only to those working in the field but also to those outside who want to know what is going on in this important growth point of neuroscience.

JOHN MARSHALL

Computed Tomography of Congenital Brain Malformations. By Mohammed Sarwar. (Pp 168; \$50.00.) Dordecht: Martinus Nijhoff. St Louis: Warren H Green, 1984.

As the title indicates this volume confines itself strictly to CT diagnosis. A moderate amount of useful information about encephalocranial embryogenesis is collected in an introductory chapter and more is distributed throughout other sections of the book. The largest chapters are those dealing with dysgenesis of the corpus callosum and holoprosencephaly, with descriptions of the Chiari type 2 malformation and Dandy-Walker syndrome being in similar detail. A chapter on the phacomatoses deals most thoroughly with neurofibromatosis and tuberous sclerosis; but then, apart from a 10 page review of hydrocephalus, all other congenital malformations including arachnoid cysts, porencephaly and others, are dismissed in a few lines or paragraphs contained within a relatively short chapter entitled "Miscellaneous."

The presentation is concise and generally quite pleasing. The CT signs are well arranged, and their descriptions in the detailed sections are as complete as any available in print. A combination of CT images, pathological material and occasional line diagrams explain the various points in the text very adequately. However, certain features detract from the presentation which must be mentioned. The most conspicuous is that with very few exceptions, the CT images used are from very early machines. One can accept a few such images to illustrate a particularly uncommon disease or appearance but in a publication of 1985 one does expect "state of the art" images of conditions such as hydrocephalus, callosal dysgenesis, tuberous sclerosis and others which are not rare in specialised units. Also there are several printing errors, some of which are more than minor: there is a piece of text missing on page 7, and captions to illustrations are occasionally misplaced.

I have indicated my reservations about this book. They have concerned the balance of material presented, the quality of the CT images and unfortunate printing

errors. These however are more than counter balanced by the overall clarity and value of the material presented. The printing errors do not seriously detract from informational content, the CT illustrations certainly show what they are intended to show, and those conditions treated so briefly in the concluding chapter carry a considerable amount of useful information. One therefore can recommend with confidence the book to readers of this Journal and particularly to those whose practice frequently involves assessing CT scans in the paediatric age group.

JM STEVENS

Recent Advances in Epilepsy — 2. Edited by Timothy A Pedley & Brian S Meldrum. (Pp 344; £30.00.) Edinburgh: Churchill Livingstone, 1984.

This is the second volume of a series intended to provide authoritative reviews covering a wide range of current problems in epilepsy. The topics are different from those covered in volume 1, which was published in 1983, and it is planned that the first three volumes of the series should form a cumulative textbook of epilepsy.

There are two good reviews of basic mechanisms covering the physiology of focal epilepsy and the energy metabolism during seizures, and there are 11 reviews of clinical aspects. The first of these is a long detailed review of PET, SPECT and NMR-CT scanning in epilepsy. Very little space is given over to SPECT and NMR-CT scanning, since very few studies have been reported so far on epileptic patients. NMR-CT scanning, in particular, is proving of great interest, and will require further review shortly. The next two chapters discuss the difficult questions of when to initiate and when to discontinue anti-convulsant therapy, and offer balanced thoughtful reviews of these debated issues, about which no consensus will occur until more knowledge is available. There is a chapter from California on status epilepticus, which includes an excellent review of its physiological consequences. The discussion of the management of status epilepticus curiously makes no mention of the use of chlormethiazole or clonazepam, drugs which are commonly employed outside the USA. Clonazepam is discussed, however, in an "update" on the benzodiazepines, which also discusses the use of a rectal solution of diazepam in status epilepticus, clobazam in chronic epilepsy and, briefly, the phenomenon of tolerance to these

drugs. A chapter on psychogenic seizures reviews the recent extensive data which has emerged from centres with facilities for long-term EEG monitoring with video. The discussion on the diagnostic use of the EEG, however, makes no mention of the occasional occurrence of complex partial seizures with no change in the scalp recorded EEG. There is a thorough and well written review of the surgical treatment of epilepsy from Augusta, Georgia, USA. The other chapters cover the cognitive effects of antiepileptic drugs, therapeutic monitoring of antiepileptic drugs, neonatal seizures and reflex epilepsy.

In conclusion, this volume can be strongly recommended to anyone with an interest in epilepsy.

RICHARD ROBERTS

The Therapeutic State: Psychiatry in the Mirror of Current Events. By Thomas Szasz. (Pp 360; \$22.95 H/back; \$10.95 P/back.) New York: Prometheus Books, 1984.

This is a collection of Professor Szasz' essays, most of them published over the last ten years. They can be read at two levels: as some sort of satirical fireworks or as a steady search-light, illuminating the pretensions, contradictions and indeed iniquities and degradation which comprise psychiatric theory and practice. At the first level they are moderately stimulating. Professor Szasz's needle is certainly very sharp, but to the point of fragility as he is a solo operator. Bernard Shaw's squibs lit up a band of worthy Fabians. Sydney Smith had many allies. Professor Szasz seems to have only enemies. Some of the funniest essays in the book are Professor Szasz's arguments with the American Civil Liberties Union. This worthy body were attempting to give American citizens more protection against compulsory admission along the lines of our own recent Mental Health Act, but the very fact that they recognised the need for compulsory admission at all was enough for the Professor. To him it was clear the Union was seeking "under the banner of civil liberties, to transform our relatively open society into one that is completely closed, that is into a Therapeutic State".

