

PSYCHONEUROIMMUNOLOGY

The Link Between Religion and Health: Psychoneuroimmunology and the Faith Factor, edited by Harold G. Koenig and Harvey Jay Cohen. New York, Oxford University Press, 2002, 304 pp., \$35.00.

This book contains 15 chapters written by national experts in a variety of disciplines. Most of the authors participated in a 1999 conference at Duke University to "review the effects of stress on the immune system and see how this knowledge might inform us about the religion-health relationship."

The number of studies supporting beneficial effects for religion on mental health, physical health, and mortality is growing, but no biological mechanism for such an effect has been proven. The editors propose that religion may have a beneficial effect on immune function through the neuroendocrine system's modulation of the stress response. Several chapters address this hypothesis by examining neuroendocrine and immune function factors in cancer, autoimmune disorders, wound healing, HIV infection, and other infections. Although there are some studies supporting the editors' hypothesis, clearly there is a long way to go.

One of the important research issues addressed in this book is defining the multiple domains that exist under the umbrella of religion. Many early studies examined the role of religious denomination on health. Clearly, this categorization fails to recognize the complex features of religion and faith. The authors note that religious belief, religious behavior (i.e., frequency of church attendance), use of religion in coping, spirituality, and other features of religion may be related more directly to the beneficial effects of religion on health. Potentially important confounding issues, such as lower rates of smoking in church attenders, are also noted in this book. The authors review the psychometric issues involved in many of these religious domains and make specific recommendations for researchers who want to include religion as a descriptive variable.

A final chapter summarizes the editors' recommendation for an agenda for future research in the study of the effects of religion on health. They advocate a series of research projects, some classified as high priority and others classified as most practical. Some of the most practical studies would have a limited cost. For example, adding several measures of religiosity and several immune function markers to standard chemotherapy clinical trials could help examine the relationship between religion and immune response. The editors give additional examples of how "piggybacking" religion assessments may provide valuable information about the effect of religion on disease, health, and treatment response.

I would recommend this book for clinical researchers interested in contributing to the study of the role of religion in psychiatry and medicine. Clinicians interested in the relationship between religion and health will also enjoy this summary of the current state of knowledge and glimpse into potential future research studies.

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PSYCHOMETRIC TESTING

What's Wrong With the Rorschach? Science Confronts the Controversial Inkblot Test, by James M. Wood, M. Teresa Nezworski, Scott O. Lilienfeld, and Howard N. Garb. New York, Jossey-Bass (John Wiley & Sons), 2002, 446 pp., \$24.95.

For many years, the Rorschach test was viewed as the psychometric equivalent of psychoanalysis. It pierced through psychic defenses, gaining a clear picture of affects and conflicts, conscious and unconscious, as well as the intactness of thought processes. Many thought that the Rorschach could make the diagnostic decision as to whether a patient might possibly be psychotic. The blot's ambiguity was a great benefit because patients would not realize what they were revealing and, therefore, could not defend against revealing it. The revered experts were Klopfer and Beck. More recently, John Exner and Irving Weiner provided detailed rules for interpretation of Rorschach scores.

This book starts with an engaging clinical anecdote in which one author presents an analysis of his own Rorschach and then details how it is a very poor fit to his life experiences and personality. The book provides details of systematic research indicating that such interpretations were not factually based but, rather, based on presumptions. Of particular concern is the frequent, unjustified use of the Rorschach as definitive in forensic matters and critical clinical evaluations. There is an engaging, lucid review of relevant research and controversies. In particular, the authors' critique of the Exner comprehensive system is trenchant.

The authors believe that the Holtzman Inkblot Test has been better validated and is more reliable but requires updated norms. These authors cannot be considered as simply ideologically biased against projective testing. Rather, they call for projective testing that meets standard rational, psychometric norms.

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NEURAL MECHANISMS OF ILLNESS

Molecular Neurobiology for the Clinician, edited by Dennis Charney, M.D. Arlington, Va., American Psychiatric Publishing, 2003, 250 pp., \$31.95 (paper).

This multiauthor text explores the current state of knowledge of molecular abnormalities in psychiatric disorders. The book does an outstanding job of illustrating the interface between basic science and clinical psychiatry.

