

all. Our repeated lumbar punctures were persistently normal. I would like to point out our diagnosis of the condition was not solely by exclusions of organic cause (which were done, nevertheless) but by the presence and recognition also of definite clinical features and signs of the disorder reported. We are quite convinced our diagnosis is correct particularly as is subsequently borne by the fact that

(a) The patient showed a dramatic and remarkable response to ECT;

(b) There was complete settling of all constitutional signs and neurological signs with this modality of psychiatric treatment; and

(c) The complete absence of any sequelae either mental or physical in subsequent follow ups. I am sure Dr. Jusoh would agree that with such severe manifestation as described in our patient, the absence of an abnormal CSF and the complete recovery without sequelae and especially the dramatic response to ECT would be more than suggestive that the diagnosis of Delirium Acutum was correct.

As regard virological studies, I also would like to point out to Dr. Jusoh the possibility that a negative study may not also be able to completely exclude a viral aetiology in cases of a clinically diagnosed viral encephalitis. This is, as Dr. Jusoh knows, possible

since one usually only performs test for the common viruses attacking the central nervous system and it might be one's misfortune to come across a case due to an uncommon virus in which seriological test was not performed. To perform comprehensive and exhaustive virological study would be financially prohibitive and in most cases unnecessary.

With regard to the reference quoted by me on malignant hypopyrexia and referred to by Dr. Jusoh, I would like to clarify that in my article I had not suggested that the two conditions were identical. Malignant hyperpyrexia syndrome was referred by me solely to emphasize the existence of another clinical condition with possible similar clinical features and must be differentiated from the disorder we have described. To quote from the last sentence of my article "Delirium acutum must be considered as a cause of pyrexia of an unknown origin, and must be differentiated from the malignant hyperpyrexia syndrome."

Yours sincerely,

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BOOK REVIEW

A MEDICAL PRACTITIONER'S REACTION TO HIS PATIENT AS A THERAPEUTICAL AID

CLINICAL PSYCHIATRY IN PRIMARY CARE by Steven L. Dubovsky M D and Michael P, Weissberg M D XVIII + 291
Baltimore/London: Williams & Wilkins, 1982, Second Edition

S. L. Dubovsky is an Associate Professor of Psychiatry at the University of Colorado School of Medicine. He consults extensively to physicians in all specialties and sees patients with medical and psychiatric problems in his own practice.

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undergraduate, postgraduate and continuing education of physicians in many specialties and health professionals in many disciplines both within Colorado and throughout the United States.

Additional contributions were made by S.L. Dilts, Ph.D., M.D., Associate Professor and Associate Director of Psychiatric Services at Denver General Hospital where he supervises the treatment of alcoholic and drug abusing patients, D. A. Hoffman, M.D. who teaches in the Sexual Dysfunction Clinic in the Department of Psychiatry and Ruth Fuller, M. D. who is the Director of the Day Treatment Unit in the Department and a practising psychoanalyst with extensive experience treating families and couples in the public and private sectors.

In contemporary medical practice in America, a number of books for the medical practitioners have

been published. For example, in 1977, Ian Gregory's *Psychiatry : Essentials of Clinical Practice* was published by Little and Brown of Boston, Usdin and J. M. Lewis edited *Psychiatry in General Medical Practice* - published by McGraw Hill in New York in 1979. Dubovsky and Weissberg have now published the second edition of *Clinical Psychiatry in Primary Care* which had many practical and unique features. While using the diagnostic criteria of the third edition of *Diagnostic and Statistical Manual of Mental Disorders (DSM-3)*, the ten chapters include hypochondriasis, depression, anxiety and complications of reactions to medical and surgical illnesses. In each chapter, the first topic is the doctor's reaction and its management related to the diagnosis of the patient's illness. Practical guidelines to the use of medications and psychotherapy; differential diagnosis and a consideration of the ways in which a psychiatrist may be helpful to the doctor is provided at the end of each chapter.

The authors, in the introduction (pg. xvii) write : "The format of this manual reflects the doctor - patient interaction. Before devising an effective treatment plan the physician must contend with his reaction to his patient". They continue, "Most clinicians try out approaches which seem to make sense before they finally develop a successful course of action and learn about working with people through this trial and error method." With examples of successful and unsuccessful approaches, they provide learning experience for the readers. Furthermore, with their explanations for the success or failure of an approach, a reader can learn the psychodynamics of the problem under discussion. Thus, a medical practitioner's reaction to his patient has been developed as a therapeutic aid in the management of the patient and his symptoms/disease. Most medical practitioners encounter these patients who have psychiatric

problems that complicate or overshadow their medical or surgical illness.

The practice of medicine has to vary in some aspects when there are social, cultural and economic differences which determine the availability of facilities and manpower. Thus in many Malaysian towns and villages, the suggestion that a physician should refer a patient to a psychiatrist when child abuse, incest or spouse abuse is present should alert the doctor to consider alternative resources available, e.g. public health nurse or social worker from the Department of Social Welfare. Similarly in the guideline for supportive psychotherapy for chronic schizophrenic patients, a medical practitioner may have to help the family to initiate new sources of emotional and social support if none are known to be available in the community.

The Contents and Index are planned for the use of the medical practitioner who is task oriented. For example, listed in the Index, under the heading Depression are the following subjects:- approach to medication, classification, clues to diagnoses, criteria for diagnoses, differential diagnosis, etiology (depression) produced by medications and illnesses, psychotherapy of (depression) and use of psychiatrist. The generous use of Tables (e.g. Table 4 .1 on Intoxication and Withdrawal from abused substances and methods of detoxification) and the overall format of the book make it easy to read.

This book presents valuable, practical approach to the evaluation and management of both emotional and psychiatric problems encountered in general medical practice. Not only will the medical practitioners, but also medical students profit by reading it.

T. H. WOON