used to investigate such disorders – including a working draft of the sequence of DNA in the human genome, detailed catalogues of the common variants in the DNA sequence and increasing numbers of annotated genes (i.e. identified DNA sequences



that code for genes for which the expression profile and protein product are known and characterised). This will make the coming years an exciting time for all researchers and clinicians interested in psychiatric and behavioural disorders, because application of this knowledge will lead to the identification of genes and environmental factors influencing these traits.

The publication of *Behavioral Genetics in the Postgenomic Era* is therefore timely. This nicely presented, edited volume arose from a meeting coordinated by the Wellcome Trust: the authors include many of the leading clinical and basic scientists within the field of behavioural genetics, and its scope appropriately represents current research within this area. According to the flyleaf, this book sets itself the goal of assessing the current status and likely future directions in genetic research on behaviour. This goal is met within its 600 pages, and a broad range of theoretical and trait-specific topics are covered. The book focuses on behavioural traits rather than on psychiatric disorders. It is arranged in 26 chapters, divided into nine sections. The first six chapters provide orientation and theoretical background information regarding molecular, statistical and design aspects relevant to behavioural genetics. This is followed by sections on learning and memory in mice, human cognitive abilities, cognitive disabilities, psychopharmacology, personality, and a limited coverage of psychopathologic topics – chapters on attention-deficit hyperactivity disorder, schizophrenia, mood disorders and dementia. A helpful glossary is included for the non-specialist.

A minor criticism is that the style and degree of specialisation of chapters are variable; consequently it will be easier to use the book for reference to individual topics rather than to read it sequentially as an overview. Undoubtedly, it would be an excellent addition to any psychiatric library. Consistent with the title, the coverage of the main psychiatric disorders is relatively limited, and readers mainly interested in psychiatric genetics will find more extensive coverage and focus on disorders in *Psychiatric Genetics and Genomics* (McGuffin *et al*, 2002).

McGuffin, P., Owen, M. J. & Gottesman, I. I. (eds)
(2002) *Psychiatric Genetics and Genomics*. Oxford:
Oxford University Press.

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Pharmacogenetics of Psychotropic Drugs

Edited by Bernard Lerer. Cambridge:
Cambridge University Press. 2002. 446 pp.
£95 (hb). ISBN 0 521 80617 8

Students and teachers of psychopharmacology have a sense that the most difficult topic to teach and to remember is that of pharmacokinetics. Since many aspects of pharmacokinetics are genetically determined, I approached this book with hope of enlightenment. New discoveries and techniques in molecular genetics should eventually cast light on such questions as why individual patients respond (or do not respond) to drugs, and why some experience more side-effects than others.

The editor's introduction gives a compelling account of the potential importance of pharmacogenetics, but also sounds an ominous note of caution about the complexity of the subject. More than a million single-nucleotide polymorphisms have been discovered that might be relevant. Many of the claimed associations of allelic variations with drug responses have failed attempts at replication. Psychopharmacology is likely to be more difficult than other branches of therapeutics to disentangle through molecular genetics because of the difficulty in identifying drug responders from placebo

responders and the lack of biological markers of illness.

Some of the suggested links with drug side-effects are between 5-hydroxytryptamine (serotonin) 5-HT_{2C} receptor alleles and weight gain with antipsychotic medication, and between dopamine D₂ receptor gene alleles and side-effects such as hyperprolactinaemia. A possible algorithm for clozapine response is also suggested, as well as possible linkages with responsiveness to lithium and valproate in bipolar disorder. Alleles for the serotonin and dopamine transporters are under intense investigation, as are alleles for neurotransmitter receptors and for numerous intracellular second messengers.

One sobering fact is that although it has long been known that individual variations in the cytochrome enzyme CYP2D6 are linked to variations in the metabolism of drugs, including tricyclic antidepressants, and to adverse effects and non-responsiveness to these drugs, this fact has not been thought to merit routine clinical monitoring of 2D6 status.

This book provides a fairly comprehensive account of pharmacogenetic exploration in different areas of psychotropic drug action. Many intelligent people are working on the subject; one hopes that their labours will be rewarded, and that patients will eventually gain from a more scientific selection of treatments for individual conditions.

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Pathological Child Psychiatry and the Medicalization of Childhood

By Sami Timimi. Hove: Brunner Routledge. 2002. 190 pp. £15.99 (pb). ISBN 1 58391 216 9

This book is a challenging read. Timimi writes with a forceful style that at times can feel didactic; his sentences are long, and his punctuation sparse. I found myself needing a clear head and firm concentration to understand his concepts.

My experience of child psychiatry has been shaped by the multi-disciplinary teams I have learned from. They have encouraged the practice of a wide range of therapies and have actively tried to understand the cultures of our ethnically diverse

communities. I had hoped that this book would help me build on this learning. Unfortunately, Timimi's personal experience seems to be one of intense medical supremacy, with little reference to close team-working, responsibility and decision-making. I would have welcomed more reference to the other health care professionals working in child psychiatry, and perhaps more advice and exploration of the parts they can play both in delivering therapy and in providing an understanding of the different cultures and ethnicities in our society. I would also have welcomed more exploration of the treatment and management of girls from all ethnic backgrounds. Timimi does raise valuable points about the way in which Arabic cultures can be negatively perceived; the book would have been enhanced by a similar exploration of African-Caribbean culture and by more direct reference to the challenges of Irish and Scottish communities.

At times I was confused as to how Timimi was able to reconcile his views of psychiatry with his role as a consultant. For example, he expresses his concerns about the way in which the American concept of attention-deficit hyperactivity disorder is encroaching UK practice, yet describes his use of this diagnostic label accompanied by an offer to prescribe methylphenidate. Deeper exploration of how he reconciles these views would have balanced the intensely personal way he describes his reactions to the practices of the consultants he has trained with.

Although I would have wished for a book that provided a more representative view, with a clearer account of the strengths as well as the weaknesses of child psychiatry, Timimi has highlighted the need for more discourse around the important themes of race, class and diagnostic labelling.

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Mental Health in Primary Care

Edited by Andrew Elder & Jeremy Holmes. Oxford: Oxford University Press. 2002. 323 pp. £29.50 (pb). ISBN 0 19 850894 8

Shared Care in Mental Health

By Laurence Mynors-Wallis, Michael Moore, Jon Maguire & Timothy Hollingbery. Oxford: Oxford University Press. 2002. 286 pp. £34.50 (pb) ISBN 0 19 852545 1

Reviewing these books reminded me of that table in every bookshop, the one with the brightly coloured stickers proclaiming 'three books for the price of two'. By far the more complex of the two books is *Mental Health in Primary Care*. This interesting work is structured in four parts, reflecting encounters in the consulting room, reflective practice, mental health thinking in the surgery, and a fourth section – which is almost a book in its own right – containing perspectives from secondary care, including chapters on post-natal depression, eating disorders, substance misuse and management of serious mental illness. The first three sections address fundamental aspects of good consultations in any setting that could – and indeed should – apply to all patients; not just those with mental health problems. There are beautifully written, almost poetic descriptions of the importance of using time, of bearing witness to our patients' lives, of the importance of containment, of being a 'good enough' general practitioner, of Balint's work on the function of the doctor as a drug, and gentle but pragmatic reminders of precipitating factors for burn-out and ways to decrease the likelihood of this happening. The fourth section has a cooler, more detached feel that somehow

