

assessment and management in the psychiatric unit, and most have an assessment and treatment algorithm.

There are differences between the UK and USA in guidelines for the management and treatment of certain conditions, and in this book treatments recommended for hypertension differ from those in the current guidelines from the National Institute for Health and Clinical Excellence. The algorithm for the assessment and treatment of chest pain indicates electrocardiography (ECG) only for patients with suspected cardiac ischaemia. In the UK, ECG would also be undertaken for the investigation of other causes of chest pain such as panic attacks and serious conditions such as pulmonary embolism and aortic dissection. If followed exactly, this algorithm might lead to problems with diagnosis.

The chapter on cardiac arrest does not present an algorithm for advanced life support but treatments are shown in tables instead. There are differences from UK practice in recommended medication; for example, the initial dose of aspirin recommended for the treatment of myocardial infarction is given as 325 mg, whereas the recommended dose is 300 mg in the UK. This might not be clinically significant but could lead to confusion. Mannitol is listed as a treatment for constipation and enemas with tap water are recommended for the prevention of faecal impaction in the bedridden; both would be regarded as unusual treatments in the UK.

Psychiatrists who are unfamiliar with UK guidelines and standards of medical practice may not wish to rely solely on this book for medical information. In the UK, this book faces strong competition from the *Oxford Handbook of Medicine* and the *Oxford Handbook of General Practice*.

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doi: 10.1192/bjp.bp.106.026500

R. D. Laing: Contemporary Perspectives

Edited by Salman Raschid. Free Association Books. 2005. 325pp. £18.95 (pb). ISBN 1853437018

As a sixth-former I was an avid listener to Anthony Clare's Radio 4 programme 'In

the Psychiatrist's Chair'. Of the interviews Clare conducted, two continue to stick in my mind: one with Jimmy Savile, the other with R. D. Laing. The image with which Clare left me was that of Laing as a rather romantic, yet tragic individual. Raschid's edited volume on Laing both reinforced and modified this impression. The volume is divided into three sections: introduction, ideas and therapy, with the second section the longest and, for me, the most worthwhile. The papers are largely either original contributions or derive from the R. D. Laing conferences, organised under the auspices of the Philosophy Special Interest Group of the Royal College of Psychiatrists. There are some papers that deal less directly with the work of Laing: the contributions of Fuchs, Sass and Matthews in particular serve, from different perspectives, as lucid and clear introductions to phenomenology and the philosophy of psychiatry. What is refreshing is that the contributors who engage directly with Laing's thought and influence are not unquestioning, bedazzled disciples. Many of the papers are critical of Laing's views on mental illness, psychotherapy, politics and his use and understanding of philosophy. There was a tendency, particularly in Laing post-*Divided Self*, to romanticise mental illness. This was combined with an aspiration towards transcendence and otherworldliness. The book achieved one very important thing for me personally: it shifted the image of the tormented Laing as interviewed by Clare and replaced it with

that of the young army psychiatrist spending hours trying to interview and understand the distressed soldiers under his care. This is the Laing I am left in full admiration of. The tragedy is not so much that of Laing's own personal life but rather his own seeming loss of this immediate pre-reflective ability to be with and understand people in distress. One could interpret his later work as an attempt to reify, in an increasingly esoteric fashion, that which once came so easily.

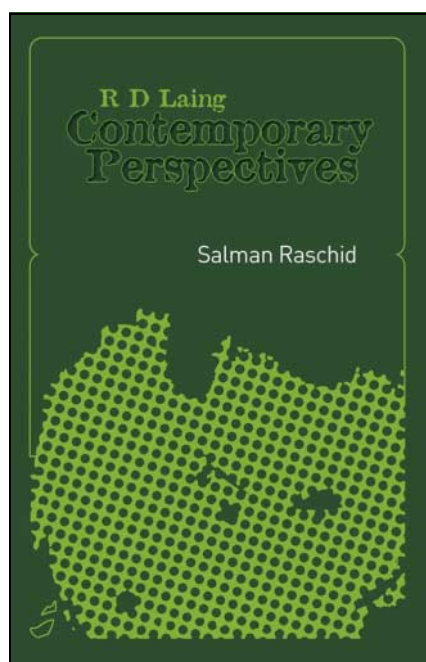
There are a few pedantic criticisms of the book. The same point is repeated by different authors in different papers leading to some degree of repetition, not all works cited in the text are referenced and there is no index. Many contributors to the volume also offer an incorrect or simplistic interpretation of Jaspers' views on understanding those with mental illness. I would still recommend to medical students and trainee mental health clinicians *The Divided Self* as an account of engaging with those with mental illness and am grateful to R. D. Laing: *Contemporary Perspectives* for reminding us of the passion of Captain Laing.

