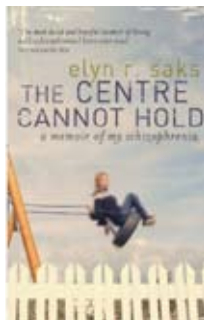


## Book Reviews

**The Centre Cannot Hold (My Journey Through Madness).** Elyn R Saks. Hyperion, New York, August 2007. 352pp. £12.58. ISBN 978-1-40130-138-5



If you walk into any branch of Waterstones, near the biography section there is a section called “Lost Lives”. This is the result of the increasing numbers of memoirs dealing with various types of abuse in childhood and various degrees of subsequent transcendence. The genre has also less charitably been dubbed “Misery Lit”, and described as “the book world’s biggest boom sector.” I am happy to report however that this book doesn’t belong in that section.

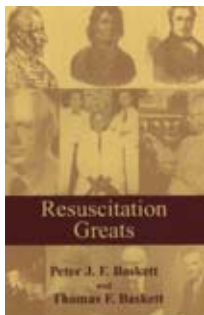
It is in fact a very clear and unsentimental account of one person’s struggle with schizophrenia. This starts with an uneventful American childhood, with only minor obsessional symptoms, before evolving into a full blown psychosis at College. There is a remarkably touching description of her relationship with a Klienian analyst in Oxford, where she had a scholarship, and the continuing story of her successful academic career in the US.

One of the key negative aspects of her experience is the use of physical restraint in her early American hospital admissions. This leaves her with a feeling of dehumanisation and she uses this experience in her subsequent career as a human rights lawyer to help change this practice.

This is a remarkable book, bold and clearly written. I would recommend it to anyone interested in a first hand account of psychosis. It is particularly thought provoking for those of us at the “other side” of the experience. It is not always an easy read but never strays into the more unctuous excesses of the “Misery Lit” genre.

Francis Anthony O’Neill

**Resuscitation Greats.** Peter JF Baskett, Thomas F Baskett. Clinical Press Ltd, Bristol, October 2007. £25.00. pp380. ISBN 1-854-57049-8



This miscellany of historical articles on famous medical pioneers of resuscitation is an excellent read. The authors – two brothers – a Professor of Anaesthetics, and a Professor of Obstetrics and Gynaecology, and both originating from Belfast, do a whistle-stop tour through the earliest records of resuscitation efforts from Biblical times, right through to cardiac resuscitation and modern technological advances. There were clearly some great characters in the last two millennia – read about keen physicians from diverse and varied parts of the world including

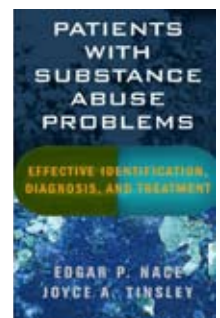
Moritz Schiff and the history of open heart massage, famous resuscitations such as that of Abraham Lincoln, early pioneers including William Harvey, and Andréas Vesalius, and a host of other ‘greats’.

The individual chapters are taken from a series of published papers in the journal *Resuscitation* and have been arranged in chronological order. The summaries and pictures are excellent, and the only criticism I could find is that the font layouts are not entirely all the same – presumably there were journal typesetting changes over the period of publishing the articles in the journal – a small quibble in a truly excellent book.

There are of course some ‘greats’ from Northern Ireland including accounts of Professor Frank Pantridge, and Sir Ivan Magill. Readers from every aspect of medical life will enjoy this book and appreciate how far we have advanced. Particular thanks should go to the Belfast born ‘greats’ for their contribution, and the authors for putting the anthology together in such a readable way.

Patrick J Morrison

**Patients with Substance Abuse Problems: Effective Identification, Diagnosis, and Treatment.** Edgar P Nace & Joyce A Tinsley. WW Norton & Company, New York, April 2007. 224pp. £14.99. ISBN 978-0-39370-511-9



The global problem of substance abuse has been well documented, yet training and resource allocation in this area is often unsatisfactory. The WHO’s Global Burden of Disease Study (1996) found that alcohol use was the fourth leading cause of disease burden, preceded only by cardiovascular disease, major depression and ischaemic heart disease – all of which can be exacerbated by substance abuse. Research quoted here shows that 14% of Americans are alcohol dependent, and substance abuse is estimated to cost the American economy more than \$200 billion per year. There is a high prevalence of substance dependence in patients with psychiatric disorders and this is typically associated with a poorer prognosis.

