

their contributions, I became quite baffled as to what the Committee had in mind when planning and preparing the book. The selection of subjects is not only arbitrary but fails to address many contemporary ethical matters that warrant our attention. Indeed, some of the material covered seems of much lesser relevance. For example, why is there a chapter devoted to gifts, particularly when these are partially dealt with in the chapter on boundary violations? Presentation of material is another problem: the chapter on consultations and second opinions is particularly nebulous.

Further difficulties arise when one tries to detect a common aim. The author of the chapter on children, adolescence and families offers a personal view about the range of issues that arise in this area, whereas the writer of the chapter on involuntary hospitalisation highlights controversies. In another pair of chapters, the authors apply the APA guidelines specifically in dealing with the ethical quandaries on which they focus. After a careful reread, the nagging question remained as to whether this book is intended to be prescriptive, descriptive, a mixture of both, or something else.

Similar criticisms apply to the bibliographies. Some chapters have none; in others they are scanty or dated. A suggested reading list is offered but by only one author. Again, I wonder what lay behind the editors' thinking when commissioning the contributions.

Having been a proponent of highlighting psychiatric ethics in the professional life of psychiatrists for over two decades, I am always excited about new contributions. Alas, I cannot respond in this way on this occasion and suggest that should the APA consider a second edition it be done with substantially more preparation and planning.

**Sidney Bloch** Professor of Psychiatry, University of Melbourne, St Vincent's Hospital, Department of Psychiatry, Fitzroy, Victoria 3065, Australia

### Comprehensive Guide to Interpersonal Psychotherapy

By Myrna M. Weissman, John C. Markowitz & Gerald L. Klerman. New York: Basic Books. 2000. 488 pp. £42.50 (hb). ISBN 0 465 09566 6

Interpersonal therapy (IPT) has established itself as a highly effective psychological treatment for most forms of depression. It is a very researchable and teachable one too. Developed within mainstream US psychiatric practice, it works within a traditional diagnostic model. Its range of applications is continuing to expand. Interpersonal therapists need an ability to formulate, to empathise and to facilitate emotional self-expression. This makes IPT an attractive and useful model for nearly all psychiatrists to learn, irrespective of previous psychotherapeutic experience.

Prior to the publication of this excellent volume, the key text was Klerman *et al's* (1984) detailed practical guide to IPT technique. Nearly all of it is to be found here, comprising about half the present book. Additional material is of three kinds. First, there is some new material on basic methods, including an extended survey of techniques for use in work with couples. Second, there are detailed practical notes on additional clinical applications, including its use in the elderly and adolescents; dysthymia and bipolar disorders; depression associated with childbirth and HIV; and substance misuse, anxiety and eating disorders. Third, the use of IPT in new formats is discussed, including brief counselling, maintenance treatment, groups and telephone contact. Notes on training resources are also updated.

The notes on IPT technique are always clear and relevant. They are illustrated with case examples, several of which are new.

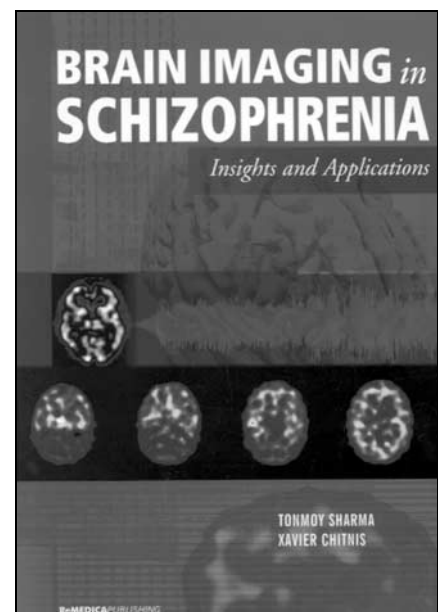
One questionable revision is the now perfunctory discussion of combined treatment with IPT and antidepressants. This assumes that combined treatment presents no significant problems to either patients or therapists and omits basic advice on how combined treatments should be timed. The implications of research seem insufficiently explored here, while a complex clinical issue is excessively simplified. In general, relevant research is introduced without obscuring the book's eminently practical focus, ensuring a long shelf-life. Production maintains the high standards customary in the USA. This 'comprehensive guide' lives up to its name and is now *the* book to have on IPT. No psychiatric library can be without it.

**Klerman, G. L., Weissman, M. M., Rounsaville, B. J., et al (1984)** *Interpersonal Psychotherapy of Depression*. New York: Basic Books.

**Chris Mace** Consultant Psychotherapist, South Warwickshire Combined Care NHS Trust, Psychotherapy Service, Yew Tree House, 87 Radford Road, Leamington Spa CV31 1JQ, UK, and senior lecturer in psychotherapy, University of Warwick

### Brain Imaging in Schizophrenia: Insights and Applications

By Tonmoy Sharma & Xavier Chitnis. London: ReMedica Publishing. 2000. 74 pp. £15.00 (pb). ISBN 1 901 346 08 0



I well remember the climate of 1970s psychiatry – a clash of the old and the sort-of-new. The old was represented by the ‘buried treasure’ theory, which ruled supreme – care more, try harder and insights will be revealed. With revelation, cure. Schizophrenia, however, was stubborn. Either I was slovenly and callous, for my caring was not catching, or this view was manifest rubbish.

