Psychiatric Aspects of Personal Injury Claims

By George Mendelson


In spite of the millions of pounds which compensation claims cost insurance companies and governments, there is a dearth of information and research from which informed opinion can be derived. In the court setting, myth and countermyth are likely to be perpetuated, particularly with some of the more subjective symptoms with which patients present, sometimes in settings where the extent of the trauma is not clear. This book ranges widely over the psychiatric aspects of personal injury claims, and leans heavily on DSM III and the revised DSM III R for classification of patients' syndromes.

The book is divided into three sections, the first giving some general considerations to the psychiatric evaluation of litigation, including a thorough clinical scheme for assessment. The issue of compensation neurosis is explored, defined by Foster Kennedy as "a state of mind, born out of fear, kept alive by avarice, stimulated by lawyers, and cured by a verdict". The validity of this statement is tested in Section 3 where the effects of compensation and litigation on treatment outcome are fully reviewed, which generally lead to supporting Professor Mendelson's own view that, to quote Kelly, "There is no longer any justification for a neurologist or a lawyer to stand up in court and affirm that it is well known that patients with such symptoms immediately return to work after their claim has been settled". The central section of the book catalogues the psychiatric disorders most often found amongst personal injury litigants which includes useful sections on the psychoses, an update on post-traumatic stress disorder, and discussion of the central issue namely malingering. Professor Mendelson rubbishes the term "functional overlay", being critical of medical "experts" who have an inability to make a clinical diagnosis. His clear statements that malingering "is not a diagnosable mental disorder" which, to quote Szasz "must be eliminated from psychiatric and medical writing as an item in the differential diagnosis of certain diseases" will be welcomed. Those who surrender to the temptation it offers would do well to note the case of Carl Kast, who killed two surgeons, and injured a third, after medical reports said of him "there is little wrong with him that a fat compensation settlement would not alleviate".

This well referenced book can be recommended to all those interested in post-traumatic syndromes, in particular to neurologists and psychiatrists who frequently deal with the more subjective elements of symptomatology in the medicolegal setting.

MICHAEL R TRIMBLE

Aging and the Nervous System

By Salvatore Giaquinto


This is a book with a difference. Its author is a chief neurologist at the hospital of San Giovanni Battista in Rome, one of many Italian hospitals sponsored by the Order of the Knights of Malta. In 14 chapters, spanning 219 pages this single author volume covers in remarkable depth selected and salient aspects of the effects of aging on the human brain.

Eschewing the sophistries of current pseudo-scientific English usage he entitles chapters: "The figures"; "Biological and genetics of cellular aging"; "Illnesses of the older brain"; "The biochemical riddle"; "CT scan, CBF, PET and NMR"; "Volts, herz, milliseconds" and so on. Engagingly, he starts each chapter with a brief italicised provocative statement relating to the topic, some are succinct and stimulating; for example, under The histological drama "The aging brain loses weight, volume, neurons. It acquires histological features which also occur in Alzheimer's disease. What is the relationship between aging and dementia? Others are less pertinent.

It is a text selectively filled with interesting data and clear diagrams and invaluable tabulated summaries. For example, in his chapter of conclusions are two tables: Table 14.1 Does Alzheimer's disease represent an exaggeration of normal aging? Yes. Some conclusions from the literature, and Table 14.2 ditto, No. Some conclusions . . . It is a book more about the varied manifestations of aging than about dementing diseases. There are adequate expositions on the capricious neuropathological studies, and we learn that training programmes of stimulation can take advantage of neural plasticity to improve cognitive performance even in the elderly. The chapter on Illnesses provides orderly outlines of the major diseases, but detail is sparse and Creutzfeldt-Jakob syndrome, hydrocephalus andBinswanger's encephalography receive only one paragraph apiece. Metabolic encephalopathies, infective and post-traumatic states are neglected. A chapter on cognitive drugs spans less than four pages and does not do justice to the trials of physostigmine.