BOOK REVIEWS

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The Suspended Revolution. Psychiatry and Psychology Re-examined. By DAVID HEALY. (Pp 233; Price £6.99.) 1991. London, Faber & Faber Ltd. ISBN 0 571 16222 3.

In previous centuries medical practice reflected largely cultural ideas and beliefs. However, in the last one hundred years, medicine has been one of the greatest beneficiaries of the scientific revolution. Of course, there are exceptions, and medicine remains more influenced by fashions than we care to think. Nevertheless, in Peter Medawar's words, the scientific revolution in medicine remains one of man's greatest, sustained endeavours.

There is a further exception. Poor old psychiatry seems to continue to twist and turn in the winds of fads and fashions. Although this will continue to please medical historians and historians of ideas, it is often disturbing to those more directly involved. New theories come and go, promising much, and usually delivering little. One reason, sadly, is that psychiatry still lacks the bedrock of empirical data that underpins clinical neurology (albeit only in this century). However, David Healy claims things are changing, and ushers in a new revolution, promising yet another dramatic shift in our conceptions of mental disease.

For a start, out of the window goes mental disease. Psychosis is a brain disease, whilst it has been over a century since anyone believes that neurosis is an organic disease of nerves. Instead, modern theories suggest that neurosis is more related to faulty learning and bad habits. As such it merely reflects normal mental processes, with no biological disturbance, and so cannot be considered a disease at all. Thus, according to Healy, *exeat* mental disease.

Paradoxes and ironies abound, since, sadly, psychiatry leaves us much to be ironic about. The flights of fancy of psychoanalysis have provided many better minds than Healy's with ammunition, and he does not miss his target. He also assaults the occasionally excessive claims of biological psychiatry with equal vigour, arguing that even if schizophrenia is a brain disease, it affects people with normal emotions and thinking, still capable of reasoning and feeling. Unfortunately, Healy is not only tilting at windmills,

since most psychiatrists have little difficulty in reconciling the need to use physical treatments with psychological treatments. It may be intellectually inconsistent, but it works. Healy occasionally misses the windmill altogether, since his argument concerning the nature of psychosis is based on the premise that psychotics are capable of normal reasoning about abnormal experiences, or that they reason no more abnormally than the rest of us. His arguments about psychosis, drawing on the unreferenced work of Maher, have been shown to be incorrect, since psychotic patients do not think or reason as we do. Similarly, his claim that neuroleptics are effective merely because they reduce arousal is surprising—since if that were the case, benzodiazepines would be even more effective antipsychotic agents. Many of Healy's broad sweeps are weakened by similar errors of detail. First rank symptoms are not established as frontal lobe phenomena; the Kandinsky of pseudo hallucinations was Viktor the psychiatrist, not Vasily the painter; paranoia has never been shown to be unresponsive to neuroleptics (no sound trials of anything have been done); schizophrenia secondary to organic causes is not immediately distinguishable from the so called "functional" psychoses; and when was it shown that chronic psychotics are deluded only when talking to hospital staff?

The history of psychiatry is indeed replete with examples of psychological reasoning about disease which turn out to be fallacious. Psychiatrists should be the professionals most interested in the patient's own descriptions of feeling, experiences and motives, and yet so often we are trained to be cleverer than them, and so end up looking foolish.

Psychiatry needs writers like Healy, to puncture pretension and bombast. However, in asking us to be neither mindless nor brainless, Healy is articulating a message that should be heeded not only by psychiatrists, but by the entire medical profession.

SIMON WESSELY

Hydrocephalus: Current Clinical Concepts. A Mosby Year Book. By RICHARD W LEECH AND ROGER A BRUMBACK. (Pp 212; Price £42.00.) 1991. London, Wolfe Publishing Ltd. ISBN 0 8151 5555 7.

The stated purpose of this book is to provide a general reference for all those concerned in the management of patients with hydrocephalus—neurological specialists, medical para-professionals and the family members of afflicted individuals.

The contents by nine individual contributors are in two parts. The first provides some scientific background to the hydrocephalic state. Four chapters cover the normal development and anatomy of the cerebrospinal fluid pathways, and the basic pathology of hydrocephalus. Another presents a classification based on causation and contains illustrations of the various pathological processes. There is also a brief account of the various experimental animal models used to study hydrocephalus. The second part deals with clinical presentation and evaluation, and methods of treatment, both medical and surgical. The special problem of myelodysplasia with hydrocephalus is explained at length

with particular emphasis on social and ethical problems. Finally there is an extended review of the psychosocial problems of hydrocephalus, as they confront carers, parents and patient. An appendix contains a list of US National organisations which may provide help for families caring for the hydrocephalic patient.

