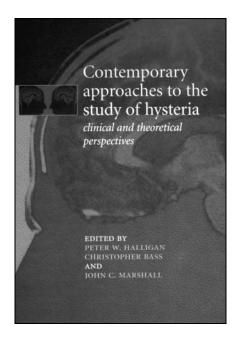
Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

Contemporary Approaches to the Study of Hysteria: Clinical and Theoretical Perspectives

Edited by Peter W. Halligan, Christopher Bass & John C. Marshall. Oxford: Oxford University Press. 2001. 368 pp. £75.00 (hb). ISBN 0 19 263254 X



Hysteria has been a diagnosis under siege for longer than most of us can remember. Eliot Slater, foremost among the hatchet men, believed that hysteria was a fertile source of clinical error and advocated that the term be dropped. Aubrey Lewis, in a more sober judgement, thought that psychiatrists would be hard-pressed if they were unable to use the term and predicted that hysteria would outlive its obituarists. Despite Slater's attempts to abolish the concept, hysteria has survived although it is now thinly disguised in modern classifications as conversion disorder or dissociative disorder. Neurologists, even more than psychiatrists, find the term helpful both diagnostically and therapeutically.

This book is a welcome addition to the literature on hysteria and provides a balanced and generally critical review of contemporary theories on classification, epidemiology, aetiology and management. The boundaries between hysteria and conditions such as factitious disorders, malingering and somatisation disorder are acknowledged and discussed at length. In this context, there is a particularly useful chapter by Christopher Bass, who discusses the diagnostic pitfalls involved in trying to distinguish between unconscious and conscious motivation. There is also an intriguing but speculative account of a possible neuropsychological substrate extrapolated from observed changes on a positron emission tomography (PET) scan.

Therapeutic interventions are also well reviewed. The clinician looking for evidence-based studies will struggle to find them, but several chapters discuss the role of psychodynamic psychotherapy, abreaction, hypnosis, cognitive-behavioural therapy and rehabilitation. These will be very helpful to the psychiatrist to whom is referred a patient with hysterical symptoms but who has not much experience of managing them, a common scenario in contemporary psychiatry where most clinical experience is acquired well away from the wards of a general hospital.

Recent follow-up studies have shown that the diagnosis of hysteria is much more reliable than Slater led us to believe. Much of this results from increased neurological acumen and particularly from the availability of non-invasive imaging investigations. There is also now greater awareness, acknowledged by several of the contributors to this volume, that dual diagnosis is common and that the presence of coexisting neurological or psychiatric disease does not exclude a diagnosis of hysteria. Maria Ron, one of Slater's successors at the National Hospital for Neurology and Neurosurgery, Queen Square, concludes that the diagnosis of hysteria can be made safely and accurately. Although its aetiology is uncertain, clinicians continue to find it a useful concept without believing that there is a single aetiology or therapeutic approach. Hysteria is thus best considered to reflect a clinical syndrome, very much in keeping with all

other psychiatric diagnoses such as neurasthenia or schizophrenia. The psychiatrist's skill involves elucidating the underlying causal factors and coordinating an appropriate treatment plan.

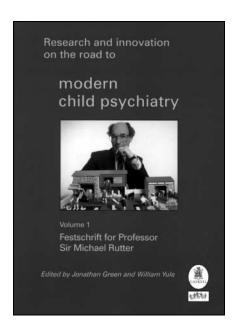
This book can be recommended to all those interested in the bewildering yet fascinating hinterland between neurology and psychiatry. It will be particularly useful to neurologists, neuropsychologists and liaison psychiatrists. Hysteria has indeed survived, even if it is living under an alias.

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Research and Innovation on the Road to Modern Child Psychiatry. Volume I. Festschrift for Professor Sir Michael Rutter

Edited by Jonathan Green & William Yule. London: Gaskell. 2001. 166 pp. £25.00 (pb). ISBN 1 901242 62 5

Michael Rutter published his first paper more than 40 years ago, and the most striking feature of this excellent Festschrift for him is just how far research in child psychiatry has come over that time. Research into autism provides a good example. In the 1960s it was widely believed that autism was an early-onset form of schizophrenia. The aetiology was poorly understood, but the finding that



some parents of children with autism had social and communication problems (so-called 'refrigerator parents') was widely taken to mean that poor parenting led to the syndrome. The result was that many parents felt blamed for causing their child's problems. Treatment often included psychotherapeutic and regressive approaches that focused on repairing faulty relationships.

