

Book reviews

The Autistic Spectrum: A Guide for Parents and Professionals. By L. Wing. (Pp. 239; £16.95.) Constable: London. 1999.

Asperger's Syndrome: A Guide for Parents and Professionals. By T. Attwood. (Pp. 224; £12.95.) Jessica Kingsley: London. 1999.

Autism and Autistic-like Conditions in Mental Retardation. By D. Kraijer (translated by E. Saane-Hijner). (Pp. 451; \$49.00.) Swets & Zeitlinger: Lisse, Netherlands. 1999.

Adults with Autism: A Guide to Theory and Practice. Edited by H. Morgan. (Pp. 312; £60.00 hb, £21.95 pb.) Cambridge University Press: Cambridge. 1996.

I have heard it said, in autism circles, that any 'new' idea that researchers come up with can actually be found somewhere in Professor Lorna Wing's writings over the past 30 years. Her insightful thinking on all aspects of autism certainly prefigures many of the recent advances in understanding this puzzling disorder. One such insight is reflected in the title of her recently published volume, *The Autistic Spectrum*. This is a fully rewritten version of her seminal 1970 book, *Autistic Children: A Guide for Parents*. The change of title is significant, and marks one of the major changes in thinking in this area over the last 10 years – although one suspects Lorna Wing had no need to change her thinking, and has always understood autism as a disorder with a wide spectrum of manifestations.

Recent years have seen a growing awareness of the range of manifestations of the core impairments that characterize autism. Autism is a disorder of social interaction, but the form of the impairment ranges from the totally aloof child to the over-friendly adult. Autism is a disorder of communication, but people with autism range from utterly mute to verbose and pedantic. Autism is a disorder characterized by repetitive and restricted interests and activities, but those interests range from spinning coins and twiddling string, to learning bus time-tables, to an obsession with astrophysics. This vast range of qualitatively related difficulties is comprehensively covered by Wing, who never

lets the reader forget that the individual with autism is an individual, while giving information that will be useful across the whole spectrum. As Wing mentions in her Preface, she is in the somewhat unusual position of being both a parent and a professional, and as such she has a very special voice, a very special insight.

Wing's book is divided into two parts, the first describing the nature of autism. Chapters in this part cover the history of autism, diagnostic issues (including her subgroups; the aloof, passive, active-but-odd), as well as detailed descriptions of the behavioural impairments in social interaction, communication, and imagination and flexibility. The second part, entitled 'Ways of helping', gives practical advice on the problems that attend autism throughout the lifespan, and the services and professionals that should be available to parents. It is this section, in particular, that carries Lorna Wing's authoritative, compassionate and commonsensical voice. This book is an honest, sensitive and thorough introduction to understanding and living with autism, and is to be highly recommended.

One of the most fascinating aspects of the notion of a spectrum of autistic disorders, is the question – often asked – as to where autism might merge into normality. This is a complex question, and the answer depends upon whether one is interested in the biological, psychological or behaviour level of analysis. However, one answer might be that the borderland between autism and 'normality' is the territory of 'Asperger's syndrome'. This diagnosis, introduced into the official manuals in the early 1990s, lies at the high-ability end of the spectrum. Often referred to as 'mild autism', this adjective is in fact misleading, since the degree of insight and social interest that such individuals have may render this disorder more distressing, in some ways, than more severe autism. Asperger's syndrome is currently diagnosed on the basis of social impairments and repetitive and restricted interests (as for autism), but without general cognitive or language delay. This is highly

controversial, and the distinction so defined has yet to receive systematic test. In particular, the development of some children from a classic Kanner-type autism (silent, aloof) to an Asperger-like adolescence (verbose, socially active but odd) is not uncommon. Many individuals are coming for diagnosis only in young adulthood or later, and it seems likely that still more individuals with this syndrome never reach clinical attention; some may find a successful niche in academia, or specialized fields, others may suffer severe bullying, social isolation and depression.

