

armamentarium to treat these children and help their families. As a resident/fellow, I was advised to help families work through their grief and disappointment at having an autistic child and help them recognize that, in all probability, their child would be hospitalized and/or institutionalized for the rest of his or her life.

One of the children who were assigned to me at the beginning of my residency was later transferred to the state hospital system, and I was her treating therapist there as well. She had a brief period of time in the community, and I was involved in a treatment plan that placed her in a special education program. When I left the state hospital to practice in the community, she was still a patient in that same state hospital, having returned when community placement was unsuccessful and the school indicated it could no longer tolerate her unusual behavior. The plan was then for her to be raised in the hospital.

Today, the number of children identified with autism spectrum disorders has skyrocketed, and fortunately the range of treatment options available is wide. Although there is no cure for autism, treatments are available that can reduce symptoms, and hope can be offered to patients and their parents.

This book synthesizes the most recent research on the etiology, assessment, and treatment of autism spectrum disorders. It is written for the general psychiatrist, and it contains reviews of the latest scientific literature. It is full of practical suggestions for clinical care in this era of evidence-based medicine and provides empirically supported guidelines for evaluation and treatment. It is a valuable resource for clinicians, patients, and their families.

The authors emphasize that there are five specific autism spectrum diagnoses, or pervasive developmental disorders (the term used by DSM-IV-TR that is synonymous with autism spectrum disorders). These are autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, and pervasive development disorder not otherwise specified. All of these disorders share certain features, such as deficits in reciprocal social interaction, deficits in communication, and restricted repetitive behaviors, interests, or activities. However, each of these disorders is different in some way. Children with Asperger's syndrome have well-developed language and cognitive abilities. Rett's disorder, in its classic and best-recognized form, is a rare behavioral syndrome found only in girls; female infants appear fine at birth and developmentally normal for at least 5 months or longer, but, within 6 months to a year, these girls lose use of their hands and lose interest in others and in social interaction. Childhood disintegrative disorder is a very rare condition that also involves a period of normal development of at least 2 years, followed by a loss of skills, resulting in severe impairments in cognitive, self-help, and other abilities. Although childhood disintegrative disorder can occur in either boys or girls, it is much more common in boys.

Part 1 of this book deals with scientific advances that have shaped clinical practice since Leo Kanner first advanced the diagnosis. Part 2 details important interdisciplinary approaches to assessment, describing the contributions of psychiatry, psychology, pediatrics, and neurology. The psychiatrist has many roles, including clarifying the diagnoses, assessing for pharmacologic intervention, and working with

the family. The psychiatrist is urged to work in concert with other professionals and take active responsibility for encouraging the team process. The psychologist, too, has many roles, including assessment of language, adaptive behavior, neuropsychological function, and academic ability. The pediatrician is urged to conduct a complete medical examination and to help in the decision regarding which laboratory tests are valuable. In particular, the pediatrician can suggest relevant genetic studies, including time-resolution cytogenetic testing, and relevant blood and urine testing. The neurologist is encouraged to approach an autistic child with an open mind and to select from a battery of diagnostic tests those which might be relevant if the child has seizures.

Part 3 deals with treatment options. Nonmedical interventions for autism spectrum disorders and pharmacotherapy are carefully reviewed. One particularly important chapter deals with alternative theories. In my experience, parents with autistic children have been led to believe that there are some special environmental factors—food allergies, secretin, immune and infectious diseases, and toxic exposure (i.e., mercury, lead, and ethanol)—leading to the serious illnesses of their children, many of which have been discredited. The authors note that many families try specialized approaches, whether their medical caregivers agree with their decisions or not, and comment that practitioners have a responsibility to be aware of, and conversant in, alternative approaches.

The final section of this book is devoted to professional-parent collaboration; the model for such collaboration is the M.I.N.D. Institute (<http://www.ucdmc.ucdavis.edu/mindinstitute/>). Parents of an autistic child organized and energized the local parent community and professional community to develop a collaborative effort to research and treat this serious childhood illness. At the time this book was written, the parent/academic/community partnership had solicited enough funds to plan and begin building a research treatment center on the campus of the University of California, Davis.

The contributors to this book are leaders in the fields of pediatrics, psychology, psychiatry, neurology, genetics, education, and early childhood development. The chapters have been well edited and well integrated. This book has been a pleasure to read, and one that I expect to keep and to share with child fellows and parents of children with autistic spectrum disorders.

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Freud's Requiem: Mourning, Memory, and the Invisible History of a Summer Walk, by Matthew von Unwerth. New York, Riverhead Books, 2005, 244 pp., \$23.95.

Matthew von Unwerth, Director of the Brill Library of the New York Psychoanalytic Institute as well as a candidate in psychoanalytic training, has written a beautiful and moving account of the intellectual and philosophic implications of Freud's brief pre-World War I contact with the poet Rainer Maria Rilke.

Unwerth reconstructs as best as possible the facts of the Freud-Rilke relationship, even though they turn out to be not always fully in accord with what appears in Freud's 1916

essay "On Transience" (1). The intermediary in bringing Freud and Rilke together was Nietzsche's friend Lou Andreas-Salomé, which of course adds to the whole significance of the summer encounter Unwerth has set out to explore. *Freud's Requiem* succeeds in becoming an elegant series of meditations on death, creativity, mourning, and memory. This book reminds us of the philosophic depth that was implicit in the original psychoanalytic enterprise. Unwerth writes with such a light hand that his subtle way of expressing himself fully matches the unusual gracefulness of Freud and his early followers.