The book has five sections about molecular neurobiology, including chapters on child and adolescent disorders, schizophrenia, drug addiction, mood and anxiety disorders, and the potential roles for molecular neurobiology in the diagnosis and treatment of psychiatric disorders.

The authors artfully integrate what is known about genetics and neurochemistry with diagnosis and treatment of several psychiatric disorders. An example of this integration is the discussion about protein kinase C activity, its abnormality in mania, and its attenuation by medications like lithium and valproate. Additionally, the authors show how knowledge of protein kinase C abnormality in mania has led to treatment trials of patients with bipolar disorder with tamoxifen, a breast cancer treatment that inhibits the protein kinase C signaling pathway.

The exciting frontier of psychiatric genetics receives substantial coverage in many chapters of this book. The authors illustrate the potential for genetic findings to explain certain psychiatric phenomena.

Each chapter is accompanied by an extensive bibliography that allows the reader to delve more deeply into numerous neurobiological topics. Several chapters also contain artistic depictions of cellular neuroanatomy and neurochemistry that are quite useful. Reading this book piques one's interest about how these complex genetic and molecular abnormalities could explain the numerous variations seen in the manifestation of clinical psychiatric disorders.

Molecular Neurobiology for the Clinician presents an excellent foundation of the molecular neurobiology of psychiatry. It will allow professionals already knowledgeable about these topics to update their knowledge and others to gain a useful first look into the fields of genetic and molecular chemistry of psychiatric disorders.

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Vascular Disease and Affective Disorders, edited by Edmond Chiu, A.M., M.B.B.S., D.P.M., F.R.A.N.Z.C.P., David Ames, B.A., M.D., F.R.C.Psych., F.R.A.N.Z.C.P., and Cornelius Katona, M.D., F.R.C.Psych. London, Martin Dunitz, 2002, 276 pp., \$44.95 (paper).

Cardiovascular and cerebrovascular disease both go with depression, and a plethora of magnetic resonance imaging studies have associated white matter hyperintensities with depressive disorder. Although not explicit in the book's title, the fact that the editors are all well-known old-age psychiatrists should alert the reader that the material covered relates largely to affective disorder in older adults. Like the proverbial game of football (known to U.S. readers as soccer), this is a book of two halves of more or less equal length with some postmatch pundits' analysis contained in a concluding chapter written by the editors.

The first half kicks off with five chapters reviewing the evidence for associations between affective and anxiety disorders and systemic vascular disease. In the second half, a more attacking game is played with specific focus on the relationship between cerebrovascular disease and affective disorders. Some excellent, authoritative, and thought-provoking chapters on the role of the basal ganglia and the often forgotten area of mania in older adults certainly hit the back of the net.

Some surprising areas remained unplayed, more or less left on the substitutes' bench. I would have expected to see more coverage of the emerging characterization of neuropsychological impairment in late-life depression, specifically, details of executive dysfunction and motivational disturbance. Since

these impairments appear to offer an important link between focal vascular brain damage and the symptom profile of patients with late-life depression, I was disappointed that this area merited only a single page in a chapter on vascular depression.

There is much that is good about this book, however, and the editors should be congratulated for spotting an up-and-coming and promising area of psychiatry and producing a volume that is accessible and attractively presented. For a single reference volume on the area, there is no better source. So, after the final whistle has blown, is depression in older people a cerebrovascular disease? The vascular depression hypothesis is appealingly simple and should be easily testable. To my surprise, even after following the editors' postmatch punditry, I didn't really reach a definite conclusion. This is not the book's fault. Lines of evidence from widely disparate areas of medicine and neuroscience are sometimes hard to piece together, particularly when the data are still awaiting confirmatory replication. But there's always next season, and I am sure that there will be a demand for further editions of this book. As the field matures and consolidates, *Vascular Disease and Affective Disorders* should deliver some more great goals and some decisive results.

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SUBSTANCE ABUSE AND COMORBIDITY

Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders, edited by Paige Quimette, Ph.D., and Pamela J. Brown, Ph.D. Washington, D.C., American Psychological Association, 2003, 313 pp., \$39.95.