Tony Attwood's excellent volume *Asperger's Syndrome: A Guide for Parents and Professionals* provides a very readable and constructive introduction to the disorder. Not only does it cover the main features of Asperger's syndrome, it is full of practical suggestions for how to manage problems and coach skills; from learning to recognize and label own feelings (e.g. using visual scales as concrete gauges), to finding ways to limit or channel obsessive special interests (e.g. compromises based on props such as kitchen-timers). It has extremely useful chapters on diagnosis, social behaviour, language, special interests and routines, clumsiness, cognitive factors and sensory sensitivities. The book finishes with 'Frequently asked questions' such as 'Can the person with Asperger's syndrome develop normal relationships?' and 'What are the long-term outcomes?'. The characteristic feature of Tony Attwood's writing is its humour and warmth – anyone who has heard him speak will have felt the energy and positive attitude with which he has encouraged and aided so many parents and individuals with Asperger's syndrome in his clinical practice in Australia. There are valuable tips here for parents and teachers, as well as clinicians. Indeed, the practical advice, as much as the factual information, will give any interested reader a real sense of the puzzling nature of Asperger's syndrome – and an insight into why this condition is anything but 'mild' for those struggling to fit into our socially-orientated world.

At the other end of the autism spectrum, those individuals with autism and severe general intellectual impairment are much neglected in research. A volume on this topic is, therefore, greatly to be welcomed. *Autism and Autistic-like Conditions in Mental Retardation*, by Dirk

Kraijer (translated by van Saane-Hijner, E.) is divided into three sections. The first covers differential diagnosis of autism and 'mental retardation' (MR) and the relationship between the two. The author suggests that at least 80% of those diagnosed with autism also have an IQ below 70 – although this must depend on how wide a spectrum of disorders receives the autism label (*versus* Asperger's syndrome, for example). Autism is also increasingly common as one examines groups with increasingly lower IQ. Part II reports the author's own research with a population (393 children aged 0–14 years) in an MR clinic in the Netherlands, describing the children and comparing those with (35%) and without an autistic disorder, and detailing aspects of management and outcome. Part III deals with diagnosis and prevalence and introduces the reader to the author's diagnostic instrument (PDD-MRS) which is included with the volume (along with appendices on administration). The volume also contains chapters on rarely-discussed topics such as temperament and autistic disorders in Down's syndrome. In a bold concluding chapter, Kraijer argues against what he considers to be five fallacies; that integration/normalization is intrinsically good; that institutions are necessarily worse than group or home settings; that small institutions are always better than large; that de-institutionalization is invariably positive in effect; and that institutional care is necessarily more expensive than community-based services. Some of these views are likely to be unpopular with many readers – but, based as they are on the author's clinical experience, they are views of which readers in this area need to be aware.

The other area of autism that remains relatively neglected, is the nature and needs of autism in adulthood. Autism is a life-long disorder, and though development of skills and compensation certainly continues through life, so do the needs. Autism was first named in 1943 by Leo Kanner, and so the first generation to be diagnosed are only now reaching their 50s; we still have a lot to learn. Hugh Morgan's book, *Adults with Autism: A Guide to Theory and Practice*, tackles this area – with invited contributions from experts involved with services for adults with autism in this country. The first three chapters describe services for adults in the UK and worldwide. Subsequent chapters deal

with encouraging flexibility (invited contribution by Jordan & Powell), coping with transition and bereavement, a study of visual cue processing (Eve Matthews), support in a further education college (Morgan, Edwards & Mason), employment training and support in the Gloucestershire Group Homes (Matthews), health care (Wainscott & Corbett), psychiatric and behavioural problems and pharmacological treatment (Clarke), the role of perceptual and learning style in challenging behaviour, and practitioner training for residential settings. Many of the chapters use vignettes very effectively to illustrate and bring to life problems, and some possible solutions. What emerges clearly is a reminder that, not only do people with autism have difficulty reading our minds, we also have difficulty reading the signals they give – to know whether something is liked or disliked, to interpret the function and significance of aggressive or self-injurious behaviour, to see the signs of depression or bereavement. Although the volume is rather light on the ‘theory’ mentioned in the title, it will certainly be of value to all those working with adults with autism, from managers to careworkers to clinicians.

