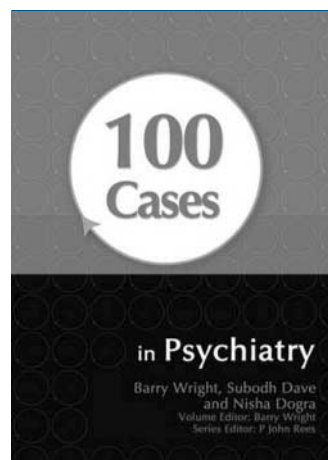


pharmacokinetic properties. An extensive chemistry section outlines the many lysergic acid derivatives and the drug is described accurately as a non-addictive, tasteless, colourless, immensely potent substance with a virtually absent toxicity. After 60 years of sustained use by hundreds of millions of people there has never been a recorded human death from physiological overdose. As a pharmacology book it only touches on the subject of therapeutic uses. There are many psychiatric studies missing from the text and a disheartening lack of credit is given to the important role LSD played in psychiatry in the past. Likewise, the sections on the drug's psychological effects and particularly the phenomenon of spiritual experience – a hallmark of the LSD experience – are very brief indeed. For a more detailed review of these effects one is directed towards Masters and Houston's *The Varieties of Psychedelic Experience* (Henry Holt & Co, 1966) or many other texts of that period.

Nevertheless, overall this is an essential addition to the library of any self-respecting psychedelic enthusiast. Especially for those keen to swot up and join the resurgence of interest in what is undoubtedly the world's most famous molecule after DNA.

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doi: 10.1192/bjp.bp.110.087437



100 Cases in Psychiatry

By Barry Wright, Subodh Dave & Nisha Dogra.
Hodder Arnold. 2010.
£20.99 (pb). 278pp.
ISBN: 9780340986011

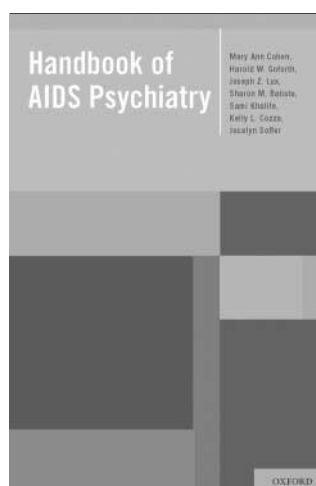
Senior house officers (SHOs) in liaison psychiatry and doctors working in any specialty are likely to meet on a regular basis patients whose presentation will tax their psychiatric knowledge. *100 Cases in Psychiatry* is aimed at doctors across all disciplines. As the title implies, the book consists of 100 examples of common clinical scenarios that practitioners may come across in various settings. Each scenario is set out on a single page, along with two or three questions to guide the reader's thinking. The examples cover a broad range of psychiatry, focusing especially on more commonly encountered situations but including those presentations it would be risky to miss. The stories are general enough to allow for pattern recognition but they are also idiosyncratic enough to feel real and interesting. The answers are to be found on the following page and manage to convey a lot of useful information in a concise format.

So who should buy this book? Clearly, SHOs in accident and emergency, and indeed any doctor who fears they may run into a psychiatric situation in which they may feel at a loss as to how to

proceed. Medical students might also find it a useful adjunct to their textbooks. The depth of the information and the more straightforward nature of many of the cases are probably not sufficient for psychiatric trainees preparing for examinations. However, the book would probably provide a valuable quick reference for new psychiatric SHOs facing their first on-calls. Finally, it may be a useful reminder for all psychiatrists of areas they do not usually cover but which they may sometimes encounter on call.

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doi: 10.1192/bjp.bp.110.089805



Handbook of AIDS Psychiatry

By M. A. Cohen, H. Goforth, J. Lux, S. Batista, S. Khalife, K. Cozza & J. Soffer.
Oxford University Press USA. 2010.
£35.00 (hb). 398pp.
ISBN: 9780195372571

This handbook presents itself as a practical guide for AIDS psychiatrists and other mental health professionals. The preface notes that persons with severe mental illness and substance misuse tend to have a higher prevalence of HIV infection than the general population. The authors go on to say that they aim to provide insight into the interface between the psychiatric, medical and social dimensions of HIV and AIDS, 'because there is an ample body of evidence that psychiatric care can decrease transmission, improve adherence, and decrease mobility and mortality'. I am not sure I would be quite as upbeat as this.

Attitudes to AIDS have evolved in the Western world. One young man recently diagnosed told me that he was not shocked because 'it is a treatable disease now, isn't it?' Female HIV physicians have told me that they would rather have AIDS than breast cancer or insulin-dependent diabetes. We do not know whether the normalisation of HIV *vis-à-vis* other life-threatening or chronic diseases has contributed to the still relentless rise in infection rates in the UK.

The core clinical issue relates to the direct neuropsychiatric consequences of HIV infection, but this would make for a very short book – which this is not! In addition to the clinical chapters, there are sections on HIV through the life cycle, strategies for primary and secondary prevention of transmission, psychiatric aspects of stigma, palliative and spiritual aspects of care, ethical and legal issues, and resources for caregivers.

Detailed and informative as it is, this book is oriented to the USA, and its biomedical focus means that it misses some of the major practice issues we encounter in an HIV mental health service in London. (At the time of writing, we are at risk of being