Fictionalised case presentations (sometimes including dialogue between therapist and patient) are used throughout to illustrate concepts and the practicalities of modified CBT.

This book is not written for psychiatrists, clinical psychologists or mental health nurse therapists. The stated aim is to encourage clinicians within general healthcare settings to provide CBT-informed interventions to patients with health anxiety. While accepting the arguments for this approach, it is uncertain that clinicians untrained in CBT would find the book sufficiently detailed to successfully deliver modified CBT; failure to mention clinical supervision of therapists is surprising. The explicit rejection of psychoanalytic mechanisms as having any role in the aetiology of health anxiety may be undermined by clinical examples that appear to show symptom resolution after ‘catharsis’. It was disappointing that the concept of pathologically low anxiety about one’s health (e.g. in people engaging in high-risk behaviours), mentioned in the introduction, is not developed. Little evidence is presented to support the clinical efficacy of the intervention or its tolerability to patients. A few errors of editing and proof-reading persist.

Nevertheless, there is much to recommend here. The patient group will be familiar to most psychiatrists, clinical psychologists and psychiatric nurses. The writing is clear, readable and memorable with suitably detailed and easily generalised examples. The useful descriptions of therapeutic strategies make them widely and immediately applicable; pitfalls or sticking points in therapy are anticipated, with strategies for tackling them clearly laid out. Various patients I have seen were brought vividly to mind while reading and I am hopeful that my approach to similar individuals in the future will be positively enhanced by this book and more efficacious.

The discipline of clinical neuropsychiatry deals with a wide range of conditions across the domains of neurology and psychiatry. The study of organic disturbances in the central nervous system that give rise to mental diseases is equally challenging and fascinating, as illustrated by a number of recently published textbooks which have chartered this heterogeneous territory. What was missing from this rapidly evolving field was a practical tool to bridge the gap between the theory of brain–mind correlations and the practice of cases routinely seen in neuropsychiatry clinics. This casebook achieves this goal by complementing existing textbooks and bringing the subject to life through a gallery of beautifully described clinical cases.

A team of experienced neuropsychiatrists from North America have joined efforts to cover the broad spectrum of neuropsychiatric conditions, in 38 clinical cases grouped into 11 sections according to the presenting symptoms. For example, the section on hyperkinetic states features Tourette syndrome in adults, psychosis associated with Huntington's disease, and tardive dyskinesia, while the section on alterations in consciousness includes descriptions of patients with Hashimoto's encephalopathy, dissociative disorders, anti-NMDA-receptor encephalitis, neuroleptic malignant syndrome, and neuropsychiatric systemic lupus erythematosus. For each clinical presentation, the reader is provided with evidence-based information on the differential diagnosis and diagnostic workup, neuropsychological aspects and current treatment options. Key clinical points, suggestions for further readings and up-to-date references are a useful addition.

This book is at the same time informative and engaging, especially for those who are susceptible to the fascination of brain–mind interaction. Each of the 11 sections opens with a short introduction accompanied by a picture of the human brain, highlighting the neuroanatomical region which is critical for the understanding of the neurobiological context of the clinical presentations. Sometimes the choice of the brain region is obvious (e.g. hippocampus and inferior temporal lobe for the section on memory failure), but at other times it can be argued that the choice is less justifiable (e.g. basal ganglia for the section on depression). These are minor shortcomings for a practical volume which epitomises the current renaissance of clinical neuropsychiatry by reviving the tradition of Charcot's Tuesday Lessons.
Mind, Modernity, Madness: The Impact of Culture on Human Experience


Liah Greenfeld is a professor of sociology, political science and anthropology. Mind, Modernity, Madness completes a trilogy detailing the decline and fall of national culture. She says she was helped to find evidence on modern madness from medical libraries by her son, who ‘served as [her] guide to the confused world of American young adulthood’. Since the time of Jung, anthropology has enriched our understanding of mind, and I hoped this book would add to the narrative of human lives in a way that enriched mental health policy.

Early on Greenfeld delivers her central thesis: ‘A clear sense of identity being a condition sine qua non for adequate mental functioning, malformation of identity leads to mental disease, but modern culture cannot help the individual to acquire such a clear sense, it is inherently confusing’ (p.5). The emergence of nationalism has been the main cause of our deforming culture, through pervasive ‘anomic’.

Towards the end of the book, Richard Askay and Jensen Farquhar compare the work of two men they consider to be the ‘greatest meta-physicians’ of the twentieth century: Freud and Heidegger. These thinkers are not usually bracketed together, but the authors contend that, despite their intellectual antipathy, there are many similarities in their metaphorical approach. Both Freud and Heidegger sought to develop a comprehensive, unified account of the human condition. Both tried to uncover life’s hidden meaning while accepting that there was probably not a deep, unifying meaning to human existence. Both tried to develop a new ‘science of the human being’ that would inform a new type of psychotherapy, in the case of Heidegger, existential analysis, in Freud’s, psychoanalysis.

The editors note that their book appears exactly 100 years after psychiatry’s first philosopher, Karl Jaspers published General Psychopathology. They are justified in their claim that this volume makes a major contribution to the tradition that Jaspers instigated. The involvement of practically all the major thinkers in the field and the sheer range of subjects covered makes this publication an impressive achievement.