The text is clear and in general well supported by the illustrations, though the deliberate decision to include some "that may seem dated, difficult to interpret," is not easy to understand. References are adequate and provide a basis for further reading. The appendix is relevant to the North American Continent.

Who should read this book? The Editor suggests that it is appropriate for paediatricians, neurologists and neurosurgeons, and certainly if they are in the early stages of their training this may be correct. Though it is not a surgical text the neurosurgical trainee would learn that there is more to the management of hydrocephalus than the insertion of an appropriate shunt system. The paediatric trainee would probably benefit most. For mature practitioners, however, the text contains little that is original. Whether, as suggested by the Editors, nurses, medical students and family members of affected patients will find material of use must remain uncertain.

JJ MACCABE

Clinical Neuro-Urology. 2nd Edition. A Little, Brown Medical title. Edited by RJ KRANE AND MB SIROKY. (Pp 692 Illustrated; Price £65.00.) 1991. UK Distrib: Edinburgh, Churchill Livingstone. ISBN 0 316 50332 0.

During the 10 years that have elapsed since the first edition of this book was published much new knowledge and understanding has accrued regarding the nervous control of micturition. This book represents an attempt to assimilate this new knowledge. Despite the title, the main thrust of the book is concerned with the physical factors that determine storage and passage of urine, as assessed clinically, and by micturating cystography, coupled with EMG assessment of the contraction and relaxation phases of the muscles of the pelvic floor. Clearly, studies along these lines imply a knowledge of the anatomy and physiology, and of the disorders of function that lead to abnormalities in bladder storage of urine and in micturition and it is this aspect of this subject that is addressed by the title "Neuro-Urology." The neurological reader will find curious parallels with his own practice. For example, the first two sections of the book, concerned with basic sciences and clinical investigation, contain much which is of a strictly neurological nature, such as an account of neurotransmitters associated with the autonomic control of bladder function, and discussion of electromyography of the pelvic floor muscles, and evoked potential studies from the bladder and urethra. The third section in the book (Chapters 19–25) is concerned with "Neurogenic vesico urethral dysfunction" a term that includes lesions of the spinal cord, cauda equina, pelvic plexus and other neurological disorders such as brain tumours, multiple sclerosis, and neuropathies. Much of the rest of the book is

concerned with the assessment of genuine stress incontinence and non-surgical and surgical treatment of patients with incontinence.

The book consists of a multi-author production and it is evident that there has been relatively little cross-talk between the various authors. Thus, the terminology used by the clinicians is not strictly comparable with that used by those discussing basic anatomy and quite startlingly different concepts of bladder neck function and dysfunction are presented in different places in the book. This lack of concordance reflects, not so much poor editorial policy, as it does a recognition of the widely opposing views as to how these disorders of function should be interpreted in relation to the basic science. One of the problems in assessing neurogenic bladder disorders remains that the methods of investigation are relatively restricted. Thus, concepts derived from study of patients with weakness of the pelvic floor associated with childbirth-induced denervation, are used to refer to the dysfunctional disorder that occurs in patients with spinal cord and central nervous system disorders. Such concepts are not appropriate in this context, and much work remains to be done.

The book is somewhat limited in its scope, particularly in that the nature of the selective weakness that affects certain pelvic floor muscles in women with genuine stress incontinence is not addressed, and the reader will search in vain for a discussion of faecal incontinence, a disorder commonly associated with urinary incontinence. Although a number of gynaecologists contribute to the book, nowhere is there a clear account of the relation between rectal prolapse, genital prolapse, and urethral prolapse, disorders that themselves deserve discussion under the rubric "Neuro-Urology". The lack of awareness of some of the newer concepts is particularly well illustrated in the chapter on Pharmacological Treatment of Incontinence where it continues to be assumed that drugs that interfere with detrusor function may improve continence, a disorder that is really a matter of the time relationships and strength inter-relationships between contraction of the detrusor muscle and the sphincter muscle. Since the latter consists of both striated and non-striated components it is, perhaps, hardly surprising that conventional remedies are so disappointing.

Despite these conceptual problems, this book is recommended, since it provides a well thought out, if overly conventional and primarily North American view of this subject, seen strictly from the view of the urologist.

MICHAEL SWASH

The Basal Ganglia III. Advances in Behavioral Biology Series Vol. 39. Edited by G BERNARDI, M B CARPENTER, G D CHIARA, M MORELLI AND P STANZIONE. (Pp 775; Price \$139.00.) New York, Plenum Publishing Corp. 1991. ISBN 0 306 43720 1.

