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**


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 Gadjesk 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 Guiloff**


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 schizophrenia 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
Motor Neurone Disease

RJ Guiloff

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