

**OVERVALUED IDEAS**

DEAR SIR,

Like many who trained under the guidance of Erwin Stengel in the early 60's I had the advantages of learning from not only an associate of Freud but also one who was familiar with the linguistic nuances and vernacular of both English and German. The nosological problem of "überwertige Ideen" was also one of his favourites for discussion.

On one occasion when asked for an exact translation of the phenomenon, he paused and

reflected for a few seconds and then in his familiar authoritative tone replied, "The nearest one can get in English is 'To have a bee in one's bonnet'." If this is accurate then surely is not the anorexic's conviction that she is overweight a little more pathological than an overvalued idea?

JOHN SPENCER

*Western Australia Alcohol and Drug Authority,  
35 Outram Street,  
West Perth,  
W. Australia*

**Book Reviews**

**Anti-Anxiety Agents—Drugs in Psychiatry, Volume 2.** Edited by GRAHAM D. BURROWS, TREVOR R. NORMAN and BRIAN DAVIES. Amsterdam: Elsevier, 1984. Pp. 236. U.S.\$45.

Nowadays the clinician about to prescribe an anti-anxiety drug is like a small boy lost in the fog. He is not sure where he is going, is unable to recognise his surroundings, and, whatever he does, is bound to be criticised when he gets home. The uncertain state of anxiety as a symptom and syndrome and the manifest disadvantages of all anti-anxiety drugs make the writing of books on the subject exceptionally difficult. The prescriber has six groups of drugs at his disposal, the benzodiazepines, the older compounds such as meprobamate and chloral, the beta-blocking drugs, the anti-psychotic drugs and antidepressants (both in low dosage) and the anti-histamines. He may also consider using tri-cyclic antidepressants in higher dosage and monoamine oxidase inhibitors for the treatment of severe and resistant anxiety. The hope is that this book will explain the rational use of these agents, their relative advantages and handicaps, and give some idea of their mode of action. Not surprisingly, these expectations are not fulfilled, and indeed cannot be fulfilled in our present state of knowledge.

Over half the chapters are concerned with benzodiazepines and the pharmacological developments since benzodiazepine receptors were first identified eight years ago. In a characteristically

astounding chapter, Sandra File tells us that those who are looking for the biochemical basis of anxiety are still whistling in the dark, and David Greenblatt and his colleagues emphasise that the many apparent differences between benzodiazepines, in terms of their elimination half lives, are of little clinical relevance unless the doctor is aware of the metabolism of benzodiazepines discussed in an earlier chapter by Garattini and Reggi. These are necessary standard chapters in a book on anti-anxiety drugs; much more interesting are the comprehensive account of tolerance, dependence and abuse with anti-anxiety drugs by Malcolm Lader and Hannes Petursson and a summary of the effects of the new anti-anxiety drugs, in particular, buspirone, by Rubenstein and Norman.

Unfortunately, the other chapters are somewhat disappointing. Although Hollister lists anti-histamines and anti-psychotic drugs as having anti-anxiety actions there is no discussion at all about effects of anti-histamines, which have an established place in the treatment of anxiety in children as well as occasional use in adults. The use of anti-psychotic drugs in low dosage for treating anxiety barely gets a mention, and flupenthixol and oxyperline, which are widely promoted for their anti-anxiety effects, are not included. The anti-anxiety effects of monoamine oxidase inhibitors are only mentioned in Volume 1 of the series and the treatment of panic and severe anxiety is promised in