> discriminatory attitude towards those who receive a psychiatric diagnosis' (p. 207)
>
> 'There is no ethical justification for the different treatment that the law reserves for people who have received a psychiatric diagnosis' (p. 6)
>
> 'Eating anomalies are not the symptom of an underlying mental disorder, as it is often argued' (p. 8)
>
> '. . . the provisions that in England and Wales regulate the care of eating disorders are based on assumptions that are either controversial or mistaken' (p. 208)

According to the author, the diagnosis of an underlying mental illness is no justification for coercive treatment. This also applies to the patients with anorexia nervosa. Yet when it comes to the crunch she inclines towards the need to save the patient's life, adopting weak paternalism because she can accept that the patient's behaviour is not truly autonomous. She describes eating-disordered behaviour as far too irrational: 'it is impossible for one to sacrifice her health and even her life for the sake of "thinness" '. The ethics of care and treatment of the person with an eating disorder therefore relies on a better understanding of the disorder.

With this aim in mind the author has conducted a compelling analysis of the psychological mechanisms whereby the anorexic patient's autonomy is likely to become impaired. They consist of a disturbance of body-image, a faulty awareness of signals of hunger and satiety, and cognitive distortions ('I'm different, 300 calories a day is plenty for me'). These faulty mechanisms compromise the process of deliberation and thus rule out eating-disordered behaviour from being autonomous. This may provide an ethical justification for non-consensual intervention.

This book achieves a high level of scholarship in its reviews of the literature on philosophy, ethics and the law relevant to eating disorders. It suffers a serious lapse, however, when it comes to the interpretation of empirical studies on the compulsory treatment of patients with anorexia nervosa. The small number of these studies makes it all the more important to report the findings accurately.

It is not true that there have been no studies of treatment outcome comparing compulsorily and voluntarily treated patients (Griffiths *et al*, 1997; Ramsay *et al*, 1999). It is a serious misinterpretation to state that the short-term weight gains in compulsory patients will be followed by higher long-term mortality, or that suicide is more likely (Ramsay *et al*, 1999). It is erroneous to state categorically that compulsory treatment compromises the relationship with the therapist (Serfaty & McCluskey, 1998).

In conclusion, the practising clinician may gain only limited practical help from this book when it comes to the non-consensual treatment of anorexic patients, with one exception. This exception concerns the author's clear guidelines on how to assess the individual patient's autonomy (or mental competence/capacity) when accepting or refusing medical treatments. But the most important reasons for studying this book carefully are for its tightly argued philosophical and ethical discourses.

Griffiths, R. A., Beumont, P. J. V., Russell, J., *et al* (1997) The use of guardianship legislation for anorexia nervosa: a report of 15 cases. *Australian and New Zealand Journal of Psychiatry*, **31**, 525–531.

Ramsay, R., Ward, A., Treasure, J., *et al* (1999) Compulsory treatment in anorexia nervosa: short-term benefits and long-term mortality. *British Journal of Psychiatry*, **175**, 147–153.

Serfaty, M. & McCluskey S. (1998) Compulsory treatment of anorexia nervosa and the moribund patient. *European Eating Disorders Review*, **6**, 27–37.

Gerald Russell Emeritus Professor of Psychiatry and Consultant Psychiatrist, The Priory Hospital Hayes Grove, Prestons Road, Hayes, Kent BR2 7AS, UK. Email: geraldrussell@prioryhealthcare.com
doi: 10.1192/bjp.189.3.288

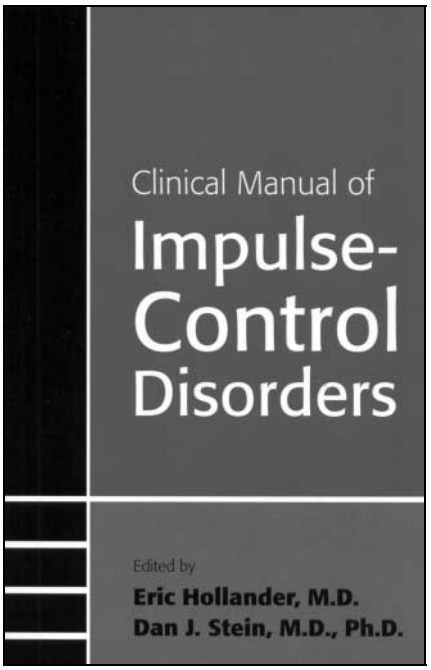
Clinical Manual of Impulse Control Disorders

