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


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 collosum 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.

JIM STEVENS


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 anticonvulsant 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 chlorpromazine 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, clonazepam 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


This is a collection of Professor Szasz’s 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 Therapeuti
c State would be a cruel world with psychiatry confined to "psychiatric rela-
tions 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 pas-
sages constitute some of the purest and most concentrated extracts of mistake, mis-
information 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

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 diagnos-
tic imprecisions inherent in this system
forced its assumptions to be examined seri-
ously. The growth of the neurosciences also
served to draw attention to the importance,
long recognised in Europe, of careful diag-
nosis 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 man-
ifesto 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 diagno-
tic 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 diag-
osis. In addition, the defining operational
criteria themselves are clearly listed for
each disorder. In deference to the ICD cor-
responding disorders are given the same
numerical coding wherever possible,
although the nomenclature is often highly
divergent. New categories abound, particu-
larly 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 dis-
orders perish, some to be superceded by a
handful of smaller offspring: the global
term hysteria is replaced by a dozen or so
separate, clearly defined terms such as con-
version 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. Cer-
tainly, many of the elders of European
psychiatry regard the DSM III with mis-
trust, seeing it as at best unnecessary and
at worst a wilful rejection of attempts to
establish a properly international classifica-
tion. However, the DSM III is first
and foremost a genuine attempt to pro-
mote 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 sup-
port them. Even with the major psychoses,
defining criteria appear which are essen-
tially arbitrary: a diagnosis of schizo-
phrenia 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 litera-
ture can afford to be without access to its
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 ver-
sion, which is actually very readable. This
smaller versions include only the unfleshed
d bones of the diagnostic criteria and, of the
two, the ring-bound "desk reference"
represents better value. The "casebook" comprises
two hundred worked examples and is really
only intended for the trainee diagnostician.

Clinical Orbital Anatomy. By Marcos
doxanas & Richard L Anderson. (Pp 229;
£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 each
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 recog-
side the anatomy of the orbit and this
dbook by two oculoplastic surgeons who
stimulating and easy to read. The spectrum
is fairly wide so that Koornneef’s work on
the connective tissue septa in the orbit is
related to its clinical relevance, the absence
of lymphatics in orbit is considered and
clinical evaluation of the lacrimal system
is included. The ability of radiological tech-
niques to conquer the visualisation of the
finer aspects of orbital anatomy should
udge most clinicians dealing with orbital
disease to browse through this book.

MD SAUNDERS