Spanning four decades of clinical work involving patients with substance use disorders, my experience has led me to conclude that suffering is at the heart of addictions (1, 2). Nowhere is this more evident than with individuals who have developed posttraumatic stress disorder (PTSD) and resorted to addictive drugs to medicate the distress and pain associated with PTSD. The contributors to this edited volume have taken up the important challenge of fathoming the relationship between trauma and substance abuse, at the same time making a valuable contribution to understanding the more general issue of how comorbid psychiatric conditions relate to the development of substance use disorders. They provide rich empirical and clinical data to move beyond the simplistic cause-consequence, cart-horse controversies that have surrounded these conditions. They explore the complex human psychological underpinnings of the nature of PTSD and substance use disorders and how they interact. I agree with Dr. Meichenbaum, who in the foreword writes that this book "is a model on how to study comorbid disorders."

The editors of this book legitimately point out that providers of care for substance use disorders do not regularly screen for PTSD and do not make appropriate treatment referrals. Similarly, trauma experts insufficiently consider the co-occurrence of substance use disorders. Given the extraordinary

suffering that occurs in both conditions and is amplified even more when they co-occur, a tragic shortfall too often develops in meeting the needs of patients who suffer with these conditions.

The first chapter on epidemiologic aspects of comorbidity is an indication of the clarity and utility of this book. The authors lucidly and succinctly instruct the reader on important and basic epidemiologic methods and types of studies, examining the relationships between substance use disorders and PTSD (e.g., cross-sectional versus prospective studies). A case in point is how odds ratios are derived and what they mean. It should not surprise the reader that individuals with PTSD are three to four times more likely than individuals without PTSD to have substance use disorders.

Five chapters address assessment and treatment issues. Notwithstanding the considerable controversy over whether PTSD or the substance use disorder should be treated first when they co-occur, the authors seem to agree that simultaneous treatment of both should be the norm whenever possible. Theoretical and procedural approaches to assessment are reviewed. Methods and instruments to evaluate substance use disorders and PTSD are extensively considered, including type and timing of assessment approaches to evaluate comorbidity and establish the temporal order of use of substances and the development of PTSD. The authors of this chapter demonstrate commendable sensitivity to dealing with patients' problems with affect intolerance and suffering, particular feelings of shame and stigmatization. This sensitivity is also evident in chapters on exposure therapy, "seeking safety" psychotherapy, and the role of coping.

A major portion of my career has been spent on developing an etiological model for substance use disorders based on clinical experience and a psychodynamic perspective. This effort has culminated in the development and articulation of the self-medication hypothesis (1, 2). The main implication of the self-medication hypothesis is that in the majority of cases suffering leads to substance use disorders and not the other way around—a debate or controversy that is not inconsequential. It is impressive and validating how much the empirical data amassed in this volume complement and affirm the role of self-medication as a major mediating factor between PTSD and substance use disorders. As the editors unequivocally state, "Our position is that the majority of patients follow a pattern in which the development of PTSD is primary" (p. 93). They conclude that "PTSD cannot be considered secondary to substance use disorders and that treatment targeting comorbid SUD [substance use disorder]-PTSD might improve outcome for both disorders" (p. 93).

One of the criticisms of a volume such as this one is the repetition of evidence correlating acquired and inherited psychological, neuroanatomical, and neurophysiological abnormalities associated with PTSD and substance use disorders. What is more often not adequately explained is why many individuals with these same abnormalities do not develop PTSD or substance use disorders. Although at times putting the reader on overload, the exhaustive citations of the literature on epidemiologic, psychosocial, familial, experimental, neuroanatomical, and neurochemical pathways that are likely involved in the development of PTSD and substance use disorders are of benefit to the reader.

Interested students and scholars should find this book exceedingly helpful in directing them to what appears to be one of the most inclusive compilations of studies on PTSD and its relationship to substance use disorders. This includes literature on childhood trauma involving PTSD leading to substance abuse and perpetration of violence as well as studies on comorbidity, PTSD/substance use disorders in Vietnam veterans, incarcerated women, and traumatized adolescents. To the best of my knowledge, *Trauma and Substance Abuse* is the most comprehensive and up-to-date review of the relationship between PTSD and substance use disorders.

