

assessment and management in the psychiatric unit, and most have an assessment and treatment algorithm.

There are differences between the UK and USA in guidelines for the management and treatment of certain conditions, and in this book treatments recommended for hypertension differ from those in the current guidelines from the National Institute for Health and Clinical Excellence. The algorithm for the assessment and treatment of chest pain indicates electrocardiography (ECG) only for patients with suspected cardiac ischaemia. In the UK, ECG would also be undertaken for the investigation of other causes of chest pain such as panic attacks and serious conditions such as pulmonary embolism and aortic dissection. If followed exactly, this algorithm might lead to problems with diagnosis.

The chapter on cardiac arrest does not present an algorithm for advanced life support but treatments are shown in tables instead. There are differences from UK practice in recommended medication; for example, the initial dose of aspirin recommended for the treatment of myocardial infarction is given as 325 mg, whereas the recommended dose is 300 mg in the UK. This might not be clinically significant but could lead to confusion. Mannitol is listed as a treatment for constipation and enemas with tap water are recommended for the prevention of faecal impaction in the bed-ridden; both would be regarded as unusual treatments in the UK.

Psychiatrists who are unfamiliar with UK guidelines and standards of medical practice may not wish to rely solely on this book for medical information. In the UK, this book faces strong competition from the *Oxford Handbook of Medicine* and the *Oxford Handbook of General Practice*.

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R. D. Laing: Contemporary Perspectives

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As a sixth-former I was an avid listener to Anthony Clare's Radio 4 programme 'In

the Psychiatrist's Chair'. Of the interviews Clare conducted, two continue to stick in my mind: one with Jimmy Savile, the other with R. D. Laing. The image with which Clare left me was that of Laing as a rather romantic, yet tragic individual. Raschid's edited volume on Laing both reinforced and modified this impression. The volume is divided into three sections: introduction, ideas and therapy, with the second section the longest and, for me, the most worthwhile. The papers are largely either original contributions or derive from the R. D. Laing conferences, organised under the auspices of the Philosophy Special Interest Group of the Royal College of Psychiatrists. There are some papers that deal less directly with the work of Laing: the contributions of Fuchs, Sass and Matthews in particular serve, from different perspectives, as lucid and clear introductions to phenomenology and the philosophy of psychiatry. What is refreshing is that the contributors who engage directly with Laing's thought and influence are not unquestioning, bedazzled disciples. Many of the papers are critical of Laing's views on mental illness, psychotherapy, politics and his use and understanding of philosophy. There was a tendency, particularly in Laing post-*Divided Self*, to romanticise mental illness. This was combined with an aspiration towards transcendence and otherworldliness. The book achieved one very important thing for me personally: it shifted the image of the tormented Laing as interviewed by Clare and replaced it with

that of the young army psychiatrist spending hours trying to interview and understand the distressed soldiers under his care. This is the Laing I am left in full admiration of. The tragedy is not so much that of Laing's own personal life but rather his own seeming loss of this immediate pre-reflective ability to be with and understand people in distress. One could interpret his later work as an attempt to reify, in an increasingly esoteric fashion, that which once came so easily.

There are a few pedantic criticisms of the book. The same point is repeated by different authors in different papers leading to some degree of repetition, not all works cited in the text are referenced and there is no index. Many contributors to the volume also offer an incorrect or simplistic interpretation of Jaspers' views on understanding those with mental illness. I would still recommend to medical students and trainee mental health clinicians *The Divided Self* as an account of engaging with those with mental illness and am grateful to R. D. Laing: *Contemporary Perspectives* for reminding us of the passion of Captain Laing.

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Gambling as an Addictive Behaviour: Impaired Control, Harm Minimisation, Treatment and Prevention

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Gambling, albeit a leisure activity for most, can in a significant minority progress to problem gambling or pathological gambling, with wide-ranging adverse interpersonal, financial and social consequences. There is mounting evidence that increased availability and easy accessibility to gambling opportunities can result in increased incidence of problem gambling – a point of particular relevance to the UK, at the present time, given the impending deregulation of gambling legislation as proposed in the Gambling Bill. So too, over recent years, gambling research has emerged to occupy an important place within the field

