of mainly Boston-area authors (12 of 14 chapters) to tackle the daunting topic of polypharmacy in psychiatry. The first chapter, providing conceptual and historical background, is a dandy, replete with pithy aphorisms from such luminaries as Oliver Wendell Holmes ("If the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes") and William Osler ("The true polypharmacy is the skillful combination of remedies"). It becomes readily apparent that even the word "polypharmacy" has numerous meanings with several implications. Combining an antidepressant and an antipsychotic for delusional depression is considered first-line treatment, but combining two or three atypical antipsychotics for treatment-resistant schizophrenia is controversial.

The book goes on to deal with the polypharmacy of specific disorders (bipolar disorder, depression, schizophrenia, anxiety disorders, and posttraumatic stress disorder [PTSD]), polypharmacy across the ages (the old and the young) and in the medically ill, the psychology and psychosocial aspects of polypharmacy, and even herbal and cultural polypharmacy. The chapters run hot and cold: those on bipolar disorder and schizophrenia are particularly well done but that on anxiety disorders is quite the opposite (generalizations without substance).

The chapter on polypharmacy in the medically ill strays from the topic of psychiatric polypharmacy and provides a more general overview of drug-drug interactions. The numerous tables address selected interactions between psychiatric and other medical drugs, but they are incomplete and not derived from original data but, rather, adapted from earlier (1995, 2000) publications. Under such circumstances, it is always difficult to know if fact, fiction, or combinations thereof are being passed on to current readers. Perhaps even more troublesome are unsubstantiated, unreferenced statements (e.g., blood-brain barrier changes with age allow adequate CSF lithium levels to be attained at lower serum levels). The chapter on PTSD has a considerable amount on neurochemistry, perhaps because, as the authors point out, "there have been no clinical studies of polypharmacy in PTSD."

When dealing with herbal medications, one is always confronting polypharmacy, even when only one product is used, given the complex chemical makeup of the herbals. Mix a few of them together, and the chemical permutations become almost infinite. The combination of herbals with more conventional psychotropics is virtually unstudied with regard to efficacy and greatly underappreciated with regard to risk (St. John's wort inducing CYP3A4 and P-glycoprotein, ginkgo biloba interfering with platelet function, kava inducing hepatotoxicity, fluvoxamine increasing melatonin levels 17-fold, and so on down the line).

All in all, the editor and authors have done their best in dealing with a rather murky, understudied, ill-defined topic. Many of the chapters conclude with suggestions, guidelines, and recommendations for clinicians. The book itself concludes with recommendations from Ghaemi: Base combination treatment on empirical evidence (unfortunately, there isn't much), reserve polypharmacy for treatment resistance, focus treatment on syndromes rather than symptoms, eliminate unnecessary polypharmacy, and encourage more and better research in the area.

Overall, this is a book well worth reading (you won't find anything else like it), but be prepared to accept some unevenness among the chapters.

JAMES W. JEFFERSON, M.D.
Madison, Wis.

ASCP Model Psychopharmacology Curriculum, 2nd ed., volumes 1 and 2, *by the Committee of the American Society of Clinical Psychopharmacology, Ira D. Glick, M.D., Chair; James Ellison, M.D., James Halper, M.D., David S. Janowsky, M.D., R. Bruce Lydiard, M.D., Ph.D., Jessica Oesterheld, M.D., Peter Ross, and Sidney Zisook, M.D. New York, ASCP, 2001, 780 pp., $750.00 plus $150.00 for CD-ROM (price varies; contact ASCP for pricing range).*

This is a tremendous two-volume series for a very limited audience. The development of a model psychopharmacology curriculum intended for residency training programs has been the goal of a number of organizations. The American College of Clinical Psychopharmacology published their first edition of the model curriculum in 1997. The two volumes at hand comprise the second edition, and the third edition, according to Dr. Glick, will be available some time next year or the year after. The intended audience for the model curriculum is residency training programs and individuals whose lecture material consists of psychopharmacology. Given that there are approximately 120 residency training programs in the United States, the model psychopharmacology curriculum has a quite limited audience. I tried to determine if these volumes would be appropriate for other individuals: people studying for board examinations or medical students or people practicing psychopharmacology, for example. I don't think the use is intended for these individuals as much as for training programs and people who are giving lectures.

The two volumes provide a demonstration of a didactic program in psychopharmacology with specific lecture topics concerning antipsychotics, antidepressants, mood stabilizers, antianxiety agents, and hypnotics; psychopharmacology for the medically ill and for geriatric patients; substance abuse; psychopharmacology of aggression, ADHD, eating disorders, and personality disorders; and some special additional topics. There are case studies, slide sets, a list of books for patients and their families, a list of books and journals that are of use to help training, and a listing of rating scales that are used to assess psychopathology and change in the different conditions. On a personal note, I think clinicians too infrequently use rating scales to document the severity of their patients' illness in treatment outcome. Having these rating scales in one volume is quite useful.

The second volume has a basic course for beginning residents (15 chapters), an advanced course for those in postgraduate years 3 and 4 (19 chapters), and information on child and adolescent psychopharmacology (six chapters). In addition, there are case vignettes. The slide sets are both in hard copy as well as on a CD-ROM.

