

The book is divided into seven chapters, starting with an introductory chapter and following chapters on the conventional anxiety disorders (panic disorder, generalized anxiety disorder, social anxiety disorder, specific phobia, obsessive-compulsive disorder and posttraumatic stress disorder). Each chapter covers the clinical features, differential diagnosis, etiology, prognosis, and conventional pharmacologic and psychological treatments. The author is well informed and clearly describes topics where knowledge is certain as he succinctly describes points of contention or uncertainty. Each of the anxiety areas is covered in good balance and described from a practical office perspective. The chapters are appropriate in length, their length determined by the amount of evidence accumulated. The longest chapters cover panic disorder and post traumatic stress disorder.

Phenomenology is emphasized far more than etiology, and the author clearly understands the clinical presentation and internal experience of the patient with anxiety disorders. He describes all of the relevant manifestations as well as the overlap between anxiety and mood disorders. The book emphasized common areas of clinical confusion and co-occurring problems in each of the anxiety disorders. For example, there is regular discussion about how to distinguish between anxiety disorders and how to evaluate for comorbid mood disorders and addiction among patients with anxiety disorders. He also gives practical suggestions about elaborating symptom phenomena from patients. For example, regarding compulsions in obsessive compulsive disorder he writes, "If patients do not reveal spontaneously that they perform mental compulsions, it is useful to ask how they cope with a particular obsession or what they do to alleviate the distress about having such an obsession." The discussion about treatment is balanced, including pharmacologic and non-pharmacologic treatments. He combines findings from clinical trials along with rational clinical experience in treating patients. Hence, the findings from clinical trials are not simply summarized, but they are put in the perspective of the scenarios commonly seen in clinical practice. For example, he gives that common sense advice for treating patients with panic disorder "it is important to start an SSRI at one-quarter to one-half of its initial antidepressant dose . . . This phase of treatment is often critical . . . dropout rates are highest during this period."

The sections covering course and prognosis are generally brief and adequately summarize the natural history of the anxiety disorders. These sections could have been a bit longer. The sections of etiology and biology are somewhat longer, but not excessively long, and they do not get bogged down in the excessive detail of some books that struggle over minor differences in study methods and findings. In the etiology section the author pays respect to several theoretical backgrounds. Biological theories and findings are balanced by discussion of psychological theories and findings.

There is nothing new here, but the author synthesizes well-known information soundly. Many artists may paint a landscape, but only a few will capture it and sustain your attention,

make it come alive. His writing is lucid and a pleasure to read. A seasoned clinician will find himself nodding his head in appreciation, and a novice should widen his eyes with new understanding. This small text should find a space on any outpatient clinician's bookshelf. It is an excellent refresher for practicing clinicians and would be fine reading for residents learning outpatient psychiatry.

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A Historical Dictionary of Psychiatry. By Edward Shorter: Oxford University Press, New York; 2005 ISBN: 0-19-517668-5; hardcover, \$ 49.95 (hardcover), 342 pp.

In trying to make sure we do not lose sight of key concepts from psychiatry's past that are still part of current trends, Dr. Shorter has compiled this unique volume. Dr. Shorter is very clear that his book does not contain or address all of the field's history. But he has chosen as carefully as possible to define what remains obviously relevant from the past and how it relates to our current understanding of the field.

The dictionary is arranged alphabetically by topical area, such as "Andreasen, Nancy Coover," "Feighner Diagnostic Criteria," or "Freudian Doctrine of Hysteria." However, there is also an index to help the reader toward a briefer and more efficient search, with listings such as "Davis, John M.," and "Computed tomography (CT) scanning." This is due to the fact that some issues and persons are subsumed under more general topical listings within the main body of the dictionary and one might not be able to access them simply by looking up the term alphabetically in the dictionary section.

This is a book best used as a reference to look up specific names, theoretical movements, techniques and concepts. The major difference from an ordinary dictionary is that, rather than a simple, numeric listing of meanings and pronunciations, this book gives a succinct historical vignette with occasional sub-headings for related or intertwined concepts. However, where Dr. Shorter believes a pronunciation is difficult or may have been lost in the shrouds of time, he does provide it. He also lists, at times, other topical segments of the book to which one may move should additional, related information be desired.

The introduction on pages 3 through 16 contains its own highly abridged history of psychiatry, along with a set of source notes. And toward the end of the book, just prior to the index, there is an essay on conducting research in the history of psychiatry, as well as a bibliography of other psychiatric historical texts. Each is subdivided into specific areas, such as "France" as a source of historical material, or books about "Psychiatrists: Autobiographies and Biographies," respectively. This book could be especially useful to psychiatrist educators (as a way to increase historical references and issues, or make sure of their accuracy, for any course or lecture), other medical historians (as a concise guide to a large number of

other historical sources), and all those interested in the historical trends that have led us to the present psychiatric state of the art. It could easily be used within a residency course on the history of psychiatry as a sourcebook. It is quite readable but sufficiently concise to be an efficient historical "research" tool. And although the book revolves around history, it also brings

appropriate topics up to the present with some very recent findings and concepts.

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