meeting are all from Scandinavia so that the volume could fairly be considered to represent the modern Scandinavian view of epilepsy. Some of the papers are extremely short, for example that on neuropathology takes up less than three pages of script, but some are much more thorough in their consideration of their subject; for example, a comprehensive epilepsy service from the National Centre, Sandvika, Norway is discussed in 19 pages. Perhaps for the clinician, the most useful papers are those concerned with neuroimaging and PET, the differential diagnosis of epilepsy, and the chapter on drug therapy with its inevitable algorithm. A useful chapter on epilepsy in pregnancy is followed by a discussion of monotherapy as against polytherapy and a discussion of eventual withdrawal of antiepileptic drug treatment. Status epilepticus is briefly reviewed and some of the newer anti-convulsant drugs are described.

The overall impression given to this reviewer, is that there is nothing much new in the field of epilepsy which has not already appeared in the journals or has not already been reviewed in leading articles in the major medical journals. As far as the production is concerned, the volume is attractive, the printing is excellent, there is a comprehensive index but at £37 I think these proceedings will be of little interest except to those who attended the symposium and no doubt they already have their abstracts.

JB FOSTER

Eye Movement Disorders. Edited by E A C M Sanders, R J W de Keizer, D S Zee. (Pp 280; £79.90.) Dordrecht: Martinus Nijhoff, 1987.

A great deal is known about the neural mechanisms controlling movements of the eyes and, with the advent of powerful imaging techniques, clinico-pathological correlation and understanding of disorders of eye movements has advanced rapidly. This book is derived from a two-day course on the topic held in the Netherlands in 1986. One might be forgiven for suspecting that it was another camera-ready publication of the proceedings of a conference but that is not the case. There is full coverage of the anatomy and physiology of the oculomotor system, the techniques of clinical examination of eye movements, the interpretation of diplopia, nystagmus and oculomotor palsies and even some discussion of treatment.

Each chapter is a comprehensive review of the topic and the authors are widely drawn from ophthalmology, neurology, and a range of other appropriate disciplines. The majority of the faculty who gave this course come from the Netherlands and are experts in their fields. There are many informative illustrations and each chapter is well-referenced. Overall, the volume will provide a useful introduction to this field of neuro-ophthalmology.

CD MARSDEN

Neurotrauma: Treatment, Rehabilitation and Related Issues Vol 1. Edited by Michael E Miner and Karen A Wagner. (Pp 304; £55.00.) Sevenoaks: Butterworths, 1986.

This book reports the first Houston Conference on Neurotrauma, a series convened with the ambitious aim of covering "the entire spectrum of the study and management of head injury". Inevitably this conference made use of local interests and strengths and this doubtless accounts for the rather strange mixture of topics. Their allocation between the headings of acute treatment, evoked responses and rehabilitation/outcome also seems odd in some cases. Surely papers on post-traumatic amnesia and on post-traumatic epilepsy belong under outcome rather than acute treatment, as does that on evoked potentials in rehabilitation? The chapter on prevention rests uneasily in the section on rehabilitation!

There are two interesting general contributions to begin the book. One is from an epidemiologist, on the "Demography of Head Injuries in the USA;" and the other from a professor of ethics, on "decisions to Treat the Severely Injured." These are both well referenced and are perhaps the most original contributions in this book. They each deal with an issue of general interest and they should be widely read.

The next four chapters deal with the pathophysiology of cardiopulmonary changes, cerebral oxygen delivery, intracranial hypertension and metabolic responses associated with severe head injuries. These provide a local view of issues that have been dealt with in numerous conferences and books in the last decade. The last two chapters in this section are on post-traumatic amnesia and post-traumatic epilepsy. That on PTA explores the relationship between the duration of coma and of PTA. The concept of PTA as an index of severity was proposed by Ritchie

Russell in Britain more than 50 years ago but in America it has not been widely used except for reporting military injuries from Korea and Vietnam. It is therefore good to see it being adopted in the civilian context. However, the Texas workers have introduced a new concept—of PTA beginning only when the patient emerges from coma. This makes the Texas figures incompatible with those used by everyone else so far. But it also detracts from the unique advantage of the PTA, that it does not depend upon any documentation or data about the patient in the acute stage when emerging from coma. Instead it can be assessed by speaking to the patient even months or years later.

The two chapters by the same authors of evoked responses—in the Intensive Care Unit and on the diagnosis of brain death—consist largely of a collection of case reports. Evoked responses are not widely used either in the acute stage or during rehabilitation in most places, and these contributions are therefore of limited interest. The account of rehabilitation is an interesting review of another topic that has provoked a cascade of contributions from various places in the last decade.

Putting together a good conference and writing a good book are different exercises. There are increasing numbers of speakers who are unhappy about their contributions being preserved between hard covers and some scepticism about the value of conference reports other than as aide-memoires to those who were actually at the conference.

BRYAN JENNETT

Role of Drug Treatment for Eating Disorders. (Brunner/Mazel Eating Disorders Monograph Series.) Edited by Paul Garfinkel & David M Garner. (Pp 180; \$27.50.) New York: Brunner/Mazel. Distributor: Raven Press, 1987.

Articles written five years ago describing drug treatment of anorexia nervosa ended on a pessimistic note, concluding that pharmacotherapy added little, if any benefit, to skilled nursing management and psychotherapy. But here we have a book of nine chapters each of which reviews the theoretical premises and empirical evidence for the efficacy of a wide variety of pharmacological agents. This change in emphasis has occurred because of an assimilation of knowledge from the basic sciences and from parallels drawn from other fields

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psychiatry. The editors have chosen the authorship wisely, and each chapter is temperately argued. This book can be recommended for those with a special interest in eating disorders as it presents a balanced account of the field that is not easily obtained from reading the journals.

