

## Book Reviews

Alan R. Rosenberg, Editor

**PSYCHIATRIC, PSYCHOGENIC AND SOMATOPSYCHIC DISORDERS HANDBOOK.** By A. James Giannini, M.D., Henry R. Black, M.D., and Roger L. Goettsche, M.D. Medical Examination Publishing Company, Inc. Pp. 316. Syllabus Style. 1978.

This is a new handbook emphasizing the physical aspects of general psychiatry; it is described as a laboratory and clinical guide to the medical management of emotional and intellectual pathology. This function is reasonably well served by this concise, clearly worded compendium of physical and mental diagnosis. The authors give credit to more than twenty-five other contributing authors, advisors, and associates, and a feeling of family affair is imparted by the presence of two other Gianninis. The book's major weaknesses are twofold and very significant, but they are not disqualifying and should not discourage the purchaser; they are mentioned at the end of this review.

The handbook has, as addenda, brief chapters dealing with forensic psychiatry, lithium, psychoactive drugs, convulsive therapy, overdoses, and the clinical interview. The majority of the book deals with an extensive compilation of 217 signs and symptoms and descriptions of 462 entities in the Diagnosis and Disposition Section; this latter section contains varying amounts of information under subheadings of etiology, demographic data, history, exam, differential diagnosis, lab tests, and disposition. The authors intend for the user to form a differential diagnosis by correlating the signs and symptoms and then noting the disease states that appear under the applicable sign or symptom. There are 252 references given, but these are not annotated within the body of the text. This arrangement will displease some readers.

I have read the addenda thoroughly, but not the rest, since doing so would be like reading the dictionary. I studied several disease entities and signs and symptoms sections, to varying degrees. Some I scrutinized thoroughly and others I tested only for apparent cohesiveness and logic. The book's uses are best suited to quick reference, memory stimulus, and aid to differential diagnosis. It will be popular among medical students and can serve to assist even the expert clinician; it will especially assist the psychiatrist with a nearly exclusive office practice in performing in-patient consultations in the general hospital, because of the differential diagnosis, lab, history, and exam sections. The Rx sections may help the psychiatrist nudge a busy internist or general practitioner into considering various treatments, while the Tx sections should serve to alert nonpsychiatric physicians to the need for

expert psychiatric consultation. An excellent effort at basic science correlation is made, and the complicated degree to which modern medicine has evolved is illustrated in many of the etiology sections and demographic sections; one need only take for example the Chinook or Santa Anna Syndrome, a heading under which other "native" terms are listed and the etiology is laid to a relative increase in available serotonin due to a decrease in MAO potency secondary to an increase in atmospheric positive ions, which in turn are related to the swift flow of dry air over heated land masses.

The term "heated land masses" presumably means that the "land" is heated by the flow of the air, because apparently these American foehns occur usually in the winter and reportedly can evaporate a foot of snow in a few hours as they cause a 20 to 40°F rise in temperature in fifteen minutes! To get independent corroboration of the author's statements, I began with a meteorologist and went through five experts in atmospheric sciences, a bioclimatologist, a climatologist, an electrical engineering department head, and a physiologist and biophysicist. I add all of this to the review so the reader can grasp the magnitude of the compression of information in this book as well as the care with which it must be read.

Other specific entities reviewed to varying degrees were: Acidosis; Alcoholism, DT's; Alcoholism, paradoxical intoxication; Alkalosis; Atropine Psychosis; Barium Poisoning; Failure to Thrive; Frontal Lobe Syndrome; Gilles de La Tourette Syndrome; Incubus; Kuru; Lesch-Nyhan Syndrome; MAOI Therapy; Marijuana Psychosis; Munchausen Syndrome; Normal Pressure Hydrocephalus; Nutmeg Intoxication; Nymphomania; Pinealoma; Post Partum Psychosis; Propranolol Therapy; Systemic Lupus Erythematosus; Turner Syndrome; Vitamin D Toxicity; Xanthine Toxicity; Zinc Deficiency. I found these all to be excellent. Comments can be made — impotence is not mentioned under Zinc Deficiency; a better description of etiology could be made for Nutmeg Intoxication — but so what? The sections were all excellent by general standards, and this work is designed as a general handbook. Indeed, I suspect that the etiology sections will be the only major sources of debate. The Rx and Tx sections impressed me as particularly well described considering the small space allotable to such a compendium. Other entities should be included, however, such as the hypothalamic or neuroleptic malignant syndrome.

