

(p. 40). Many of the problems considered here would formerly have been considered vices. Is it the role of psychiatry to recast them as disease? The over-medicalisation of personal and social problems is a topical issue but such discussion is conspicuous in its absence from these pages.

So, I think it unlikely that clinical practice will be altered by use of this manual but for those keen on recommending self-help literature, with titles such as *Women Who Shop Too Much – Overcoming the Urge to Splurge*, the reference lists are certainly worth perusal.

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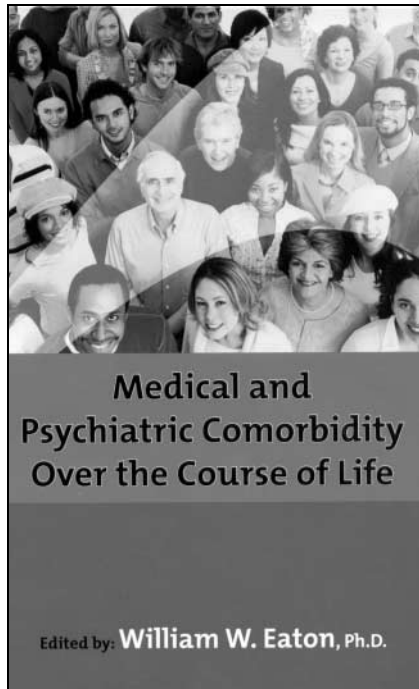
Medical and Psychiatric Comorbidity Over the Course of Life

Edited by William W. Eaton. Arlington, VA: American Psychiatric Publishing, 2006. 320pp. US\$65.00 (hb). ISBN 1585622311

What would Sherlock Holmes have deduced from this book? The medical writer, Richard Asher, once likened understanding of the physical basis of mental illness to one of the Great Detective's astute remarks. In the episode in question Holmes responded to a request to solve a mysterious case from scraps of paper alone with the comment that the clues opened up a 'pleasing field for intelligent speculation'.

The concept of lifetime comorbidity extends the familiar concept relating co-existing disorders to temporal discontinuity between two or more disorders in the same individual. This collection of essays examines the contribution of life-course epidemiology as an investigative tool in the search for clues to the aetiology of medical and psychiatric disorders. There is a selection bias towards contributors based in North America and the usual defects of conference-based publications are present, although largely ameliorated by consistent editing and rapid publication.

The strength of this book resides in its readable accounts of the concepts underpinning complex lines of research, examples being investigation of links between foetal experience and the pathogenesis of schizophrenia, and between depression and bone loss and osteoporosis.



Risk factors, emotions and health, and others aspects of mood disorders and schizophrenia are also covered. As might be expected, the contributions introduce many 'new' concepts – allostasis, translational and reverse translational research, postmodern illness, and the fundamental social causes hypothesis, to cite a few. I found the discussion of putative autoimmune and metabolic mediation of physical comorbidities of schizophrenia of particular interest.

I suspect that both Holmes and Richard Asher would have enjoyed reading this book. Compared with Asher's essay of 1954, itself state of the art, there is clear evidence here of recent progress, from speculation to conceptualisation and beyond, in the understanding of medical aspects of the aetiology of major psychiatric disorders and, conversely, the role of psychiatric disorder in the causation of medical illness. In Holmesian terms this is a 'three pipe' book to be mulled over at leisure, in contemplation of new investigative ideas, rather than to be dipped into. It will thus probably appeal most to the research minded who I suspect would be best advised to recommend purchase to their library committee.

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Personality-Disordered Patients: Treatable and Untreatable

By Michael H. Stone. Washington, DC:

American Psychiatric Publishing, 2006.

277pp. US\$42.00 (pb). ISBN 1585621722

Michael Stone is eminent in the field of 'borderline' and has made major contributions to the psychoanalytic and psychiatric literature on the subject of personality disorder. In the preface to his new book, he promises that the book's focus is 'on the amenability of the various disorders to amelioration by any method of therapy whatsoever' (p. vii). Stone thus implies that the book is about all personality disorder subcategories and indeed he delivers a good helping of 'other' personality disorder subcategories, not just borderline. However, his promise to consider a wide spectrum of approaches is not fulfilled and there is scant mention of methods other than his own – modified psychoanalytic. In the body of his book, Stone provides case material, largely from his own clinical work, with which to demonstrate the patient factors likely to be associated with prognosis – good or bad.

Stone's first chapter usefully unpacks the concept of personality into a range of constituents, although with some surprising emphases. For example, aspects of 'spirituality' figure prominently in his adept dissection of the concept. Indeed, they form the majority of items on a checklist for assessing suitability for therapy, which Stone helpfully appends, although this is not a 'how to' book. Most of the usual suspects appear in the line-up as personality constituents that might be relevant to prognosis: motivation, perseverance, life circumstances, object relations, cultural factors and others. The case illustrations attest to the author's depth of experience in his field.

The chapters that follow illustrate with vignettes why, in the author's view, such treatments were successful or not. This approach, however, is problematic for two reasons. First, it is almost as if Stone assumes that amenability to his treatment is amenability to *any* treatment, since most of the evidence he sifts derives from his own work. Second, in the absence of a detailed consideration of other factors, such as therapist factors or therapy type, Stone indirectly invites the reader to consider that success or failure of any method of treatment reflects patient factors. Although

highly influential, such factors form only part of the story of therapeutic outcome. Although Stone does not neglect other aspects completely, he provides relatively little space for their consideration.

Stone does acknowledge (for example, p. 52) where there is good evidence for (at least symptomatic) change in patients with personality disorder, citing some of the small number of relevant randomised controlled trials. However, it is tempting to be lulled by the richness of Stone's illustrative case material into valuing personal anecdote, albeit from a highly creditable source,

above that of higher levels of evidence. He makes little attempt to interrogate such data in order to extrapolate, identifying those patients who are amenable to such treatments.

For specialists interested primarily in borderline personality disorder and in psychoanalytic methods, the book is reassuring and informative, even though not much of the recent literature is examined in detail. Those from a generalist background, who embrace wide treatment horizons and personality disorder comorbidity, while likely to be impressed by the

author's depth of understanding, could feel disappointed by the restricted breadth of his focus. However, Stone's rich case material does, to an extent, complement the academic personality disorder literature on what works for whom. As such it could help the clinician who struggles to understand its relevance to everyday clinical practice.

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