Adulthood introduces some new questions and dilemmas for those working or living with people with autism; is ‘normalization’ always appropriate for individuals whose preferences, tastes and ‘meanings’ may be so very different from what the rest of society (we ‘neurotypicals’) consider ‘normal’? How do we ensure that individual freedom and choice is respected, when dealing with an adult who may have great difficulty holding in mind several hypothetical options? In childhood there is an assumption that adults are allowed, by virtue of greater experience and judgement, to make certain decisions for the child (whether normally developing or not), and to insist on certain patterns of socially-accepted behaviour. To impose such decisions on another adult is much more problematical, emotionally and morally. One of the quandaries for parents, carers and clinicians living with autism is to know how to strike a balance between the rights of the person with autism to have his or her own idiosyncratic interests and preferences, and the need for that individual to fit into our world. Gary Mesibov, founder of the influential TEACCH programme

in America, sums this issue up nicely. He says that, when visiting young people with autism he is often told by teachers or parents, ‘If John asks you a question about his special interest (‘What bus did you come on? When’s your birthday?’), don’t answer – wait until he asks you something appropriate before you respond’. Professor Mesibov says he sometimes likes to imagine the individuals with autism saying to one another, ‘Next time your teacher asks you one of those stupid repetitive questions, like ‘How are you feeling today?’ don’t answer – wait ‘til they ask you something sensible, about train timetables, or dates.’ These four books show us, in their very different ways, how autism challenges us to understand a very different view of the world, and to question our own socially-agreed perceptions.

FRANCESCA HAPPE

Phantoms in the Brain. By V. S. Ramachandran and S. Blakeslee. (Pp. 328; \$27.00.) Morrow: New York. 1998.

This sparkling book deals mainly with the phenomenology of a variety of neurological conditions such as phantom limbs, anosognosia, denial, visual neglect, the Capgras and Charles Bonnet syndromes, the types of religious thinking associated with left temporal lobe disorders and others. Ramachandran has made notable contributions to our knowledge of the clinical neurology of these and other syndromes, including the cortical plasticity revealed by his studies of phantom limbs and the phenomenon of ‘filling-in’ of scotomata. This work has already provided practical benefits in the form of an effective new way to treat (and prevent) phantom limb pain.

What makes this book unique is that, unlike most previous researchers in this field, he is not content with clinical descriptions, excellent as these are in the tradition of Weir Mitchell and Macdonald Critchley, or with humanized clinical accounts in the style of Oliver Sacks, but he also turns a penetrating intellect onto the question of the possible causes of these unusual experiences. In the past these phenomena were usually dismissed as ‘delusions’. However, they also present a method of enquiry into the basic brain mechanisms involved, which Ramachandran skillfully exploits by developing a series of

specific hypotheses. These hypotheses are in part derived from Freudian theory, but not in the way the psychoanalysts did. For example, his explanations of such phenomena as unilateral neglect and anosognosia involve the same mechanisms – denial, reaction formation, repression, projection and confabulation – that Freud developed from his study of hysteria. The theoretical framework that Freud developed was a purely psychological one. In Ramachandran's hands they became neurological concepts to describe basic brain mechanisms, involving particularly the differential function of the two cerebral hemispheres.

In a similar fashion Ramachandran takes the subject of the varieties of religious experience manifested in cases of left temporal lobe dysfunction a step further from where William James left it a century ago. Description is not enough, we need to understand as well. In searching for the brain mechanisms that may contribute to these phenomena he adds a fine poetic sensitivity to his clinical and scientific acumen.

This book lies directly in the area of clinical neurology but it is also very relevant to psychiatry. Although there is a strong emphasis on temporal lobe epilepsy and only a passing reference to schizophrenia, nevertheless the type of explanations he develops for the former also spill over into considerations of rational explanations of the latter. For example, schizophrenics commonly complain that some external agency is controlling their thoughts. In our culture this external agency is usually identified with such bodies as the CIA using some mysterious rays. In other cultures magical influences are blamed. In reality there may be an external agency but it is may be a disorder in some brain mechanism, such as the corpus striatum, that does indeed interfere with the normal orderly conscious processes of thought. Ramachandran includes a segment on multiple personality disorder along these lines.

The book concludes with a look at some basic philosophical issues including a discussion on the nature of the self, or rather selves, as he distinguishes many aspects of the self – the body image, the passionate self, the mnemonic self, a conceptual or social self on Heideggerian lines and a unified self. In the tradition of classical Western philosophy there are two different views

of the self. David Hume denied that there is any such entity as the self on the grounds that, whenever he searched around in his consciousness for a 'Self' he could never find one, only his own sensations, images and thoughts. Kant replied to this with the comment that Hume's self was that which was doing this searching. In contrast, Berkeley said 'How often must I repeat, that I know or am conscious of my own being; and that I myself am not my ideas, but somewhat else, a thinking active principle that perceives, knows, will and operates about ideas. I know that... I am therefore one individual principle, distinct from colour and sound; and, for the same reason, free from all other sensible things and inert ideas.'

