The present volume contains 30 chapters by a variety of experts, dealing with conceptual issues that need to be considered in preparation for the next revision of our classifications. The great change in psychiatric classification came with DSM–III, which consisted of 265 mental disorders and replaced clinical descriptions – where the task of the clinician was to recruit the patient to the nearest description – with the Chinese menu, now familiar to us all. Lee Robins pointed out that the rule laid down was that any given symptom could only appear in one disorder. She concluded: ‘I thought then, and I still do, that the rule was not a good one, because it deviates from the practice in the rest of medicine, where many diseases share symptoms’ (p. 268). Thus, although previously anxious symptom had been seen as an integral part of what was then ‘neurotic depression’, anxiety now had to be reassigned to anxiety disorders. Sadly, the arbitrary diagnostic rules built into our classification systems impose tunnel vision on many clinicians, who tend to reify the disorders described and no longer appear to notice symptoms which are there before them. Since then, successive versions of the DSM have added 89 new disorders, and abandoned diagnostic hierarchies, so giving birth to ‘comorbidity’. Recently work has been divided into topic groups, but ‘each working group was reluctant to give up their rights to a particular domain, even when it might have been better categorized elsewhere’ (p. 61).

When the American Psychiatric Association began to consider changes in preparation for DSM–V the problems seemed to be that many patients were found to have multiple comorbidity, that many more were diagnosed as ‘not elsewhere classified’, and that the categorical dichotomies of the DSM system might be supplemented by a dimensional system to allow various degrees of severity of a disorder to be recognised. Ortigo and others argue for a prototype diagnostic system, where each diagnosis would be rated on a 5-point scale, ranging from a poor to a perfect match to a prototype (p. 377).

Maj (p. 263) considers two questions, whether mental disorders are really as common as community surveys suggest that they are, and whether comorbidity can really be so common. He argues that there can be no firm answer to the first problem, and makes cogent objections to the latter. Zachar & Kendler (p. 127) distinguish between ‘disease realists’, who consider that there are qualitative differences between true diseases and normality, between which Nature has beneficently provided joints, and empiricists, who reject these assumptions, and seek to make connections between observable phenomena. For them, validity refers not to whether a disease is really there, but to what kinds of inferences one can make about a patient on the basis of a particular diagnosis. The differences between these fundamentally different approaches to classification echo throughout the volume.

Many of the papers by psychologists clearly take the latter approach, for example those by Krueger’s group on the meta-structure of the diagnoses produced by the DSM–IV system. Yet unless the metastructure can be radically simplified the comorbidity problem is insoluble, and rival working groups will jealously hold on to their symptoms. The editors do not attempt to draw any general conclusions at the end, and indeed it would be impossible to do so.
This is the newest addition to the standard texts for trainees preparing for the MRCPSych examination in the UK and Ireland. The breadth of topics covered is impressive and includes a history of psychiatry, basic psychology, statistics, neurosciences (including neuroimaging and anatomy), mental disorders, and medical and psychological management. The book touches on clinical specialties, management of mental health services and legal and ethical aspects of psychiatry, as well as subjects infrequently covered in other texts: emergency psychiatry, chronic pain and palliative care. Some of the chapters are supplemented with a reading list.

The book makes abundant use of tables, images and summary boxes. The sections on basic psychology and psychological therapies are likely to be sufficient for those preparing for the MRCPSych exam. This may sweeten the pill of the hefty price tag and obviate the need for additional textbooks. In the chapters covering mental illness, common pathologies are covered alongside the less common ones: psychosexual disorders and paraphilia. The sections on functional disorders are extensive and, rather perturbingly, the chapter on multiple chemical sensitivities is considerably longer than the one on schizophrenia.

This breadth of topics is a mixed blessing. It means that the book is packed with information, yet it can be daunting for those who are not comfortable with the depth of detail. The authors have tried to make the information accessible, with summaries and key points highlighted, but it is a considerable amount of information to digest. The book is well-presented, with clear headings and subheadings, and the authors have done a good job of keeping the text engaging. The breadth of topics covered is impressive and includes a history of psychiatry, basic psychology, statistics, neurosciences (including neuroimaging and anatomy), mental disorders, and medical and psychological management. The book touches on clinical specialties, management of mental health services and legal and ethical aspects of psychiatry, as well as subjects infrequently covered in other texts: emergency psychiatry, chronic pain and palliative care. Some of the chapters are supplemented with a reading list.

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This book has three stated aims. The authors present the theory behind chronobiological treatments for affective disorder, document evidence of their efficacy and provide a step-by-step guide to clinicians as to how these therapies might be implemented. My main criticism of the book is that the balance between these three areas may not be optimal.

Manuals should probably instruct readers in how to do something rather than explain in depth why they should do it. However, whereas the guide to the implementation of chronotherapeutic techniques is detailed, the theory underlying these techniques merits expansion and I felt that evidence for their effectiveness was significantly lacking. For example, the efficacy of bright light treatment for non-seasonal depression is affirmed in fewer than 100 words, with only two references. In some European countries, chronotherapeutics are quite widely used and in Milan it is apparently routine for in-patients on medication for non-seasonal depression to receive light therapy and a single session of late-night wake therapy at the start of treatment. By contrast, in the UK, the authors would be preaching chronotherapeutics to the unconverted; most psychiatric professionals will need to know why they are using a treatment, not least because they might be asked by the patient.

Despite these criticisms, I found the book to be useful and engaging. It is well written and elegantly illustrated and it links to an informative website (www.cet.org) for the Center for Environmental Therapeutics, a non-profit agency dedicated to education and research in environmental therapies. The difficulties inherent in researching and promoting such therapies, in contrast to the international resources of the pharmaceutical industry, are noteworthy.

Most psychiatrists will have patients with unipolar or bipolar depression who are resistant to other treatments and this book may help to see them, literally, in a different light. There is a very useful level of detail about light therapy, including ways of estimating the best time of day at which it can be prescribed, since this varies between individuals. Helpful illustrative schedules are