BOOK REVIEWS

period are mentioned in association with their contributions, but they do not emerge as "real people."

Nevertheless, the book is worth reading. It is brief, well written, and nontechnical so that it can be read easily in an evening. The price seems a bit steep, at least to one who grew up during the Great Depression. Still, an evening's entertainment often costs more than that these days.

For whom is the book recommended? Certainly it is good reading for persons engaging in correctional and forensic psychiatry. For them, the experiences of a pioneer in the field may prove especially interesting. The "seasoned citizen" in psychiatry who can recall some of the people and events mentioned will also enjoy the book, in part because it stimulates one's recollections. Younger colleagues, especially the sort who think that modern psychiatry began with the introduction of reserpine and chlorpromazine in the 1950s, really ought to read this book, but probably won't.

PSYCHIATRIC INTERVENTIONS AND MALPRACTICE: A PRIMER FOR LIABILITY PREVENTION. By Robert I. Simon, MD. Springfield, IL: Charles C. Thomas, 1982. 134 pages, index. ISBN# 0-398-04654-9.

Reviewed by William H. Reid, MD, MPH

This book is a clear, easily read, fairly complete primer on the topic of dangers of malpractice in psychiatric work. It is divided into three sections—psychiatric hospitalization, psychotherapy, and clinical case examples. It is well referenced, with recent citations from legal cases and the forensic psychiatric literature. It does not discuss the psychiatrist in court or the practice of forensic psychiatry, but rather focuses on clinical situations found in day-to-day psychiatric practice.

I found this book to be quite refreshing and useful. From the first pages, with a chapter titled "The Pernicious Fear of Malpractice," the author stresses the tenets of good medical practice as both clinically appropriate and legally sound. The chapters are quite specific, addressing traditional subjects such as informed consent, confidentiality, and dangerousness as well as less common but equally relevant topics such as consent for psychotherapy, business dealings, gifts from patients, the "touching psychiatrist," and the psychiatrist who "falls in love with his patient." The chapters would be ideal as introductory material for psychiatric residents, especially in these days of their concern about the need for defensive medicine.

I recommend this interesting and gentle primer to all psychiatrists, particularly those not involved in forensic work. It should be particularly available to supervisors and postgraduate training programs.