This book by two leading psychiatrists in the USA is aimed primarily at non-specialists in primary care and psychiatric practice. It appears to be particularly aimed at those clinicians who have become disheartened and pessimistic about the ability of their patients to recover in the longer-term. The authors are clearly passionate about their work and have produced a very readable and understandable overview of the biopsychosocial model of addiction and how to effectively recognise and treat addiction problems.

A feeling of optimism permeates every section of the book. It begins by highlighting the rapid progress made over the past 20 years in scientific understanding of addiction. This is based very much on the theory of addiction as a disease of the brain, focusing on the dopamine-rich reward pathway. The authors effectively summarise the available scientific evidence

for those not well-acquainted with complex neuroanatomy and neurochemistry. The book also neatly describes pathological psychological defence mechanisms employed by addicts such as denial. An understanding of these defences can help explain why these patients continue to engage in activities that are clearly harmful to themselves and others and can be used by the clinician to advance treatment.

There follows a comprehensive section on identification and diagnosis of the different substance abuse problems. Useful screening questions and tools are provided and clinical vignettes are used to illustrate and further explain concepts. This earlier part of the book neatly summarises a large body of work in a readable fashion. This style is carried into the section on treatment, but I was left disappointed that there was not more detail in this area. The authors describe how to decide the intensity of care required and the appropriate treatment setting and how to effectively use motivational interviewing. Unfortunately there is considerably less information on cognitive-behavioural approaches and facilitation of twelve-step programmes. Brief interventions are described but again, not in a lot of detail, somewhat surprisingly given their increasing use in primary care.

The chapter on pharmacological treatment effectively summarizes the evidence for Acamprosate, Disulfiram and Naltrexone in alcoholism, including details on these medications' modes of action and side effects. The use of substitute prescribing in opiate dependence is outlined, and a useful section in the appendix describes medication regimens that could be used in the management of alcohol and drug withdrawal, although some specific drugs and doses would appear to differ from local practice. The book concludes with chapters on nicotine dependence and specific challenges in treating substance abuse problems in the elderly and adolescents.

This enjoyable and readable book will be of particular use to general practitioners, general medical physicians and general adult psychiatrists. It provides a useful introduction for those wishing to specialise in the field of addictions, but its brevity ensures that these individuals will also need to invest in other more detailed texts.

Rowan McClean

### **Anaesthesia and the Practice of Medicine: Historical Perspectives.**

Keith Sykes, John P. Bunker. Royal Society of Medicine Press, London, January 2007. 303pp. £15.95. ISBN 978-1-85315-674-8

This is a delightful volume written by two retired anaesthetists, one a Cambridge graduate and the other a graduate from Harvard. Both worked together at the Massachusetts General Hospital in 1954-55. The book is divided into five parts.

Part 1 deals with the origins of anaesthetic drugs. The first use

of anaesthetics is open to considerable doubt but excluding alcohol, hemlock, hemp and laudanum, the earliest recorded soporific effects of ether were described as far back as 1540. Nitrous oxide, discovered by a clergyman, Joseph Priestley, started off as a recreational drug and as a cure for tuberculosis and other respiratory illnesses. Beddoes and Humphrey Davy identified its pain relieving properties and in 1800 proposed its use in surgery. It was not until 44 years later that nitrous oxide was used to relieve pain during surgical procedures. Volatile anaesthetics ether and chloroform also started off as recreational drugs and cocaine, the first effective local anaesthetic, continues in that role. Cocaine was initially used to anaesthetise the cornea in eye surgery but as far back as 1889 it was used by the German surgeon August Bier to produce spinal anaesthesia. The last chapter in this section deals with the mechanical aspects of anaesthetics and their development – ventilators, heart-lung machine, and various types of anaesthetic apparatus.