References

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2. Khantzian EJ: The self-medication hypothesis of substance use disorders: a reconsideration and recent applications. *Harv Rev Psychiatry* 1997; 4:231–244

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Substance Abuse Treatment for Criminal Offenders: An Evidence-Based Guide for Practitioners, by David W. Springer, Ph.D., C. Aaron McNeece, Ph.D., and Elizabeth Mayfield Arnold, Ph.D., L.C.S.W. Washington, D.C., American Psychological Association, 2003, 249 pp., \$39.95.

This book is part of the Forensic Practice Guidebooks series published by the American Psychological Association. One may question the need to even consider a book written about substance abuse treatment, since many already exist. Moreover, for more than a decade organized medicine has officially recognized the subspecialties of addiction psychiatry and forensic psychiatry, and an important work at the intersection of these two psychiatric subspecialties would have been anticipated. Curiously, however, the professional literature lacks a current comprehensive critical review on the topic of treatment of criminal offenders with substance use disorders.

A key premise of the book is the utilization of an "evidence-based" approach. The evidence-based approach, the catchy new phrase in the medical literature these days, is really nothing more than solid scientific inquiry. By taking this approach the authors provide a fresh look at the treatment of substance users in the criminal population. Because a substantial proportion of the criminal offender population suffers from substance use disorders, this review is not merely an academic exercise but has significant societal implications. The authors directly posit that the "War on Drugs," initiated by then President Nixon, is not winnable; they emphasize that treatment of substance-using criminal offenders and not incarceration has been the only effective way to decrease substance abuse and drug-related crimes.

From this starting point, the authors examine individual, family, and group treatment. Traditional and innovative treatment settings and approaches are also explored. What sets this book apart from others is that the authors have undertaken a concerted effort to explore the available research in three important offender subpopulations—juveniles, women, and minorities. Their review highlights the gaps in

our knowledge of these subpopulations in the context of substance abuse treatment.

Of interest to psychiatrists is the chapter on offenders with dual diagnoses. In addition to the traditional individual with an axis I mental disorder and a substance use disorder, there is discussion of those with an axis II mental disorder and a substance use disorder. The authors point out that individuals with certain diagnoses have better outcomes with a particular treatment approach. This finding is also highlighted in the other chapters covering the different treatment modalities. This theme has important programmatic implications because the trend has been to implement substance abuse treatment with modalities that are locally available and not necessarily tailored for many who receive treatment. In our current climate of limited resources, identifying and using the most effective treatment approaches for substance abuse among criminal offenders become especially important.

This book is best considered as a guidebook to the best practices in the treatment of criminal offenders with substance use disorders. Psychiatrists who work with or have interest in patients with substance use disorders and/or correctional patients will find this book required reading to stay abreast of the psychosociocultural component in treating these often challenging patients. The psychiatrist or physician reader should be forewarned that there is only a very brief mention of psychopharmacological approaches, although it is up-to-date. The book is relatively short and can be quickly digested. Fifty-three pages of references point the reader toward further exploration. Equally as important as the mental health clinician readership for this book would be those with programmatic or fiduciary responsibilities, so they may be able to support the treatment approaches that work and discard the approaches that have been found to be of little or very limited utility.

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The Tobacco Dependence Treatment Handbook: A Guide to Best Practices, by David B. Abrams, Raymond Niaura, Richard A. Brown, Karen M. Emmons, Michael G. Goldstein, and Peter M. Monti. New York, Guilford Publications, 2003, 365 pp., \$35.00 (paper).

The timing was perfect when we received the invitation to review a new (and to our knowledge unique) handbook for treating tobacco dependence, since we had recently inaugurated a smoking cessation clinic for psychiatric patients at our Veterans Administration (VA) facility and were having difficulty finding a "how to" manual for the rotating residents. We are happy to report that the search is over.

Our impression after a first reading of *The Tobacco Dependence Treatment Handbook* is overwhelmingly positive, which is not to say that some tobacco mavens whose career-driven Brownian motion was not influenced by Providence won't experience conflicts. The book's *raison d'être* (and call to war with the tobacco industry) is dramatically (and a bit redundantly) provided in the preface:

An addiction is not simply a free choice made by adults, as the tobacco industry propaganda would have us believe, but rather is tantamount to enticing young

people into a personal prison for the rest of their lives—a concentration camp that eventually kills over 430,000 of its U.S. inmates each and every year by toxic exposure to lethal poisonous gases.