Edited by E. Hollander & D. J. Stein. Arlington, VA: American Psychiatric Association. 2005. 368pp. US$42.95 (pb). ISBN 1585621366

When Al Gore 'invented' the internet, he can have had little understanding of the Pandora's box he was opening. Unparalleled access to sex, gambling, and shopping, according to the editors of this clinical manual, have led to a dramatic rise in all kinds of impulsive behaviour, which is why the publication of this book is timely. However, despite the claim that the impulse control disorders have only recently burst onto the scene, they do have a history and are present in DSM–IV. Intermittent explosive disorder, kleptomania, pyromania and trichotillomania form an odd assortment of diagnoses thrown together as they did not fit in elsewhere. Although linked by problems with impulsivity it is acknowledged that this is a defining characteristic of many psychiatric illnesses, and the correlation (oft-repeated here) between reduced serotonin function and measures of impulsivity seems a tenuous basis upon which to construct a new diagnostic category. Yet with DSM–V in the early stages of development, now is the time to stake a claim for the legitimacy of this rubric, and to bolster the case a number of other disorders have been added: sexual compulsions, binge eating, self-injury, compulsive shopping and, yes, internet addiction.

Each chapter reviews one disorder, providing historical background, theories of pathogenesis, and means of assessment. As a clinical manual, however, the book disappoints when it comes to approaches to management. This may of course be a reflection of the lack of evidence for interventions being of benefit; notably, the preface contains a disclaimer stating that no US Food and Drug Administration-approved medication exists for impulse control disorders. Unsurprisingly, selective serotonin reuptake inhibitors and cognitive–behavioural therapy head the list of suggested treatments.

For me this book founders particularly in its failure to address the larger question, a question hinted at by an astonishing statement: 'Conscience is not a DSM–IV concept because it is difficult to operationalize how humans form moral judgements'



(p. 40). Many of the problems considered here would formerly have been considered vices. Is it the role of psychiatry to recast them as disease? The over-medicalisation of personal and social problems is a topical issue but such discussion is conspicuous in its absence from these pages.

So, I think it unlikely that clinical practice will be altered by use of this manual but for those keen on recommending self-help literature, with titles such as *Women Who Shop Too Much – Overcoming the Urge to Splurge*, the reference lists are certainly worth perusal.

Steven Reid Paterson Centre, St Mary's Hospital, 20 South Wharf Road, London W2 1PD, UK. Email: steve.reid@nhs.net
doi: 10.1192/bjp.189.3.289

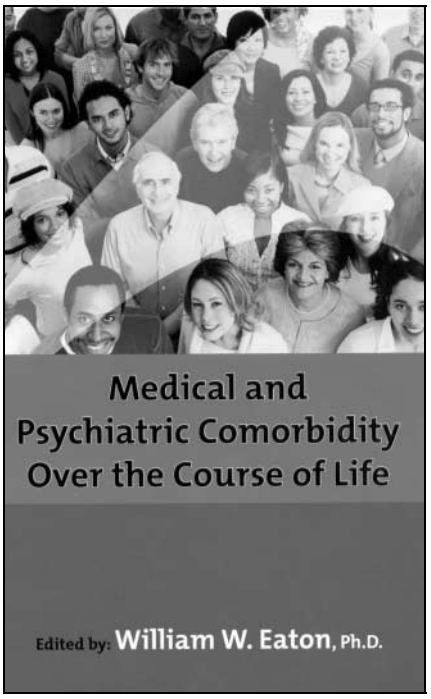
Medical and Psychiatric Comorbidity Over the Course of Life

Edited by William W. Eaton. Arlington, VA: American Psychiatric Publishing. 2006. 320pp. US$65.00 (hb). ISBN 1585622311

What would Sherlock Holmes have deduced from this book? The medical writer, Richard Asher, once likened understanding of the physical basis of mental illness to one of the Great Detective's astute remarks. In the episode in question Holmes responded to a request to solve a mysterious case from scraps of paper alone with the comment that the clues opened up a 'pleasing field for intelligent speculation'.