However, against a global background, this same debate took place many centuries earlier in India. Buddha denied the existence of a personal self, whereas the anonymous writers of the Upanishads – the most penetrating psychological texts in the religious tradition ever written – asserted not only that a person has a personal self, the atman, but also that the atman is part of a greater transcendental reality called Brahman. In our century Russell Brain, who was not only a great neurologist but a skilled philosopher as well, gave his opinion as follows: '... there must be a self, which is in some way independent of particular thoughts, feelings and memories, and that being conscious of these involves experiencing them in relation to this fundamental self'.

In conclusion, in this reviewer's opinion, this is the best book on this topic since Paul Schilder's two great classics written half a century ago. It is very well-written and succeeds in one of the most difficult of all literary tasks – how to write a book on a technical subject that will prove equally readable to the intelligent general public, to poets, artists and philosophers and to professionals in the field itself. To this easy flow the co-author Sandra Blakeslee of the *New York Times* makes a notable contribution.

J. R. SMYTHIES

Organic Psychiatry, 3rd edn. By W. A. Lishman. Blackwell Science: Oxford. 1998.

The production of a new version of this best-selling single-author book in each of the last three decades is a remarkable achievement by

Professor Alwyn Lishman. In the forward to the 1978 edition of *Organic Psychiatry*, Denis Hill wrote 'The appearance of this work at the present time comes to fill a much required need. There is no comparable book in the English speaking world.' Twenty years on this statement is still true. Psychiatrists with specialist interests in neuropsychiatry or the psychiatry of old-age value this book because of the in-depth coverage of the ever expanding forms of dementia and the more rare forms of neurodegenerative disease. However, many general psychiatrists also possess this book. Because it is the most comprehensive account of how medical illness in the form of vascular disease, endocrinopathy, metabolic disorder or vitamin deficiency presents with psychiatric symptoms, it gives a sense of security in the knowledge that if a patient presents with an unusual mental state or with deranged blood results, one can 'check with Lishman' lest a medical diagnosis is missed. Perhaps more important, however, is that it is written in a style that accurately reflects the man in practice. No facet of any disorder, biological or psychological, is ignored and each is brought to bear when differential diagnoses and prognoses are considered. Thus, having this textbook on your shelf is not a bad substitute for a personal consultation. Many a time have I seen a patient on a medical ward, written an 'authoritative' opinion and then returned to my office to pore through Lishman.

The third edition keeps to the format of the second. The first four chapters are dedicated to clinical assessment and differential diagnosis. The remaining 11 chapters cover individual disorders, grouped into common themes. Each section has been expanded to incorporate advances over the last decade. For those who are already in possession of the second edition, it would be worth investing in the third because these additions are substantial. For example, useful summaries of relevant findings from the recent explosion in neuroimaging and molecular biology research are integrated with global considerations of the various disorders, something that is generally not available in journal articles. Furthermore, there are new areas of study covered in this edition including: chronic fatigue syndrome, effects of ecstasy abuse, HIV, Lewy-body dementia, frontal lobe dementia and prion diseases.

The inclusion of chronic fatigue syndrome, however, seems odd. This is because there is, as yet, no universally accepted biological abnormality underlying the disorder, a consideration that has presumably led to the exclusion of other putative organic disorders such as schizophrenia. This, of course, touches on the question of whether the distinction between organic and non-organic has any value in modern psychiatry. In his preface to the 1978 and 1987 editions, Professor Lishman strongly defends his stance. Whereas the biological approach can be used to study most psychiatric disorders, he suggests that the provenance of organic psychiatry should be restricted to 'disorders of cerebral function which are indubitable and well established'. In his preface to the current edition, he concedes that the distinction between organic and non-organic is becoming more blurred and may become obsolete with further advances in neuroscience research. However, he argues that the distinct concept of organic psychiatry is still valid if it applies to those disorders 'in which... examination and investigation will uncover some cerebral or systemic pathology responsible for, or contributing significantly to, the mental condition'. Of course it could be argued, for example, that cerebral pathology in the form of ventricular enlargement can be revealed by investigation in schizophrenia. But this finding is not clinically useful. In true organic conditions, pathological findings influence management considerably. To incorporate accounts of any psychiatric disorder in which there is evidence of neurobiological dysfunction would diminish the great strength of this book, which lies not only in the comprehensive account of organic conditions but also in its direct relevance to everyday clinical practice.