The situation nowadays could scarcely be more different. Autism is viewed as a developmental disorder unrelated to schizophrenia. The mainstay of treatment is therefore a developmentally oriented educational and behavioural programme. The association between autism and social or communicative deficits among relatives is now thought to be the result of a shared genetic liability. Recent molecular genetic studies have identified several promising loci for these genes.

This book contains many other examples of how research has influenced modern child psychiatry. Barbara Maughan, for instance, draws out some of the lessons from longitudinal studies. The chapters on classification, neuropsychiatry and conduct disorder also illustrate the huge research advances of the past 40 years and Rutter's important contributions in each of these areas. But my favourite parts of the book are those that describe Rutter's clinical skills and his clinical approach. His research contributions have been so great that it is easy to forget what a skilled clinician he is. These skills are well illustrated in his own chapters on autism, and also in Ann Le Couteur's moving tribute to him. All in all, this is a book that will be of use not only to researchers but also to clinicians of all disciplines.

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Research and Innovation on the Road to Modern Child Psychiatry. Volume 2. Classic papers by Professor Sir Michael Rutter

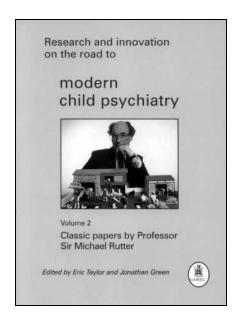
Edited by EricTaylor & Jonathan Green. London: Gaskell. 2001. 340 pp. £25.00 (pb). ISBN 0 901242 63 3

As Eric Taylor points out in his introduction to this book, no one has contributed

more to child psychiatry than Michael Rutter. The sheer volume of his work is impressive – more than 30 books and 300 scientific papers. But what makes his work so important and influential is not its volume but two other features. The first is quality. He has produced an extraordinary number of classic original studies and reviews, many of which are still widely cited. The second is its breadth. Rutter's work has covered much of child psychiatry, ranging from landmark studies of the importance of psychosocial factors to some of the best research on genetics.

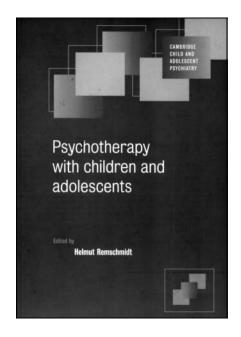
In this second volume of papers published to celebrate Michael Rutter's achievements, Taylor & Green had the unenviable task of choosing from among his many classic papers a selection that would demonstrate his huge contribution to child psychiatry. They have done a good job. The papers included here not only represent some of the best of his work but also its pervasiveness. Thus, the reader will find classic accounts of psychiatric interviewing techniques, large-scale epidemiological studies, state-of-the-art molecular genetic designs, longitudinal research and, of course, psychosocial risks. However, this book is not in any way a history of child psychiatry. Much of the material is of real relevance to current academic and clinical work and it deserves to be widely read.

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Psychotherapy with Children and Adolescents

Edited by Helmut Remschmit, Peter Matthias Wehmeier & Helen Crimlisk. Cambridge: Cambridge University Press. 2001. 576 pp. £44.95 (pb). ISBN 0 521 77558 2



The title of this book is misleading, as it is more a general textbook than a specific volume on psychotherapy. It is divided into four main sections: principles, methods, specific disorders and different settings. Only evidence-based methods are described, although several of the chapters mention that there are few satisfactory studies. All diagnostic categories are dealt with separately, which leads to the repetition that is often a problem in multi-authored books.

The basic principles underlying the way the material is presented would be agreed by most practitioners: (a) specificity of intervention to the problem; (b) the importance of keeping a developmental perspective; (c) variability of the method depending on setting; and (d) evaluation of effectiveness.

The point is made repeatedly that a range of therapies may be used in any one case and that a flexible treatment model is necessary. Most generalists in the field would recognise this as the way they work. There is discussion of medication, parent-training and the range of behavioural interventions as well as the different types of psychotherapy.

The chapter on current activity in Germany reveals that little medication is used, parents are seen as well as children and that a flexible, multi-modal treatment