I had the opportunity to speak with Dr. Glick regarding the model curriculum and asked him a few questions about these volumes. First of all, it would be important to have a mechanism to update the information. Indeed, that is the case; the lectures are updated yearly with new lectures. People who

purchase the books are given the opportunity to update the lecture material.

Second, consultation is available from Dr. Glick and others in the American College of Clinical Psychopharmacology regarding questions that arise. This is important because psychopharmacology is a fluid field, and changes in our knowledge about the medications and the availability of the medications occur quite rapidly. Providing an expert panel to update the didactic material makes the model psychopharmacology curriculum alive, and this becomes an exciting endeavor.

I reviewed a number of slide sets that were provided looking for what is current knowledge as well as searching hard for commercial bias. The knowledge is quite current, and I detected no commercial bias in the slide sets. Given that the current volume is approximately a year or more out of date, one would look forward to the updates that have occurred in the current year as well as the possibility of a newer edition in the next year or so.

I feel that the approach taken by this publication is required for training programs. The material is provided by experts in the field. The depth of the material is appropriate to the level that the residents should expect. The suggested readings and references are quite pertinent. The interaction of the purchasers of the model psychopharmacology curriculum with the members of the American College of Clinical Psychopharmacology provides an additional depth that goes beyond the actual pages of the text.

DAVID L. DUNNER, M.D.
Seattle, Wash.

LAW AND ETHICS

Ethics Case Book of the American Psychoanalytic Association, *edited by Paul A. Dewald, M.D., and Rita W. Clark, M.D. New York, American Psychoanalytic Association, 2001, 106 pp., $20.00.*

This book courageously tackles a complex and compelling topic—ethical problems in the practice of psychoanalysis and in psychoanalytic education. Published by the American Psychoanalytic Association, it is written especially for its members. However, I believe it will be of great interest to all psychiatrists and other mental health professionals. Its authorship appears a bit murky. Although Dewald and Clark are listed as editors "with the help of the Subcommittee on Ethics Revision," whose members are also listed, no author or authors are identified. Having just finished the book, I am tempted to add, echoing a refrain that occurs throughout this excellent book, "Is this an ethical or a technical issue?" Less facetiously, I suspect it is an artifact of self-publication, as are the horrendous number of typographical errors in the book. But these are minor criticisms of a book that takes on the formidable challenge of addressing some of the most nuanced and seemingly insoluble of ethical dilemmas.

The introduction explains the book's rationale. In the process of preparing a revised ethics code for the American Psychoanalytic Association (which is included in this book), the Subcommittee on Ethics Revision found that group discussion of specific vignettes enhanced participants' sensitivity to ethical issues and also helped achieve a consensus about ethical guidelines. They then wrote this book to provide a wide range of hypothetical and disguised actual cases to stimulate group discussions. Keep this in mind, or you will wonder why the book abounds in such extraordinarily thorny ethical conundrums, often without offering the authors' help in resolving them. Only a minority of these vignettes include "discussion" sections, in italics, which suggeststhe Subcommittee's opinion on the extremely provocative questions they have raised.

Although the reader might reasonably wish that every single question had been answered, the book's format serves to remind us that many ethical dilemmas have no clear-cut and absolute answers. This is especially true of the vignettes in this book, since they include a preponderance of dilemmas that evoke conflicting ethical precepts, not to mention conflicting legal, moral, theoretical, personal, economic, societal, and public relations considerations. Short of adding King Solomon to the Subcommittee, it is probably impossible to offer definitive answers to all ethical quandaries. The book is modest in acknowledging its limitations:

> There has been a progressive change in the culture of the profession in that there are many theoretical differences concerning appropriate interactions [with patients]. Within the Ethics Code there are relatively few moral or ethical absolutes.... In this climate it is highly problematic to make ethical judgments, let alone decisions that must be implemented by actions. (p. 95)

Perhaps the book should come with a warning label—"Danger! Contents may be hazardous to readers with harsh superegos!" Such readers may suffer toxic sequelae from overdosing on a bolus of just about everything that can possibly go wrong in analytic practice, no matter how well-intentioned the analyst is. As Glen Gabbard (1) has documented, the psychoanalytic profession needs to come to terms with its sad history of serious boundary violations, including those perpetrated by some of its most respected figures. Gabbard has often taken the leadership in asking that we acknowledge these ethical violations and that we do all we can to prevent future violations or to impose appropriate sanctions when they occur (e.g., reference 2). Given our current need to compensate for our past history of group blind spots and inaction, we have to be cautious that we not overcompensate, swinging the proverbial pendulum too far in the other direction.

The book asks that analysts follow the code of ethics even when this means the analyst might be punished for breaking the law (pp. vi, xxx). Should an analyst follow his or her own conscience, even when it conflicts with this code of ethics? Gutheil and Gabbard (3) have warned against the misapplication of the concept of boundary violations to boundary "crossings" and other less ethically loaded issues. Even such seemingly innocuous behavior as addressing a patient by his or her first name, seeing a patient during one's last appointment of the day, or charging the patient a reduced fee have raised eyebrows when hypervigilance about boundaries condemns these actions on the grounds that they will lead to a