Freud's "On Transience" remains the inevitable centerpiece of this book and gets reprinted in an appendix, but Unwerth has so artfully approached his subject that he weaves back and forth in that text in an effort to add new imaginative understanding to the central issues that Freud, Rilke, and Andreas-Salomé were trying to contend with.

Many of us would be less interested in psychoanalysis were it not for the clinical implications of Freud's contribution. I think that Unwerth has succeeded in quietly bringing up the rich cultural background surrounding Freud's whole therapeutic enterprise. Such philosophic underpinnings to his work are apt to be neglected in our own era's enthusiasm for the latest technological advances, but it is impossible to abstract Freud's clinical practices from the whole cultural era of which they were a part, even if it requires an effort on our part to see Freud in the light of Old World thinking. It seems well, on putting down this brilliant new book, to be reminded that every clinical situation is also a moral and ethical challenge. *Freud's Requiem* is welcome in helping to ensure that it is possible for psychoanalysis to continue to instruct us for the 21st century.

Reference

1. Freud S: On transience (1916 [1915]), in *Complete Psychological Works*, standard ed, vol 14. London, Hogarth Press, 1957, pp 303–308

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Dr. Roazen died on Nov. 3, 2005.

Playing Sick? Untangling the Web of Munchausen Syndrome, Munchausen by Proxy, Malingering, and Factitious Disorder, by Marc D. Feldman, M.D. New York, Brunner-Routledge, 2004, 288 pp., \$27.50.

A central tenet of Western medicine (which we like to call a science) is that logic and reason and the application of the "scientific method"—replete with its hypotheses, logic, and mathematical analyses—are our best tools for cracking the mysteries of disease and treating those who suffer.

Often, the first challenge to this tidy philosophy is when a fledgling clinician encounters his or her first Munchausen patient, or someone else with otherwise "unexplainable medical complaints." What physician doesn't remember the frustration, shame, and anger after realizing he has been "duped"?

For me, it was 40 years ago, when I was an Army medical officer, providing primary care for 2,000 soldiers, including one who kept popping up repeatedly as an emergency admission to more than 15 military and civilian hospitals throughout

Europe. During that two year period, his complaints were always the same: unbearable abdominal pain and hematuria. This patient confounded medical personnel, clogged administrative systems, and challenged the Army's best legal talent. Relentless sleuthing eventually revealed that his hematuria was self-induced: he was surreptitiously using a hat pin to traumatize his proximal urethra.

The unveiling of these horrifically self-destructive acts, beyond the imagination of all his physicians, posed a dilemma: was this psychiatric illness (psychosis or sociopathy), or was this criminal behavior?

I wish I'd had access then to Dr. Feldman's *Playing Sick?* It would have helped to clarify these issues. But I doubt it would have taken the sting out of my feelings of therapeutic impotence, shame, and rage. That after 40 years I remember this patient so well speaks to the strong affective impact these "syndromes of simulation" have on freshly minted physicians, tutored in medical science and filled with idealism and therapeutic zeal. It's hard to imagine that any physician would want to make such patients his or her predominant professional interest.

Yet this is exactly what Marc Feldman has done, and over the last 15 years he has churned out a large literature dealing with these confounding conditions. Only toward the book's end does Dr. Feldman hint at what drives his interest, but he provides only that hint. I want to know more.

Unfortunately, this is the way things are throughout the book. Each of the many cases is noted briefly, without much depth of character development (if you take it as biography), or formulation (if you take it as clinical case presentation), or flow (if you take it as expository nonfiction).

Although the book is neither a text nor an academic "state of the art" treatise, it does have clinical utility for physicians and other health workers. I'm not convinced, however, that it works well for psychiatrists, who might have more inquiring minds about developmental symptoms and dual diagnoses (especially borderline and antisocial disorders, for example).

The lack of a focused readership would be more troublesome were it not for Dr. Feldman's consistent role of mentor (he consoles those who have been "taken in"), and teacher (he lists the "10 signs" of medical deception, the "25 red flags" for patients with deceitful behaviors, etc.). All this information, interspersed with 65 clinical vignettes, is a bit overwhelming and becomes repetitive.

Dr. Feldman's extensive background in psychiatric consultation and forensic medicine gives much weight to his words. He makes clear distinctions among people who play sick: he considers Munchausen syndrome and factitious illness to be illnesses, and the individuals so afflicted to be patients with legitimate diagnoses. However, he thinks of Munchausen by proxy and malingering as categories of behavior that do not justify medical (even psychiatric) diagnoses. Thus, he considers these behaviors to be criminal in nature.

For all that is fascinating about the subjects of this book, there are severe distractions. The ubiquitous use of the first person singular in most clinical vignettes, the complete absence of quotation marks (even in the vignettes), and the author's intermittently chatty style add up to a confusing mélange of material. The book deserves better editing. At times it seems as if one is reading the transcript of a "Nancy Grace" or