EILEEN JOYCE

Disorders of Brain and Mind. Edited by M. Ron and A. S. David. (Pp. 386; £55.00.) Cambridge University Press: Cambridge. 1998.

What *is* neuropsychiatry? Professor Alwyn Lishman, to whom this book is dedicated, has more than anyone, defined the subspeciality, in specific terms (reference), also in his authori-

tative book *Organic Psychiatry* (now in its third edition) and in the legacy of his clinical practice. There may be those who will ask whether anything further needs to be said, until the fourth edition, that is. This book, *Disorders of Brain and Mind*, at a slightly hefty £55, not only marks Professor Lishman's retirement, but also attempts to illustrate clinically relevant points of convergence between brain and mind. It explores 'cutting-edge science' and 'the experiences of seasoned clinicians' in a way that will facilitate the cross-pollination of brainless psychiatry and mindless neurosciences, hopefully without producing mindless and brainless neuropsychiatry.

Inevitably, with such a superhuman task, there are successes and failures here although mostly there are worthy attempts to summarize the current, often limited, state of the art. Thus, there are lists of neuropsychological deficits and brain circuits. There are also reams of references in some chapters – indeed, one has to question a chapter of 27 pages with 12 packed pages of references concluding that dopaminergic neurotransmission has a significant role in cognitive function. Perhaps it is better to travel hopefully than to arrive – but is this much effort really worth the destination? Thankfully, not all chapters are so overloaded with minutiae (the chapters on memory and its disorders are particularly successful here) but this book tends to give an impression of a subspeciality, which doth protest too much that it is scientific and technologically sparkling. In truth, it is a subject which, primarily, is clinically fascinating to everybody who is interested in the proper study of man, yet very little of this book stimulates the reader with that sense of enthusiasm. There are worthy chapters on the frontal lobes, the basal ganglia, brain diseases and imaging – usefully brought together as summary reviews for those who will read the book, but few chapters really capture the clinical or scientific imagination. Some do, the developmental perspective on schizophrenia is a helpful, wide-ranging and thought-provoking chapter, epilepsy, biology and behaviour are interestingly explored and the two chapters on memory and its disorders are just what the book sets out to achieve, they are clinically relevant, cutting-edge and illustrative of mind/brain interaction.

Thus, it ends up, perhaps inevitably, being a bit of a curate's egg; indisputably excellent in

parts – yet drawing attention again towards the beautifully prepared and completely fresh piece of academic work that Professor Lishman's *Organic Psychiatry* remains.

J. M. BIRD

REFERENCES

- Lishman, W. A. (1992). What is neuropsychiatry? *Journal of Neurology, Neurosurgery and Psychiatry* **55**, 983–985.
 Lishman, W. A. (1998). *Organic Psychiatry*, 3rd edn. Blackwells: Oxford.

Comprehensive Clinical Psychology. Edited by A. S. Bellack and M. Hersen. (11 Volumes; pp. 6243; £2445.65/\$3495.) Pergamon Elsevier: Amsterdam. 1998.

I must begin this review by describing my reaction to this set of eleven edited volumes. I had been asked to review them on condition that they could be donated to the Institute of Psychiatry library, and I instantly regretted my decision. The books are beautifully produced and have a lovely feel to them. Holding them, you feel that you have acquired an invaluable reference. Alexander and Roberts, in their discussion of information sources in psychology, note, quoting Boswell 'Knowledge is of two kinds. We know a subject ourselves, or we know where we can find information upon it.' That is clearly where this series will have its main use, as a guide to researchers and clinicians to finding up-to-date information on a variety of subjects. The layout of the volumes is clear and easy to use, and each chapter is divided into numbered sections, with a table of contents for each. Furthermore, the last volume is a comprehensive index to the set as a whole. Thus, anyone who needs an instant introduction to a particular question can easily find it in one of the volumes, and can then use both volume index and over-all index to seek additional references throughout the set.