The preface also provides an overview of the book's contents, which should enable a time-challenged reader with a specific area of interest to focus initially on the most relevant chapters, and ends with the book's "single most important message—"that we must never give up on a current smoker until he/she has been helped to successfully maintain a tobacco-free life."

There is something here for both those working within specialty smoking cessation programs and healthcare professionals new to the field. Experienced clinicians and clinical investigators who may already be familiar with the broad concepts will find extremely useful the excellent synthesis of current scientific literature to guide their efforts, the large number of rating scales for assessing the degree of tobacco dependence, and the discussion of systems issues that influence treatment. Primary care providers new to smoking cessation treatment should find this handbook indispensable for the detailed information it provides regarding the health consequences of smoking, methods for increasing patient motivation to quit smoking, and "nuts and bolts" techniques appropriate for general medical settings. A real strength of this handbook is the specificity of the information provided, which will likely enhance the skills of any clinician treating tobacco dependence or seeking guidance in making an appropriate referral to a smoking cessation treatment program.

Finally, we have three "pet peeves" (not intended to dissuade anyone from a wise decision to acquire a copy of the book). First, for those able to recall from their training years the quick reference handbooks that would fit in the pocket of a white coat, this large tome, which did not fit vertically into my standard VA hospital bookshelf, is more of a desk reference than a handbook. Second, physicians, especially those in primary care, may not be entirely comfortable with the emphasis on psychological and behavioral treatments; psychopharmacologic interventions are touched on throughout the book, but only one of nine chapters, "Pharmacotherapy for Smoking Cessation," specifically addresses the topic. Lastly, the terms "nicotine addiction," "nicotine dependence," "tobacco addiction," "tobacco dependence," "smoking behavior," and "smoking" are intentionally used interchangeably "to reflect the powerful biobehavioral mechanisms underlying nicotine addiction." The problem with this blurring of terminology is that exogenous smokeless nicotine, despite its tendency to induce dependency, is likely, in the near future, to find clinical uses in the treatment of one of several conditions for which it is being studied, including ulcerative colitis, schizophrenia, bipolar disorder, Parkinson's disease, Alzheimer's disease, and Tourette's syndrome. In fact, in 2001 one of us reviewed another excellent book summarizing the very promising research in these areas (1). We hope that others will find this handbook as valuable as we and our residents have, so that the current printing will sell out quickly, allowing later editions to reflect the likely or, by that time, demonstrated usefulness of smokeless nicotine outside of smoking cessation treatment and remove the guilt by association.

Reference

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EPIDEMIOLOGY

Textbook in Psychiatric Epidemiology, 2nd ed., edited by Ming T. Tsuang, M.D., and Mauricio Tohen, M.D. New York, Wiley-Liss (John Wiley & Sons), 2002, 722 pp., \$125.00.

If I were arriving from another galaxy, knew nothing about psychiatric epidemiology, and was handed this book, how would I react?

My first response would be to note that psychiatric epidemiology is a complex field with detailed discussions of method, assessment, major disorders, and special populations. Also, the field is evolving, from risk assessment to examination of the roles of family, community, and institutions in protecting against mental disorder. We may, in fact, be on the cusp of "resilience" and "recovery" epidemiology.

My second response would be to gauge the level of our knowledge. Clearly, the National Comorbidity Survey gives us an excellent overview of the prevalence of disorders. But what about incidence? Should that not be part of our national studies? And what of the problems in assessing annual and lifetime prevalence? Are we not willing to make the financial investment necessary to develop the knowledge needed to prevent psychiatric disorders?

My third response would be to examine how fully the field has embraced the role of genetics in the transmission of disorder. The text includes a good methods paper on psychiatric genetics. But where is this field going? Are we prepared to exploit the exponential expansion in knowledge of genetics? Are psychiatric epidemiologists appropriately trained for this new world?