The sort-of-new had logic and vitality. Biological psychiatry was nothing more than a new attempt at old challenges but technology did offer the prospect of putting Bleuler, the great analyst, to the test. Was schizophrenia a brain disease, as he believed?

For inquisitive humans there is nothing so convincing as that which can be seen. Better still if it can be measured. The arrival of what was then called the EMI scan – now known as the CAT scan – offered just that prospect. Not that psychiatry was ready for what it showed. It took 3 years for Johnstone *et al*'s first report of ventricular enlargement to be replicated. This was ground-breaking stuff. How we ooh'd and ah'd in awe at the grainy images, with the definition of impressionist paintings, and marvelled at our abilities to get statistical significance from measurements that involved everything from tracing paper to a semi-automatic counter rejected by haematology as obsolete!

The application of imaging in schizophrenia is no longer for curious amateurs: it is now peppered with physicists, experimental psychologists and artificial intelligence whiz-kids. This useful little book aims to orient those not familiar with this field, yet whose clinical material forms its core, to both the technology and the findings. It outlines with brevity and clarity the basics of each of the principal imaging methods, structural and functional, and provides an overview of conclusions so far. Its style is highly readable, although its infectious enthusiasm must be tempered by the knowledge that conclusions remain provisional and circumscribed. One of the requirements of a monograph, the provision of an up-to-date reference list, is richly fulfilled. Most readers will be familiar with structural images, examples of which add little, while most will be unfamiliar with functional and spectroscopic material and what is illustrated here is unlikely to enlighten. None the less, reproductive quality is superb.

The price of a night out and a couple of hours of time are all this book asks, and

neither is too great. Trainees will find it useful as a primer for exam purposes and old timers a valuable account of where things are – even if they aren't!

**Johnstone, E. C., Crow, T. J., Frith, C. D., et al (1976)**  
Cerebral ventricular size and cognitive impairment in chronic schizophrenia. *Lancet*, *ii*, 924–926.

**D. G. Cunningham Owens** Professor of Clinical Psychiatry and Honorary Consultant Psychiatrist, University Department of Psychiatry, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF, UK

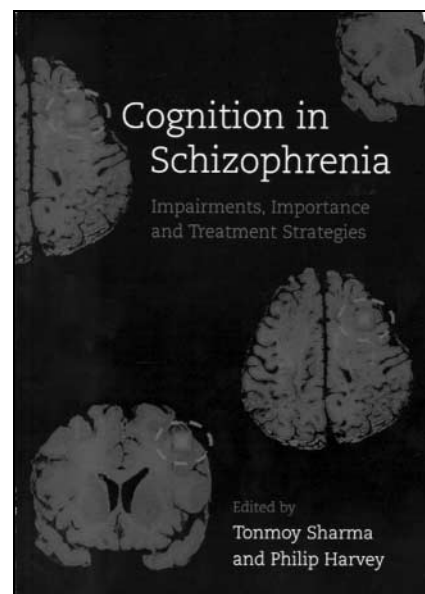
### **Cognition in Schizophrenia: Impairments, Importance and Treatment Strategies**

Edited by Tonmoy Sharma & Philip Harvey.  
Oxford: Oxford University Press. 2000.  
363 pp. £29.50 (pb). ISBN 0 19 262993 X

This multi-author volume suffers from both the fragmentation and the duplication to which such works are prone. It begins with accounts of several cognitive domains thought to be relevant to schizophrenia but there is no section that places these separate domains within an overall context. A structural format for each domain would have been useful and might have brought these chapters up to the standard of Richard Keefe's excellent contribution on working memory in schizophrenia. The chapter on frontal deficit is surprisingly short given the enormous amount of interest in dysexecutive syndromes, and the chapter on the course of cognitive dysfunction is curiously simplistic, failing to consider the effects of treatment on course, or the phenomenon of dementia in chronically untreated patients. There is hardly any reference to the now extensive literature on the cognitive deficits of first-episode patients.

Subsequent chapters consider schizophrenic symptoms and cognitive impairment, including accounts of functional outcome, comorbid substance misuse and insight. These are of more immediate relevance for the clinician and cover the territory well.

The final section, on treatment, contains excellent theoretical accounts of the cognitive consequences of manipulating those receptors that are relevant to antipsychotic drug treatments. Curiously, the account of the glutamatergic contribution



to cognitive dysfunction in schizophrenia is found in the first section, on different cognitive domains. The work on the cognitive effects of ‘typical’ antipsychotic treatment is particularly sensible and thorough, drawing much-needed attention to the methodological inadequacies of many studies in this field. The chapter on cognitive enhancement as a treatment strategy in schizophrenia, written by the editors, reads like an advert for atypical antipsychotics. In the current climate, where first-line use of atypicals is being seriously questioned despite their superior tolerability, it is important not to be overoptimistic about properties that remain incompletely investigated and poorly understood. The editors rightly stress the importance of effective treatment during the first episode and point out that such early treatment may actually change the trajectory of the illness by preserving cognitive function. Unfortunately, this disregards the possibility that factors intrinsic to the illness, such as significant and irreversible premorbid cognitive deterioration, may be so closely associated with lengthy duration of untreated psychosis that it will not be possible to intervene early enough; another triumph of hope over experience?

The final chapter, on cognitive remediation, is somewhat limited and does not address the issue of whether improvement in task performance is capable of generalising to real-life situations. Neither does it consider supposed mediators of cognitive dysfunction on functional outcome, namely affect, perception and insight. This is perhaps one of many instances where