JANET TREASURE

Motor Neurone Disease. By Gourie Devi. (Pp 252; Rupees 245.00.) New Delhi: Oxford & IBH Publishing Co, 1987.

It must be an achievement to organise an international symposium on MND in a country with much more pressing health problems than a disease with a local incidence of 4/100,000. This book records the proceedings of a meeting held in Bangalore, India in October 1984. It is divided into six sections: Epidemiology, Aetiopathogenesis, Biochemistry and Morphology, Clinical Aspects, Experimental Model and Therapeutic Trial and a Concluding Session.

The contents reflect the interests of those who participated. The reader will find several chapters describing the experience of Indian neurologists with MND, spinal muscular atrophies and such entities as "monomelic amyotrophy", "Madras type of MND" and the "Wasted Leg syndrome". There is only one contribution on an experimental model, that of den Hartog Jager on ascorbic acid deficiency in the guinea pig. Only one negative therapeutic trial, that with subcutaneous N-acetylcysteine by the same author, is included. The issue of methods of assessment of deficit and disease progression, essential for trial work was not discussed at the symposium. The quality of the contributions, as expected in a meeting of this type, varies considerably. One chapter on the neuroepidemiology of MND resembles a lecture for medical students, definitions of mortality, prevalence and incidence included. In contrast, there is an authoritative overview on MND by Kurland and Mulder and a formal, careful, presentation of original data supporting the impaired DNA repair theory by Bradley *et al.* The lucid, detached contribution of A Hirano on neuropathological aspects stands out.

The chapters on the proposed environmental deficiency of calcium and magnesium in the aetiopathogenesis of ALS in the Western Pacific (Yase, Garruto) are followed by a stimulating chapter by Gadusek

on his neurofilament accumulation-neuronal lysis hypothesis for ALS, Alzheimer's disease and Parkinson's disease. Few would agree with this last author's statement that the cause of ALS and PD and the early appearance of neurofibrillary tangles in the Western Pacific foci "is essentially solved". The more recent work of P Spencer on the role of cycad in these foci was not then available, but the subject is considered in Kurland and Mulder's chapter.

The readership to which this book is aimed at is not clear. It may be useful to those that attended the meeting. Coming out three years after it was held it is unlikely to match fuller descriptions of the original work reported by the same investigators in scientific journals. For those interested in MND there is plenty of information and references about the work of Indian authors.

RJ GUILFOFF

Recovery from Schizophrenia: Psychiatry and Political Economy. By Richard Warner. (Pp 380; £9.95.) London: Routledge & Kegan Paul, 1987.

It is a relief to read a book on psychiatry which has only one author. Richard Warner's powerful and convincing ideas permeate each chapter. The underlying theme, idealistic and controversial, is that only a radical change in our society will give schizophrenics a chance of real recovery. The Third World has something to teach the developed countries: social acceptance, lack of stigma, community involvement, high tolerance by relatives and friends.

The author believes that improvement in the course of schizophrenia will only be effected by genuine and meaningful employment in the labour force. Along with Ciompi and Zubin *et al.* Richard Warner thinks that chronicity in schizophrenia is an artefact due to institutionalisation, drug treatment, stimulus deprivation, etc. rather than the natural outcome of the acute phase.

Neuroleptics are not completely dismissed but "in practice drug treatment is all too often used as a cheap substitute for adequate psychosocial care". The advocacy of the use of minor tranquilisers instead of neuroleptic medication will not be received with approval, nor will the statement that "much of the observed post-psychotic depression is in fact the depressive phase of manic/depressive illness misdiagnosed as schizophrenia."

Nevertheless this book is highly readable and convincing and can be strongly recommended to all mental health professionals, especially now when large psychiatric hospitals are being closed without adequate community facilities. At £9.95, *Recovery from Schizophrenia* is an astonishing bargain.

MARTIN CORDERO

Diagnostic Statistical Manual of Mental Disorders 3rd ed—Revised. American Psychiatric Association. (Pp 565; £35.00 h/b; £19.50 p/b.).

Desk Reference to the Diagnostic Criteria from DSM III R (Pp 336; £15.00)

Quick Reference to DSM III R (Pp 337; £12.95)

The highly influential American 3rd edition of the DSM, DSM III, appeared in 1980. Although issued in competition with the WHO's ICD-9 classification, it quickly became a bestseller, appearing in 13 languages. The secret of its extraordinary success was its use of strict, explicit criteria for each of a hundred psychiatric diagnoses. Phlegmatic Europeans initially regarded it with mistrust and indeed, it is little used by clinicians outside America. Yet the international research community unashamedly has embraced its easy-to-follow recipes, offering as they do the promise of high diagnostic reliability.

Despite this success, the working parties of the American Psychiatric Association, have now revised the DSM III. Why? After all, DSM IV is due in 1992, along with ICD-10. The reason given for this unscheduled revision, DSM-III-R, is that new experimental data warranted it. The result is much rather minor tinkering with many of the diagnostic criteria. Often this involves altering specifications of symptom duration of age at onset, which were somewhat arbitrary in the first place. Thus, autism and schizophrenia lose their upper age limits. A few disorders are rechristened (again). The fashionable seasonal affective disorder makes its official debut. Organic disorders escape largely unchanged. One welcome addition is the provision of criteria for schizoaffective disorders.

It is questionable whether this revision was really needed. It does highlight one of the main criticisms of such strict operational criteria: their inflexibility does not allow assimilation of even the slightest change in