I do not entirely understand why the authors wanted to add the eight addenda chapters, as they are a mixed bag, including two forensic psychiatry topics, (1) Nonviolent Sexual Offenders and Sexual Deviants, and (2) Psychiatrist as Witness and Defendant. The others are: Clinical Use of Lithium, A Brief Review of Psychoactive Drugs, Convulsive Therapy, Overdoses, The Clinical Laboratory in the Evaluation of Drug Overdosage, and Talking with the Patient.

The addendum on sexual offenders by Robert H. Loiseau, Ph.D., is a summary of an area that does not lend itself well to such brief summaries; it contains a mixture of accuracy, inaccuracy, conciseness, overstatement, and helpful breakdowns and statistics derived from other authors (Fenichel, Ellis, Brancale, Oliven, etc.). The addendum on psychiatric testimony by Matthew C. Giannini, J.D., is mainly overly simplified to the point of being misleading and misinformative. It is too presumptive and contains at least some errors.

Since everything is stated so authoritatively, the reader wonders if other errors exist which escape full scrutiny due to his own lack of knowledge or the force of constant *ex cathedra* pronouncements. The choice of points to be summarized defies insight; the discussion of the psychiatrist as defendant, however, is more narrow in scope and much better in quality. In this latter portion, the author gives a brief but solid description of the psychiatrist's medicolegal position in malpractice and in the confidentiality dilemma potentially posed by the *Tarasoff* case; the author deserves credit for specifically mentioning that the *Tarasoff* decision is the law in California, whereas frequently writings give one the feeling that it is the law across the country.

The addendum on lithium by A. L. C. Pottash, M.D., is excellent, and this is a topic that can be summarized in three and one-half pages. The more recent reports of nephron tubular disease and interstitial fibrosis related to varying length of use and/or to toxic levels of lithium is, of course, absent in a 1978-copyright book (apparently some researchers have shown that lithium's toxic effects on the kidney may occur in less than six months' treatment, that renal function may remain normal even when lithium induced atrophy and fibrosis are severe, and that the greater the duration of treatment, the greater the renal damage). Thus, the paragraphs mentioning polyuria and polydipsia must be read in a new light, but are evidently generally accurate.

The addendum on psychoactive drugs by A. James Giannini, M.D., is divided into tricyclics, antipsychotics, anticholinergics, and antianxiety agents. In the section on tricyclics no mention is made of the biogenic amine theory, and from my own practice, I cannot agree on statements regarding use of antidepressants primarily for endogenous depression, the alleged greater propensity for imipramine to stimulate mania in bipolar cases, the sedative effects of doxepin, or the lack of sedative effects of imipramine. However, as a one-page summary it presents a rational, and maybe too conservative, method for tricyclic antidepressant therapy. The section on antipsychotics is also generally good information, but its weaknesses derive from such things as listing thioxanthenes as a fourth type of phenothiazine, whereas the *Comprehensive Textbook of Psychiatry* lists them as one of four types of non-phenothiazines; listing 2 mg. haloperidol as equivalent to 100 mg. chlorpromazine, whereas that is not my experience and I could not substantiate it in the comprehensive text; and listing haloperidol as having the highest association with Parkinsonian symptoms, whereas a recent review of twenty years' experience by F. Ayd, Jr. indicates this finding either not to be the case or to be so only when large doses are used (that probably means something greater than 60 to 100 mg. per day). The sections on anticholinergics and antianxiety agents are excellent, and the author deserves credit for explicitly stating that prophylactic anticholinergics should not be used and for reminding the reader that anxiolytic agents should usually only be used for short-term palliation while combined with the verbal forms of psychiatric treatment.

The addendum on convulsive therapy by Raymond Boniface, M.D., is excellently done, and my saying so is based upon my feeling of receiving a refresher course in administering ECT (it's been almost two years since I've

used ECT), and upon correlation of the contents with Lothar Kalinowsky's section in the Comprehensive Textbook of Psychiatry. I suspect Dr. Kalinowsky would say that much more distinction should be made regarding the number of treatments for affective illnesses v. schizophrenics, the choice of patients, and the length of hospital stays.

The addendum on overdoses by Henry R. Black, M.D., is excellently written, concise, and contains no hyperbole; it has a good precise feel and presents a logical pathway to emergency treatments. I am pleased to accept and pass along two pearls: hemodialysis is usually indicated in ethylene glycol ingestion because of the toxicity of the metabolites (ethylene glycol is our current permanent anti-freeze, and the toxic metabolite is ethanedioic, or oxalic acid, COOHCOOH, which causes confusion, ataxia, tachycardia, tachypnea, seizures, coma, pulmonary edema, cyanosis, etc.); and hemoperfusion, a new technique employing encapsulated resins or charcoal in a similar extra corporeal system, may be available in some hospitals and is reported to be very useful in severe overdoses.