As a serious critic Professor Szasz does not pass muster. He may be a Professor of Psychiatry but he certainly is not a Professor of Logic. His own excessive use of invective reflects the insecurity of his

arguments. Other people's arguments are not taken seriously. They are treated with a mixture of chop logic and scorn. Taken seriously, Professor Szasz's own Therapeutic State would be a cruel world with psychiatry confined to "psychiatric relations between consenting adults" with money, of course, to pay for this expensive experience. There will be no room for bewildered, deluded and impoverished people, for Professor Szasz will have abolished "fake hospitals" offering only "bureaucratic incarceration" or "psychiatric rape". The mixture of sophistry and cruelty becomes increasingly irritating and forces me to return the verdict which he has already passed on a book published by the unfortunate chairman of the National Advisory Council of the American Civil Liberties Union: "In my opinion these passages constitute some of the purest and most concentrated extracts of mistake, misinformation and just plain bunk that the reader is likely to find in the literature on crime and mental illness".

JLT BIRLEY

Diagnostic and Statistical Manual of Mental Disorders. DSM III (3rd Edition). By Robert L Spitzer. (Pp 494; £25.00.)

DSM III Diagnostic and Statistical Manual of Mental Disorders—Case Book. (3rd Edition.) By Robert L Spitzer, Andrew E Skodol, Miriam Gibbon and Janet BW Williams. (Pp 386; £17.50.)

DSM III. Desk Reference. By Robert L Spitzer. (Pp 233; £15.00.)

Quick Reference to the Diagnostic Criteria from DSM III. By Robert L Spitzer. (Pp 267; £12.95.) Washington DC: American Psychiatric Association UK: Cambridge University Press, 1985.

The publication of the third edition of the DSM, DSM III, in 1980 represented the official endorsement of a fundamental change in American psychiatry during the previous ten years. Until the early 1970s mainstream American psychiatry had been preoccupied with psychodynamic theories to an extent never witnessed on this side of the Atlantic. Then, the appearance of large cross-national studies showing the diagnostic imprecisions inherent in this system forced its assumptions to be examined seriously. The growth of the neurosciences also served to draw attention to the importance, long recognised in Europe, of careful diagnosis based on a system of clearly defined symptoms. In 1974 the American

Psychiatric Association appointed a task force of eminent academics and clinicians to assemble what was to become the manifesto of this revolution: the DSM III.

After several drafts and extensive field trials, the final document has become a best seller in America. Intended to supplant the ICD 9 used in Europe and elsewhere, it now forms the basis for American diagnostic practice and research. It is a huge work, five times the length of its ICD cousin which is actually included as an appendix. Each mental disorder, of which it lists over one hundred, merits sections outlining demographic data, natural history, aetiological factors and differential diagnosis. In addition, the defining operational criteria themselves are clearly listed for each disorder. In deference to the ICD corresponding disorders are given the same numerical coding wherever possible, although the nomenclature is often highly divergent. New categories abound, particularly amongst the non-psychotic disorders. Recent research probably justifies some of these (panic disorder and bulimia, for example), but certainly not all. In their transatlantic passage many traditional disorders perish, some to be superseded by a handful of smaller offspring: the global term hysteria is replaced by a dozen or so separate, clearly defined terms such as conversion disorder. Other disorders are rechristened: neurotic depression becomes dysthymic disorder. In some cases obsolete terms are disinterred and redefined: melancholia and delirium, for example.

To clinicians outside psychiatry such a wholesale transformation of a classificatory system might seem extraordinary. Certainly, many of the elders of European psychiatry regard the DSM III with mistrust, seeing it as at best unnecessary and at worst a wilful rejection of attempts to establish a properly international classification. However, the DSM III is first and foremost a genuine attempt to promote diagnostic reliability, at which it undoubtedly succeeds. Unfortunately, reliability is not the same thing as validity and many of the new disorders lack respectable epidemiological data to support them. Even with the major psychoses, defining criteria appear which are essentially arbitrary: a diagnosis of schizophrenia is not allowed unless the age of onset is under forty-five and symptoms have been present for six months. There are subtle but important changes in the usage of certain central terms: the word "organic" serves no longer to describe symptoms, but to imply aetiology.

For all this, DSM III is a document of immense importance, not least because of its popularity. It is now used in almost all American research in psychiatry and no-one wishing to keep abreast of the literature can afford to be without access to a copy. All medical libraries should own a reference copy, but should be warned about the flimsy binding; there is a more robust hardback version available which is not listed here. Individual readers would be best advised to opt for the complete version, which is actually very readable. The smaller versions include only the unflinching bones of the diagnostic criteria and, of the two, the ring-bound "desk reference" is better value. The "casebook" comprises two hundred worked examples and is really only intended for the trainee diagnostician.

SW LEWIS

Clinical Orbital Anatomy. By Marcos Doxanas & Richard L Anderson. (Pp 222; £68.00.) London: Williams & Wilkins, 1984.

This 229 page book presents a modern review of the anatomy of the orbit, and incorporates clinical cases, radiographs, scans and useful clinical footnotes to each section. The first nine chapters deal with embryology, the bones of the orbit and chapter on the radiology of the orbit. This is followed by chapters on the anterior orbit, the lacrimal system, the connective tissue planes and then a review of the muscles, nerves and blood vessels of the orbit. Chapter 10 is planned to accompany a dissection of the orbit, and coloured illustrations from Bassett's *Stereoscopic Atlas* are used.

It is refreshing for the clinician to reconsider the anatomy of the orbit and this book by two oculoplastic surgeons is stimulating and easy to read. The spectrum is fairly wide so that Koornneef's work on the connective tissue septa in the orbit related to its clinical relevance, the absence of lymphatics in orbit is considered and clinical evaluation of the lacrimal system included. The ability of radiological techniques to conquer the visualisation of the finer aspects of orbital anatomy should nudge most clinicians dealing with orbital disease to browse through this book.

MD SAUNDER