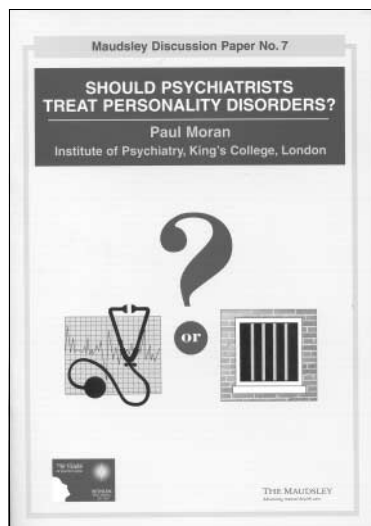




Should Psychiatrists Treat Personality Disorders?

By Paul Moran.
Maudsley Discussion Paper No. 7.
1999. 22 pp. £2.95 (pb).



Imagine a book entitled *Should Surgeons Treat Cancer?* Surely our surgical colleagues would find such a title risible and would, at the very least, demand to know the type of cancer, how far it had spread, which organs it had affected, etc. before discussing the matter further. The fact that psychiatrists are unable to conduct a similar debate on the treatment of personality disorder except at such an elementary level as highlighted in this title does not show our sub-speciality in a favourable light. And here lies a conundrum; personality, by definition, ought to be evident, as it is both pervasive and inflexible (unlike mental illness) and hence ought to commend itself as an object of proper study. Further, psychiatrists ought to be concerned with and interested in the personality of their patients, and be curious about the mask (and what might lie underneath) that we all require to survive. Yet this has not happened and one needs to ask why.

In this sober discussion paper Paul Moran concentrates our minds on the perennial issue of what, if anything, psychiatrists have to offer those with a personality disorder. He follows the genre set out in similar publications, by providing background, then presenting the case for and against the intervention and finally summing up. The subtext of much of the discussion concerns the issue of dangerousness and responsibility – the patient's own and our duty of care to both the patient and/or the public. Tellingly, he begins his discussion with a quote from Herbert Cleckley and throughout the monograph there are occasional elisions

between the broad group that personality disorders encompass and the very small subdivision occupied by psychopathic personality. I would be more radical here and treat the issue of offending and mental disorder (and that includes mental illness) as independent, so that their co-occurrence is most often coincidental and only sometimes causal.

In the manner of a judge summing up for the jury, Moran is even-handed in his approach, although he does not refrain from taking a swipe at our lamentable attempts at training and education, a point that the College is now addressing. It is simply not good enough for psychiatrists to make a diagnosis of personality disorder by exclusion; as Moran states, there are operational criteria for personality disorder and it is only when these are satisfied that the diagnosis should be made. But the essential issue is surely this: even if psychiatrists never wished to concern themselves with personality disorder *per se*, the fact that those with mental illness present their disorders within the context of a personality – disordered or not – ought to be of interest to them.

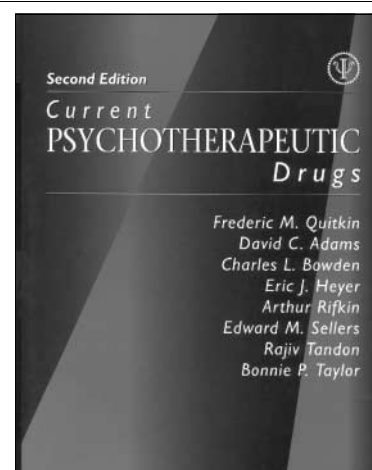
This is a very well-balanced review of a difficult issue and should be mandatory reading not only for all trainees but perhaps also for those of us further on in the process of maturation.

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Current Psychotherapeutic Drugs

By F. M. Quitkin, D. C. Adams,
C. L. Bowden, *et al.*
Washington, DC: APA. 1998.
188 pp. £33.95 (pb).
ISBN 0-98048-994-4

There is, it seems, an endless supply of texts covering the science and practicalities of psychopharmacology. Largely they fall into two groups: standard reference texts dryly providing numerous data, but without pragmatic direction; and more considered texts which collate and synthesise data to provide more practical, clinically relevant guidance. *Current Psychotherapeutic Drugs*, however, falls somewhere between these extremes. Much of the information provided consists of pithy dosage recommendations similar to those found in any practical reference, such as the *British National Formulary*. But each chapter also includes a less prosaic, referenced



introduction written, in the main, by a world-renowned expert. These two approaches combine fairly well to give a clinically relevant overview of psychopharmacological approaches to most areas of psychiatry.

The main shortcoming of this book is its parochialism: it is clearly intended for an American audience. Only drugs available in the USA are mentioned and only USA trade names are given. Only Food and Drug Administration dosage advice is provided. As a result, the book's usefulness to non-American readers is rather limited. This is perhaps exemplified by the absence of any mention of dothiepin, lofepramine, zuclopenthixol or amisulpride.

Current Psychotherapeutic Drugs contains a great deal of information, but ultimately fails as a reference text for use outside the USA. It is perhaps a worthwhile library text but I would not recommend it as a book to add to one's personal collection.

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Shell-Shock: The Psychological Impact of War

By Wendy Holden.
London: Channel Four Books.
1998. 192 pp. £14.99.
ISBN 0-7522-2199-X

What are shell-shocked soldiers like to dance with? If this seems an odd question, then reflect for a moment on the very limited sample of behaviour available to us in the consulting room, as we interview the seated patient about their experiences, inviting them to describe the most terrible tragedies of war and to explain for our edification the disturbed state of their nervous systems. Listen we may, but observe