The addendum on use of the clinical laboratory in evaluating overdose cases by Peter Jatlow, M.D. is also excellently written, concise, and without hyperbole; it is an impressive six pages, containing several "pearls." Some of these are: published halflives are usually based on therapeutic dosages in healthy (non-toxic, non-saturated) subjects and not particularly useful in overdose cases, acetaminophen overdose may cause hepatic necrosis and should be followed by liver function tests, a strongly positive ketonuria is caused by isopropanol ingestion, the lab should be notified if PCP is suspected, and regardless of the benzodiazepine level reported by the lab, another drug or cause should be sought if serious coma is present. The predicted availability of a THC assay is already a reality.

The four-page addendum on talking with patients by Roger L. Goettsche, M.D., is simply superb. It should be an integral part of all physical diagnosis courses and can serve as a brief course outline on the subject.

The book's major weaknesses are overstatement and oversolicitation. The authors overstate their case in designating their handbook as an aid to "all health professionals . . . and a unique guide to . . . diagnosis and disposition of all psychiatric diseases and presenting psychopathologies." Use of the term "health professionals" sounds like an attempt to convince graduates of disciplines other than medicine and nursing that they could, or should, use this book. Indeed, I see little appropriate application within any other fields, since non-clinicians would risk entering the area in which a little knowledge becomes a dangerous thing. It takes a real clinician to use this handbook, a fact which brings attention to its other major weakness. "All possible psychiatric and physical signs and symptoms associated with diseases and states" cannot be covered, despite the authors' statements and good efforts. Such a promise might engender a false sense of expertise in "all health professionals." In my enthusiasm of initial encounter with this book, I freely associated some symptoms from recent cases and readings, looked them up, and was disappointed. "Anosmia" is missing, and "Bruxism" does not list cerebral trauma and concussion, whereas "Babinski Reflex" does; "Catatonia" does not even list "Schizophrenia."

That's an A B C of criticism, and I'll rest my case with the statement that

this book is a fine aid to differential diagnosis in the hands of experienced physicians. Despite the flaws that will perforce be present in a heroic effort such as this handbook, I still recommend its purchase.

LAWRENCE K. RICHARDS, M.D.  
Urbana, Illinois

**LAW AND THE MENTAL HEALTH PROFESSIONS.** Edited by Walter E. Barton and Charlotte J. Sanborn. International Universities Press. 1978. \$15.00.

It is difficult to write a review about a book that is consistently sound and delivers what it promises. This is particularly so when the reviewer is characterologically of a critical bent and has had the "benefit" of a traditional medical education that places the emphasis on what is wrong and relatively ignores what is right. This has been a difficult review to write.

The Preface aptly sets the stage for the essays that follow. The list of authors contains the names of many mental health and legal professionals who have been and remain in the vanguard of American interdisciplinary progress. They tackle their subjects succinctly and effectively.

Part I considers the impact of recent judicial decisions on the practice of psychiatry from two vantage points. Bruce Ennis argues on behalf of the rights of the individual while Sigmond Lebensohn focuses on the disruptive and potentially harmful effects of "patients' rights" upon patients and practitioners. They are both correct, of course, from their perspectives, highlighting the complexity of the issues.

Parts II and III analyze the issues of informed consent and malpractice, with articulate expositions of the problem followed by imaginative suggestions for the foreseeable future. Part IV struggles with confidentiality, with Maurice Grossman asserting the dangers of its erosion, while John Donnelly takes a pragmatic approach.

Part V provides readily digestible historical and didactic discussions of the traditional topics of competence and responsibility. Nothing new is added — a fact which is not necessarily the authors' fault, but is rather an affirmation that these relatively unimportant subjects have become sterile. The new criteria for involuntary commitment, in the light of patients' rights, are most adequately covered in Part IV.

The basic message in this collection of professional and sophisticated papers is that the practice of medicine (and mental health in particular) has undergone a radical transformation in our recent past. As a result the therapist's role and the therapist-patient relationship have to be redefined. As with most revolutions, developments are not necessarily planned or coordinated, and so we find ourselves in the midst of flux and at times confusion. All indications point to the situation's becoming more rather than less complex, and the offerings in this book provide an excellent assessment of where we are and a likely perspective of things to come.

JOHN M. SUAREZ, M.D.