which follows his first year as a doctor. The *House of God* has achieved cult status with junior doctors on both sides of the Atlantic. *Mount Misery* looks set to follow in its footsteps as essential reading for anyone interested in a psychiatric career.

Shem paints a nightmarish view of American psychiatry. Mount Misery is populated by psychiatrists obsessed with sex, money and their own theories. The only likeable psychiatrist, the clinical tutor, commits suicide early on in the novel. Very little of Mount Misery reminded me of my first senior house officer post. This can only be a positive sign for British psychiatry.

There is more to this novel than negative views on psychiatry. The characters and plot are bizarre and vivid – but hugely entertaining. There is an enormous amount of rather black medical humour in this novel and it is worth reading just for that. Shem wickedly parodies Freudian psychoanalysis while at the same time attacking purely drug-based psychiatry. Very few authors could write an entertaining novel on the state of modern psychiatry. Shem is probably the most talented doctor/author writing at the moment and he deserves to be read.

Reference

SHEM, S. (1985) *The House of God*. London: Black Swann.

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Hard to Swallow: Compulsory Treatment in Eating Disorders. By Janet Treasure and Rosalind Ramsay. Maudsley Discussion Paper No. 3. London: The Maudsley. 20 pp. £2.95.

This is an interesting little book which brings together legal and psychiatric arguments about the justification for compulsory treatment of severe anorexia nervosa. It comes out clearly in favour of such treatment in principle but is critical of how it is sometimes done in practice. This is not surprising since the authors are notable advocates, researchers and practitioners in the field.

Psychiatrists are likely to find the legal arguments of interest because they are less familiar and more decisive. Perhaps surprisingly while psychiatrists still debate the phenomenological status of anorectic beliefs and anguish about consent and curability, the law seems to have made up its mind. Anorexia nervosa is a mental illness, compulsion can be justified and food and feeding may be considered as treatment. A simple message is emerging out of the legal discussions – if the person is in danger, get on and do something. But what? And how?

Personally, I have no objections in principle to the compulsory treatment of anorexia nervosa. In practice, I avoid it like the plague. It seems to me that too often the characteristic and understandably mixed feelings of the anorexia sufferer are transformed into simple opposition by pushy treatment attempts driven by the worries of those around him or her including clinicians. Then the interaction can come to resemble a poker game in which the ante is repeatedly upped. It is a game that can be played out to the death. It seems to me almost always better to try to help the sufferer himself or herself to experience his or her own dilemma. He or she needs to confront the enormity of both options – staying as he or she is, or changing. Given space to do so, almost all sufferers appreciate the nature of their situation only too well. Most dither but eventually decide to have a go at change. The clinician should not fudge the issues or compromise about what recovery would involve but equally should not take over what is the responsibility of the patient to try to decide and to decide to try.

Playing the long game in this way feels right to me. However, such management can be a worrying business for the clinician. Furthermore, I am willing to acknowledge that some patients may present at a point where more direct action may seem inevitable. But they are, or should be, very few. Either way, the management of very severe anorexia nervosa is a specialist business. This is not a matter of esoteric knowledge, but more that clinicians dealing with such patients need to have the confidence that comes with experience if they are to make their patients feel safe enough to change. The authors of this book are critical of the compulsory admission of patients with anorexia to non-specialist centres. I agree. Indeed, I would suggest that in some cases, the Mental Health Act 1983 is invoked in order to help the worried clinical team feel that something is being done. The more confident and competent are those around the patient with anorexia, the less often will he or she need to be sectioned. Arguably, there will always be a need for a few centres like Dr Treasure's where skilled and humane compulsory treatment is available. Paradoxically, the more such centres are available the less often they would be needed in that role. Undoubtedly, the first recourse for the generalist confronted with a worrying patient should be to the telephone for advice rather than to the pink paper for false reassurance.

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