The editors of the individual volumes, and the authors of particular chapters, read like a roll call of major names in psychology. It is also pleasing to see that the emphasis is international rather than particularly American. Similarly, the authors attempt to approach all aspects of psychology, considering biological, neurologi-

cal, psychological and sociological factors whenever possible. The volume on adult clinical work seemed to be a natural one for me to look at, and the coverage in the different articles was excellent: for example, I am involved in a project looking at CBT with bipolar patients, and sure enough, some information on this relatively obscure topic appeared in the chapter on affective disorders, along with discussions of biological, psychological and social factors. Granted, this same information could probably be found in a book or review article, but the other volumes also cover topics that might be harder to research, such as the historical background to different topics or professional practice in different countries. I was especially pleased to see two volumes devoted to special populations, touching on such issues as gender, race, sexual orientation, disability and other social factors. In sum, this seems to be an excellent general reference set, invaluable for any library. For the individual practitioner it could certainly also be useful, especially if he or she does not have access to a good library, but I would have thought that these volumes are best suited to institutional use, especially given their rather hefty price tag.

PETER HAYWARD

Historical Dimensions of Psychological Discourse. Edited by C. F. Graumann and K. J. Gergen. (Pp. 284). Cambridge University Press: Cambridge. 1996.

The aim of this collection of essays is both laudable and of significant interest. As the editors' introduction makes clear, they seek to use historical analysis as a way of expanding our understanding of what are often taken to be psychological realities. The mind is commonly treated as if it were an entity, while thoughts, emotions, beliefs and desires become actual phenomena. Yet we cannot be sure that this is the case. The mind and its so-called contents may simply be constructs, ways that our culture has sought to analyse everyday psychological experiences. This volume of essays attempts to place psychology in its wider context by using 'post-empiricist history' to consider 'ideological investments, distributions of power and privi-

lege' to make a contribution to 'cultural meaning systems'. The editors ambitiously attempt to 'free the discipline... from the grasp of everyday scientific or cultural objectivity', and to use history not as 'a repository of moribund artefacts but... as the major context for reflexivity and emancipation'. Contributors have spread their net wide from emotions to cognition, child development, psychotherapy, gender differences and knowledge, together with two first-hand accounts of historical change in psychological movements: one on the theme of emancipation and the other on transcendental power.

Individual papers explore the evolution of psychological tests and other investigative methods, the discovery and importance attached to new research tools (notably statistics), the selection and descriptions applied to emotions, the use of psychological terms in relation to the psyche, and the ways in which beliefs about gender have defined and evaluated emotions. An analysis of psychology textbooks sheds light on how both authors and readers viewed themselves in relation to the guardianship of knowledge. The ways in which mental disorders have been conceptualized and the treatments offered are related to social constructs, while the link between motherhood and child development is discussed from the medieval period to the present.

Multi-disciplinary approaches have often been responsible for generating new ideas. It is curious, however, that a collection designed to employ historical methods, does not contain a single paper written by an historian. Indeed, the use of technical terms makes parts of the text difficult to follow by the uninitiated reader, and there is much of interest to historians in these essays that they may struggle to comprehend. A thoughtful paper by Nikolas Rose asks 'how should we do the history of psychology?' though his bibliography contains virtually no references to the considerable literature on historical methodology. Hence, the collection is largely a psychological, anthropological and sociological discourse that tackles important questions but ventures into the past with varying degrees of success, perhaps because the complexities and values of historical research have not been fully absorbed.

EDGAR JONES

Outcome and Innovation in Psychological Treatment of Schizophrenia. Edited by T. Wykes, N. Tarrier and S. Lewis. (Pp. 291; £17.99.) John Wiley: Chichester. 1999.

The preface tells us that the idea for this book arose from a conference in Cambridge in September 1995 and this origin rather shows in the varied contents of its 14 chapters and the lack of a cohesive theme. It must have been rather difficult to choose a title for the book and, indeed, the title is not altogether an accurate reflection of the contents. There are chapters on behaviour therapy, cognitive behaviour therapy and cognitive remediation, but there are also chapters on neuropsychology, depression and suicide, delusional beliefs, and compliance with medication, which are more concerned with basic research and which discuss treatment only in cursory ways, if at all.