The concept of lifetime comorbidity extends the familiar concept relating co-existing disorders to temporal discontinuity between two or more disorders in the same individual. This collection of essays examines the contribution of life-course epidemiology as an investigative tool in the search for clues to the aetiology of medical and psychiatric disorders. There is a selection bias towards contributors based in North America and the usual defects of conference-based publications are present, although largely ameliorated by consistent editing and rapid publication.

The strength of this book resides in its readable accounts of the concepts underpinning complex lines of research, examples being investigation of links between foetal experience and the pathogenesis of schizophrenia, and between depression and bone loss and osteoporosis.



Risk factors, emotions and health, and others aspects of mood disorders and schizophrenia are also covered. As might be expected, the contributions introduce many 'new' concepts – allostasis, translational and reverse translational research, postmodern illness, and the fundamental social causes hypothesis, to cite a few. I found the discussion of putative autoimmune and metabolic mediation of physical comorbidities of schizophrenia of particular interest.

I suspect that both Holmes and Richard Asher would have enjoyed reading this book. Compared with Asher's essay of 1954, itself state of the art, there is clear evidence here of recent progress, from speculation to conceptualisation and beyond, in the understanding of medical aspects of the aetiology of major psychiatric disorders and, conversely, the role of psychiatric disorder in the causation of medical illness. In Holmesian terms this is a 'three pipe' book to be mulled over at leisure, in contemplation of new investigative ideas, rather than to be dipped into. It will thus probably appeal most to the research minded who I suspect would be best advised to recommend purchase to their library committee.

G. M. Ash Hilldale, Ormskirk and District General Hospital, Wigan Road, Ormskirk L39 2JW, UK. Email: graham.ash@nswl-tr.nwest.nhs.uk
doi: 10.1192/bjp.189.3.290

Personality-Disordered Patients: Treatable and Untreatable

By Michael H. Stone. Washington, DC: American Psychiatric Publishing. 2006. 277pp. US$42.00 (pb). ISBN 1585621722

Michael Stone is eminent in the field of 'borderline' and has made major contributions to the psychoanalytic and psychiatric literature on the subject of personality disorder. In the preface to his new book, he promises that the book's focus is 'on the amenability of the various disorders to amelioration by any method of therapy whatsoever' (p. vii). Stone thus implies that the book is about all personality disorder subcategories and indeed he delivers a good helping of 'other' personality disorder subcategories, not just borderline. However, his promise to consider a wide spectrum of approaches is not fulfilled and there is scant mention of methods other than his own – modified psychoanalytic. In the body of his book, Stone provides case material, largely from his own clinical work, with which to demonstrate the patient factors likely to be associated with prognosis – good or bad.

Stone's first chapter usefully unpacks the concept of personality into a range of constituents, although with some surprising emphases. For example, aspects of 'spirituality' figure prominently in his adept dissection of the concept. Indeed, they form the majority of items on a checklist for assessing suitability for therapy, which Stone helpfully appends, although this is not a 'how to' book. Most of the usual suspects appear in the line-up as personality constituents that might be relevant to prognosis: motivation, perseverance, life circumstances, object relations, cultural factors and others. The case illustrations attest to the author's depth of experience in his field.

The chapters that follow illustrate with vignettes why, in the author's view, such treatments were successful or not. This approach, however, is problematic for two reasons. First, it is almost as if Stone assumes that amenability to his treatment is amenability to *any* treatment, since most of the evidence he sifts derives from his own work. Second, in the absence of a detailed consideration of other factors, such as therapist factors or therapy type, Stone indirectly invites the reader to consider that success or failure of any method of treatment reflects patient factors. Although