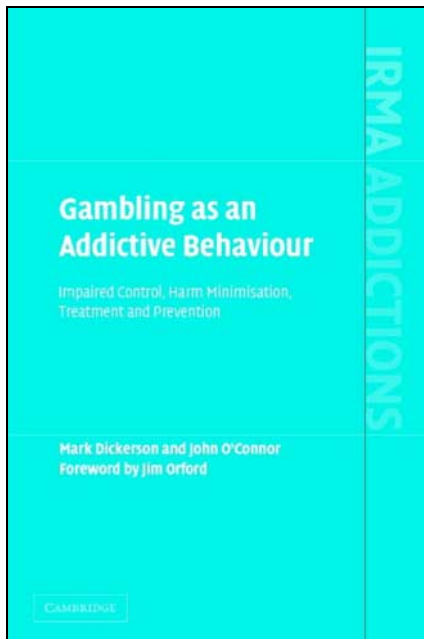
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Gambling as an Addictive Behaviour: Impaired Control, Harm Minimisation, Treatment and Prevention

By Mark Dickerson & John O'Connor. Cambridge University Press. 2006. 204 pp. £55.00 (hb). ISBN 052184701X

Gambling, albeit a leisure activity for most, can in a significant minority progress to problem gambling or pathological gambling, with wide-ranging adverse interpersonal, financial and social consequences. There is mounting evidence that increased availability and easy accessibility to gambling opportunities can result in increased incidence of problem gambling – a point of particular relevance to the UK, at the present time, given the impending deregulation of gambling legislation as proposed in the Gambling Bill. So too, over recent years, gambling research has emerged to occupy an important place within the field





of addiction studies. It is against this background that I read this book and I found it to be timely and highly readable.

This monograph is part of the International Research Monographs in the Addictions series (the series editor is Griffith Edwards) and is authored by two experts in the field of gambling research. Although the book has an Australian bias (as the authors, the research described and the policy issues discussed are Australia-based), the theoretical constructs/models discussed and the implications for policy makers are generalisable. This book takes a look at gambling as an addictive behaviour – more specifically at the dimension of self-control over gambling behaviour and the various psychological variables that influence it. The core theme of this book is ‘impaired self-control’ and the authors eloquently summarise key findings from their 5-year gambling research programme. This book consists of eight chapters – all self-contained and well-organised. The authors provide an excellent overview of the key psychological variables that determine self-control over gambling: emotional factors, individual differences, cognitive variables and coping, and they set this in the context of different models of impaired control and two studies that explored this subject. In addition the following topics are also well covered: implications for psychological treatment of pathological gamblers, and the concept of harm minimisation or ‘responsible gambling’. I found the chapter presenting a case study of the implementation of harm minimisation strategies in

Victoria, Australia to be particularly fascinating, because of its relevance to clinicians and policy makers in the UK. This book provides interesting insights into the dimension of impaired self-control, and succeeds in highlighting its key role in the psychological conceptualisation of gambling and addictive behaviours in general.

All in all, a good read, although some of the theoretical debate presented could be intellectually taxing. At a price of £55, it may be a bit over-priced, and it may also not appeal to the non-specialist. Despite the above-noted criticisms, this book is likely to be of value to those with an interest in gambling research and policy.

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doi: 10.1192/bjp.bp.106.026187

The Psychiatry of Intellectual Disability

Edited by Ashok Roy, Meera Roy & David Clarke. Radcliffe Publishing, 2006. 208pp. £24.95 (pb). ISBN 1857756959

Few books have been published on the psychiatry of intellectual disabilities. This book is more succinct, better presented and more consistent in the quality of writing and information than the corresponding title in the College Seminars series.

Despite this overall recommendation, the book has several flaws. It is presumably aimed primarily at trainees in the sub-specialty. Clearly not a reference book, it should have been a more practical manual. Luty & Cooper’s chapter on older people with intellectual disabilities gives useful guidelines for assessment and management but other chapters are much less practice-orientated. Although certainly better than many previous texts in limiting the content regarding general ‘handicap’, there are still too many references to the primary health-care of people with intellectual disabilities. The era is long gone where psychiatrists in intellectual disability act as pseudo-general practitioners. It was also unnecessary to have paragraphs on such obscure conditions as Coffin-Siris syndrome. The reality is that most referrals to psychiatrists in intellectual disabilities are for problem behaviours. The trainee must learn that it is not their responsibility to solve these problems with medication alone but they

should act as the only professional who has the training and expertise to take the holistic overview of the patient in biopsychosocial terms. There is also uncritical acceptance of the vague, catch-all term of ‘challenging behaviour’, which hampers rather than helps approaches to problem behaviours. It was a mistake therefore to include a chapter on medication without one on basic psychological assessments and interventions that a trainee needs to understand and implement.

Roy’s chapter on multidisciplinary working gives an unjustifiably rosy view of the current state of (dis)organisation of services. There are undoubtedly good working relationships between hard-working and committed professionals in learning disability services but good intentions do not compensate for lack of focused working. It is scandalous that, 15 years after its introduction, the care programme approach (CPA) has not been implemented nationwide for people with intellectual disability and mental health problems. For those who seek to improve the rights of people with intellectual disability one powerful starting point would be to demand that such people with mental health problems should have their care coordinated through the recognised national standard of the CPA. It is not good enough therefore that CPA is described in this book as ‘useful’ rather than ‘mandatory’. Community learning disability teams, which vary in focus and make-up throughout the UK, are also blithely described as ‘useful’ without any recourse to evidence of service delivery models.