What does one look for in a book of edited chapters? If you specialize in the field addressed by the book, either as a researcher or as a clinician, then you probably do not expect to learn a great deal that is new, though it is usually a pleasure when you find that one or more of the authors have taken the opportunity to develop ideas or to present data that have not already been published. However, you probably expect to find useful, up-to-date summaries of bodies of research, which you can use for teaching and for your own reference. This book largely fulfils the second of these expectations though even here there are disappointments. For example, the chapter on biobehavioural therapy, by Robert Liberman and his colleagues, is almost wholly a summary of two articles that were published in the *American Journal of Psychiatry* before 1995. The chapter by Brenner and Pfammatter provides a largely narrative summary of research on the efficacy and cost-effectiveness of psychological treatments for schizophrenia but the value of such a summary pales in comparison with recent meta-analyses on the same topic. The first hope, that authors will take the opportunity to present novel material, is largely unfulfilled, though one notable exception is the chapter by Richard Bentall and Peter Kinderman, on psychological processes and delusional beliefs, which presents a concise and coherent account of a large body of research on perceptual abnormalities, deficits in probabilistic reasoning,

biases in information processing, attributional abnormalities, and self-representations, and then proceeds to develop novel speculations, which combine research on externalizing attributional biases with research on impaired information-processing capacity, especially 'theory of mind' deficits, in a single aetiological model.

If, on the other hand, you are new to the field and wish to get to grips with it then this book is highly recommended. Its various chapters provide reasonably up-to-date summaries of most of the published research that is most relevant to psychological treatments for schizophrenia, including research on basic psychological processes, instruments to assess outcome, training in psychosocial interventions and economic evaluation, as well as research on the effectiveness of the treatments.

MIKE STARTUP

Seminars in Psychosexual Disorders. Series Editors: H. Freemant, I. Pullen, G. Stein and G. Wilkinson. (Pp. 216; £15.00.) Gaskell/Royal College of Psychiatrists: London. 1998.

Treatments for erectile dysfunction are constantly in the news with the advent of oral phosphodiesterase inhibitors such as sildenafil (Viagra). This book is, therefore, very timely. Its aim is to educate junior doctors during their training years and to make a contribution to the continuing professional development of established clinicians. It reflects the current preoccupation of the age by beginning with a description of the neuroendocrine basis of sexuality and sexual dysfunction. It continues with chapters on gender development, child sex abuse, paraphilias and transgenderism. There are also chapters on individual and couple therapy and a fascinating discussion of the management of sexual behaviour in mental health facilities. An account of the history of sexology focuses on male sexual behaviour since the middle of the nineteenth century.

Covering such a large field inevitably leads to many omissions. There are no specific contributions on the psychosexual side-effects of prescribed or illicit drugs, sexual function in the elderly, puberty and sexual expression in adolescence, sexual function in the disabled or

physically ill, responses to sexual assault of adults, sexual problems in lesbians and gay men or issues for people from ethnic minorities. Surprisingly, there is no mention of the development of sildenafil, which must have been underway when the manuscripts were written. It shows up the inevitable weakness of textbooks containing chapters written some time before publication. Even in a fairly slow-moving field such as this one, books can be suddenly outdone by a new and important development. Nevertheless, this is a useful, brief introduction to the field of psychosexual disorders that goes well beyond the types of patients referred to general sexual therapy clinics. There is much of interest here for trainees. It is relevant not only to the examinations they face but also to an understanding of the background to sexual treatments in psychiatry.

MICHAEL KING

The Rise of Psychopharmacology and the Story of the CINP. Edited by T. A. Ban, D. Healy and E. Shorter. (Pp. 448.) Animula Publishing House/Collegium Internationale Neuro-Psychopharmacologicum: Budapest. 1998.

This book, which is published by the Collegium Internationale Neuro-Psychopharmacologicum

with financial help from the pharmaceutical industry, consists of a collection of brief reminiscences written by people who were involved in the development of psychotropic drugs between the 1950s and 1970. For those who have read *The Psychopharmacologists*, the transcripts of interviews with the same sort of characters, this volume may be something of a disappointment. The wealth of interesting and pertinent historical detail, which was gleaned during the exploration possible in a well-conducted interview, is not available in these brief written accounts. There are some interesting morsels, however. As in the interviews, most of the contributors allude to the great enthusiasm and excitement of the era. Their faith in the progress achieved is unabated by subsequent more equivocal research findings. Some however express reservations, both about the progress that has been made in drug treatment and the direction of methodology in research. Concerning the mechanism of action of antidepressants, for example, Marcel Bickel recalls telling his students 'a different story or hypothesis almost every year'. The book is worth a look for those interested in the history of this area, but unfortunately it is not greatly enlightening.

JOANNA MONCRIEFF