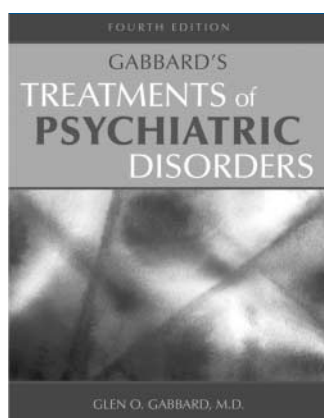


curricula, where is the curriculum map to show how one relates to the other and highlight the gaps?

This book should be read by assessors and trainees for its 'how-to' procedural instructions. A second edition should follow soon to remedy its deficiencies and to ensure that this useful manual does not become obsolete as the tools it describes evolve. A second edition should also correct some sloppy usage, such as the interchangeable use of competence/s and competency/ies (the General Medical Council favours the former) that occur sometimes in a single paragraph.

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Gabbard's Treatments of Psychiatric Disorders (4th edn)

Edited by Glen O'Gabbard.
American Psychiatric Publishing.
2007. 968pp. US \$195.00 (hb).
ISBN 978158622160

This book began life almost a quarter of a century ago as a four-volume, encyclopaedic tome. In the course of publishing the previous editions, it has contracted to a single volume. But, this is not at the expense of quality since it continues to include the full range of psychiatric conditions. With developing specialisation we have an increasingly narrow range of therapeutic skills, making the broad approach of this book even more valuable than its founding fathers might have envisaged.

Each of the 12 sections has an editor and individual contributors, who are experts in their respective fields. The first section includes disorders diagnosed in infancy, childhood and adolescence, followed by delirium and other cognitive disorders, and then substance-related disorders. The subsequent sections cover the major remaining groups such as mood disorders, somatoform disorders and psychotic illnesses. Within the sections, areas as diverse as paedophilia and body dysmorphic disorder, narcissistic personality disorder and psychiatric rehabilitation are covered in individual chapters with references as recent as 2005. A significant achievement has been the editorial work which has established a consistent style.

This book is not without its problems, the most substantial of which is the absence of specific guidelines for clinicians (as distinct from detailing the studies and outcomes in individual trials, which it does in detail). This scholarly approach shifts it into the category of reference book and prompts the view that it is a textbook of clinical trials and of efficacy rather than a clinician's guide to treatment and effectiveness. Neither is there much attention to interactions between specific drugs so the clinician will have to garner this information from other sources,

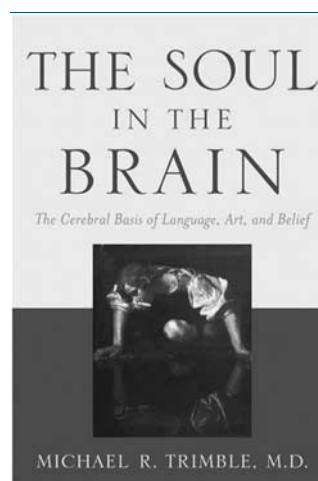
while interventions for the important area of self-harm are scattered and sketchy.

On the other hand, its attractions include its accessibility and scope, reliance on best evidence and the presentational style. The latter includes the use of colour which adds to its attractiveness and the typeface is also easy on the eye. Furthermore, it incorporates psychotherapeutic as well as pharmacological studies, a welcome addition to books dealing with treatment where psychotherapy is often included as an afterthought. Surprisingly, and thankfully, there are few tables listing the litany of DSM criteria for each and every disorder which haunt most textbooks of psychiatry nowadays.

This authoritative book will be the first port of call for clinicians wishing to evaluate the evidence for specific interventions. Against that backdrop it will aid clinicians' confidence in selecting interventions based on best evidence. While the science of prescribing is highlighted in the textbook, the art of prescribing must come from other sources.

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The Soul in the Brain: The Cerebral Basis of Language, Art, and Belief

Michael R. Trimble.
Johns Hopkins University Press.
2007. 304pp. US\$35.00 (hb).
ISBN 0801884810

Building a complex theory on an absence is a brave enterprise, even for a neuropsychiatrist specialising in epilepsy. However, for Michael Trimble, the crucial absence is a statistical one: that among the many people suffering from epilepsy there are remarkably few poets. From that negative association, along with a similar absence of poets with schizophrenia and an overabundance of writers with bipolar disorder, and using a careful linguistic analysis of psychopathology, Trimble's 'central aim . . . is to relate . . . religion, poetry and music to their underlying neurological basis'. Indeed, it is an attempt to describe the soul of man, those uniquely human features which together provide a sense of existence, of purpose, of being in the world and of it. And, 'the thread that unites them [all] . . . is the neurobiology of the non-dominant hemisphere'.

Trimble suggests that although neurology has carefully dissected the left-hemisphere lesions causing the aphasias, the right hemisphere's contribution to the mood, feeling, rhythm and consonance that underpin poetic language is relatively neglected. This, though, is not yet another 'simple right-brain