Part 2 identifies the impact of a number of historical events, notably the Second World War, and the individuals who helped to establish anaesthetics as an important scientific and clinical discipline. The section concludes with three chapters on curare and neuromuscular blockade reflecting the enormous contribution of these drugs to modern day anaesthesia and the strong research interest of the authors.

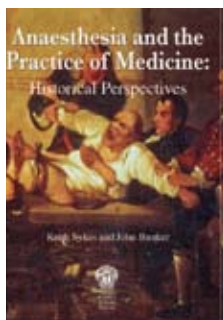
Part 3 deals with the extension of anaesthesia into other areas of medical practice – maintenance of respiration in poliomyelitis and other diseases requiring respiratory intensive care, cardiac bypass for open heart surgery, cardio-pulmonary resuscitation and the development of short-acting anaesthetic agents for day surgery. Halothane hepatitis and the safety of anaesthetic agents are also discussed.

Part 4 discusses the role of the anaesthetist in childbirth and in the care of the newborn. Opposition to pain relief during Victorian times was largely silenced by Queen Victoria's pronouncement, "We are going to have this baby and we are going to have chloroform". The important contribution of Virginia Apgar to neonatal intensive care is also discussed. She introduced her Apgar score in 1953, which is probably the most famous eponymous acronym in medicine – Appearance, Pulse, Grimace, Activity, Respiration.

The final section concludes on a less optimistic note. This chapter concludes that anaesthetics, like a number of other medical academic disciplines, faces two major problems: the impact of the European Working Time Directive on clinical services and training, and the erosion of the academic base that is essential for the future development of the discipline.

Together Keith Sykes and John Bunker have built up a wonderful and engaging story of anaesthesia over the last two centuries from laughing gas parties and ether frolics to the targeted use of local and general anaesthetics used today. The volume clearly details how the skills that were developed in the operating room have been increasingly applied to many other diseases and disciplines within medicine. Anaesthetists, surgeons, those involved in pain management and intensive care and those interested in medical history will be enthralled and captivated by this book.

Dennis Johnston



**Treatment Collaboration - Improving the Therapist, Prescriber, Client Relationship.** Ronald J Diamond & Patricia L Scheifler. Norton Professional Books, New York, May 2007. 208pp. £17.99. ISBN 978-0393704730



What an unusual book – I have just finished reading it, and find myself somewhat unable to describe what I have just read! If I were to liken the book to a piece of household equipment, it would be a large toolbox that contains some sort of tool for almost any job. Written primarily for the mental health setting, it contains helpful insights into the life of a mental health patient and enjoyable descriptions of issues in multi-disciplinary working. Its wide scope also includes recovery in mental illness, psychiatric presentation of medical illnesses, appropriate blood levels of mood stabilising drugs and, surprisingly, an appendix about diabetes.

Almost anyone who sits down to read this book – psychiatrist, physician, psychologist, patient, interested family member – will derive some benefit from it. It helpfully describes treatment collaboration and the possession of power and responsibility in a treatment team. By way of reviewer's paraphrase, prescribers carry a legal obligation toward the health of their patients and as such have power in the doctor-

patient relationship. The patient, on heading home, usually has the liberty and power to throw the prescription in the bin, showing decisive power. The therapist may know the patient better than any other team member, and thus has a heavy responsibility for the patient's well being, with the influence that carries.

Perhaps reflecting a lack of mental flexibility on my part, I found the presentation of the book a little annoying. Moving from one chapter to the next, I was at times distracted by wondering which of the authors had written which chapter, so different were they in style. Was the repetitive and slow-paced Chapter Four written by the Social Worker or the Professor of Psychiatry? Who authored the fast-flowing Chapter Five? The sudden appearance of summary boxes in the second-half of the book required further mental adjustment and the abrupt ending of the book was a disappointment. The reason for including an explanation of raised fasting triglyceride level in diagnosing diabetes caused me further head-scratching (is this an important diagnostic tool in mental illness that I am not aware of?). The turn-about style of the book, with one section written to professionals, the next written to patients, will demand further mental manoeuvring from the interested reader.

While perhaps deserving the description "Jack of all trades, Master of none", this book would be worthy of a place on most psychiatrically-oriented book shelves.

James Nelson