Returning control to earth for a few minutes, I think Tsuang and Tohen are to be congratulated for undertaking this second edition of *Textbook in Psychiatric Epidemiology*. It will be very useful to field researchers, students, and interested parties from the policy community. Most leading researchers from the psychiatric epidemiology community are represented. In addition, the text flows logically from approach to content.

Some of the findings, however, are dated (a chronic problem in the mental health statistical community not specific to this text). More needs to be done on the role of technology in conducting community epidemiologic surveys. Very little is said about international work. Moreover, we need to develop data standards for the field so that states and communities can conduct comparable surveys with comparable results.

In my day-to-day work at the Center for Mental Health Services, I am asked one or more questions about psychiatric epidemiology every day. I have the Epidemiologic Catchment Area Study and the National Comorbidity Survey at my side and a picture of Dr. Morton Kramer on my wall. At least twice

a week, however, I am asked about topics for which the field does not currently have answers. The topic can be children's disorders, the relation between prevalence and need, or a host of other important issues.

Now, as I leave for my home galaxy, I will take Tsuang and Tohen with me. I know that this text contains the tools to find the answers that I will need.

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The Epidemiology of Schizophrenia, edited by Robin M. Murray, Peter B. Jones, Ezra Susser, Jim van Os, and Mary Cannon. New York, Cambridge University Press, 2003, 454 pp., \$80.00.

This is an impressive book. It brings together a remarkable array of evidence. The evidence comes from papers published in English, underlining the sad fact that there is little exchange of information between the realms of different languages. English has become the medium of science, replacing the Latin of the European scholars of the Middle Ages. Although studies are done in other parts of the world and are published in French, German, Russian, Spanish, Chinese, and other languages, it is hard to find references to them in the articles written in English in this or most other books published in English. The situation is probably a little less bad in articles published in other languages that refer to work published in English, but the barriers seem to be just as high for scientists writing those articles as they are for those publishing in English. Admittedly, most of the important research nowadays appears in English, but it is probable that important work is published elsewhere that does not cross the language borders. This is not a criticism of this excellent volume but a lament over the world of science today.

This volume touches on all the points of current interest in research on schizophrenia. It is somewhat artificially divided into five parts—The Social Epidemiology of Schizophrenia, The Developmental Epidemiology of Schizophrenia, The Genetic Epidemiology of Schizophrenia, Special Issues in the Epidemiology of Schizophrenia, and Future Directions and Emerging Issues. With some exceptions, most of the chapters could be placed in any of these five groups. The grouping of the chapters into five clusters was a valiant effort to organize the vast amount of evidence about the epidemiology of schizophrenia that has become available in recent years. The effort did not quite succeed, but that is of little consequence for the value of the book, which relies solidly on the many excellent contributions of the nearly 40 authors whom the editors have assembled.

As is often the case in similar books, the quality, comprehensiveness, and scope of the chapters included in the book vary. There are, however, numerous chapters of fine quality bringing together well-assembled evidence that is not easy to find elsewhere and others that open new vistas on mental illness. I particularly liked the chapters dealing with the gene-environment interaction, the thought-provoking chapter by Jim van Os and Hélène Verdoux on the diagnosis and classification of schizophrenia, and the chapter dealing with questions of prodrome and early course of schizophrenia by Häfner.

The book regrettably does not have an author index, and the subject index has some surprising omissions—the words “culture,” “transcultural,” “cross-cultural,” “catatonia,” “hebephrenic,” “paranoid,” “schizoaffective,” “mood disorders,” or “affective disorders,” for example, do not appear in the index. The absence of some of these words is a reflection of the near absence of attention to differences of findings concerning the classical diagnostic subgroups counted under the general heading of schizophrenia. This decision can be defended in a variety of ways. I regret, however, that little attention was given to the contribution that epidemiology could

make to the validation or invalidation of the nosological entities that have dominated clinical and therapeutic thinking of psychiatrists for at least a century.

In all, however, I think that this book is a very useful compendium of epidemiologic findings concerning schizophrenia and that it should be of interest and helpful not only to psychiatrists interested in schizophrenia but also to geneticists, physicians of disciplines other than psychiatry, and public health decision makers.

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Reprints are not available; however, Book Forum reviews can be downloaded at <http://ajp.psychiatryonline.org>.