The book is based upon the third Triennial Meeting of the International Basal Ganglia Society held in Italy in June 1989. The Society has a very wide membership which includes physiologists, anatomists, pharmacologists and clinicians and the contents of

the book reflect this extensive following. It should be stressed that the book does not pretend to simply present a summary of current developments in basal ganglia disease such as Parkinson's disease, Huntington's chorea, dystonia and the drug-induced dyskinesias but is more of an in depth analysis based upon recent clinical and basic science research.

The text is sensibly divided into several sections which deal with the basal ganglia from various aspects, namely anatomical organisation and chemical neuro-anatomy, physiology, pharmacology, models of basal ganglia pathology and clinical studies. While the scientific papers generally have a very focused interest, most of the sections are supplied with an overview which provides a broader perspective.

The book is relatively expensive. Its primary role is that of a reference work relating to all aspects of basal ganglia developments. For the clinician or basic scientist who has a special interest in movement disorders and basal ganglia structure and function it will provide a very convenient collection of essential reading material.

M A SAMBROOK

Contemporary Issues in Chronic Pain Management. Current Management of Pain Series. Edited by WINSTON C V PARRIS. (Pp 311; Price Dfl255.00, US\$115.00, UK£76.25.) 1991. Dordrecht, Kluwer Academic Publishers Group. ISBN 0 7923 1182 5.

Here must be the ultimate in conference proceedings: a book that includes material for a symposium which either was postponed because of Hurricane Gilbert, or, more likely, appears never to have taken place. The material that had been prepared plus additional reviews from other authors form the topics for this book.

The subjects chosen and the styles of writing vary considerably. One of the best, and undoubtedly one of the contemporary issues of the book's title, is the extremely well-written, comprehensive and up-to-date chapter on capsaicin-type agents by Szolc-sanyi, one of the doyens in the field. There are however two, if not three, further chapters on Substance P and other related neuropeptides, which result in considerable duplication. These subjects are at least topical, whereas others, such as those on nerve blocks, headache, visceral and referred pains, and neurosurgical approaches are pedestrian, add nothing new and are inappropriate in a book with this title. There is an unusual number of contributions dealing with bio-physical aspects of pain, including thermography, low-level laser biomodulation for chronic pain management, and assessment of selective tissue conductance in sympathetically mediated pain. The latter chapter has an interesting historical introduction, and some other chapters also include an historical approach.

Occasional errors creep in; for instance, it is incorrect that phenol may not produce a neuritis (p. 176), Leão of spreading depression fame does not have a 'von' before his name (p.212), but the most remarkable and,

to the reviewer, scandalous sentence in the book appears in a chapter on psychological assessment and treatment of cancer pain. Concerning children, the sentence (p. 276), and particularly the sentiment behind it, "Punishment also can be effective, if correctly used, for reducing pain behaviours, especially when used in conjunction with positive reinforcement for appropriate nonpain behaviours." is an affront to humanity and a disgrace to medicine.

There are interesting parts in this book. However, I doubt that there are enough of them to justify the conference that perhaps was never held, or this expensive book, whose title is more full of promise than I think has been realised.

G D SCHOTT

Positive and Negative Syndromes in Schizophrenia: Assessment and Research Series: Clinical and Experimental Psychiatry Monograph No. 5. By STANLEY R KAY (Pp 281; Price \$54.50) 1991. New York, Raven Press. ISBN 0 87630 608 3

Schizophrenia is a brain disease. That much we know, but its cause still eludes us. When this happens, in psychiatry as in any other branch of medicine, strenuous attempts are made to delineate clinical syndromes in an attempt to bridge the chasm of ignorance. The distinction of "negative" and "positive" symptoms in schizophrenia has been one of the most successful of such attempts in the last few years. This distinction which separates blunting of affect, emotional withdrawal, poverty of speech and cognitive impairment (negative symptoms) from more florid psychotic manifestations such as delusions and hallucinations has its early roots in the theories of Hughlings Jackson. These two syndromes are not mutually exclusive, and although negative symptoms appear to be more closely related to the presence of demonstrable brain damage and to carry a worse prognosis, the clinical picture is not immutable and these associations are often weak.

The diagnosis of schizophrenia remains exclusively clinical and many attempts have been made to devise reliable methods to elicit and classify phenomenology, in some cases with the specific purpose of separating positive and negative symptoms. This book puts together, posthumously, the research carried out by Stanley R. Kay in this field. The book centres around the design of the PANSS (Positive and Negative symptoms scale) and the SCI-PANSS (Structured interview to elicit these symptoms) and reviews the various instruments that have preceded them. The second part of the book describes some of the studies performed by various workers using these instruments trying to relate the syndromes to other clinical, imaging and pharmacological parameters. Ten years of painstaking work into this small field is carefully displayed and the claims Kay makes about the virtues of his instruments do not appear extravagant. This is nevertheless a book for the devoted connoisseur with limited appeal for the general readership.

MARIA RON