and Nutt discussing the possible genetic component as well as the possibility of an autoimmune pathogenesis in some cases. Prevention does not get much of a mention which is an omission as a lot of these movement disorders could be avoided if we constantly nag general practitioners and pharmaceutical regulatory bodies that there is no indication for chronic use of antiemetics or vestibular sedatives that have dopamine-blocking activities.

In summary, this is an excellent book which will certainly be read by anybody interested in movement disorders and all neurologists would be interested in a browse.

ADRIAN WILLIAMS

Adult-Abnormal Psychology. By E Miller, P J Cooper (Pp 380; £29.95.) Edinburgh: Churchill Livingstone, 1988.

For several years we have been witnessing a proliferation of books on abnormal psychology under a variety of titles and with different emphases. This volume comprises a series of papers on selective topics with emphasis on explanations of adult abnormal behaviour.

The book is basically structured according to the Kraepelinian classificatory system. In a very readable chapter on "Classification and Diagnosis" by Cooper and Cooper it is argued that, despite the relatively limited validity of many of the diagnostic categories of the symptom-based system, it remains necessary for communication and research purposes. Given this necessity, the following excellent chapter by Berrios on "Historical Background to Abnormal Psychology" provides a detailed and original analysis of the evolution of descriptive language in abnormal psychology.

A number of issues recur in the subsequent twelve chapters reflecting on-going debates in abnormal psychology. Thus, some of the methodological problems raised by Miller in his chapter on "Methodological Issues in Abnormal Psychology" subsequently surface in the papers of other distinguished contributors. Of particular personal interest were the chapters on "Psychological Models of Schizophrenia", "Current Perspectives on Anxiety", "Psychopathy and Personality Disorder", "Hysteria" and "Eating Disorders" (by Hemsley, Mathews and Macleod, Blackburn, Miller and Cooper and Cooper respectively). I found them most intelligible, succinct and coherent in style. The remaining chapters are on a variety of topics ranging from "Psychological Processes in Depression" by Blackburn to "Sexual

Dysfunctions" by Hawton.

Generally, the authors approach their subjects with the implicit assumption that abnormal psychology is best understood in terms of a broadly empirical approach, hence their emphasis on experimental research. Most of the research which is reported is concerned with the learning experiences and cognitive/social factors responsible for abnormal behaviour. Only occasionally reference is made to potential underlying biological factors. However, it is generally recognised that adequate explanations of abnormal psychology can only be provided within a multi-disciplinary approach. Treatments of psychological disorders are also not directly discussed (except very rarely)—this volume being about explaining abnormal behaviour rather than a general clinical psychology textbook.

I feel that clinical psychology trainees will find this book very useful. Several chapters provide comprehensive summaries of important and not always readily available papers. Clinicians who find it difficult to keep up with the literature may find at least some of the chapters stimulating and of considerable interest. The book does not break new ground in explaining abnormal behaviour but does provide a good account of the present "state of the art".

LUKE KARTSOUNIS

Community Re-entry for Head Injured Adults. Edited by Mark Ylvisaker and Eva Marie Gobble. (Pp 460; £24.00.) Basingstoke: Taylor and Francis, 1988.

It has been estimated that in Britain each year, 1000 individuals become "lame brains", as a result of a severe head injury. In the USA, this book suggests that some 70,000, mostly young people, suffer a severe head injury each year. The author notes that whilst rehabilitation facilities for paraplegics are good, the severely head injured (who outnumber paraplegics 5:1) receive services which are "insufficient . . . and funding for individuals [is] inadequate". It is because "the cognitive and psycho-social sequelae pose the most stubborn obstacles to vocational and social success", that integrated specialised rehabilitation is so vital, if treatment in the early stage is to have any permanent functional value. Most of the 27 contributors work at, or in association with, the Rehabilitation Institute of Pittsburgh, which specialises in the care of the severely head injured. They stress that family members should be involved from the outset, with the team of professionals, which

includes cognitive therapists, community re-entry specialists and vocational counsellors, in addition to the more familiar occupational, speech and physiotherapists, psychologists, psychiatrists, social worker, and special education teacher.

The earlier chapters describe how the choice of rehabilitation objectives depends as much on the pre-morbid status, and on the acceptance of the objectives by patient and relatives, as it does on analysis of the patient's present status. Outcome of rehabilitation therapy will be prejudiced particularly by lack of motivation. The programme must be flexible enough to cope with "the patient's unique constellation of strengths, weaknesses, goals, and social and vocational settings." Treatment schedules are described, as are some high technology compensatory devices to facilitate communication, and to improve mobility.

The text is intellectually demanding, and I doubt whether many relatives would find it of practical value. There is much repetition, and some of the expressions (such as "motorically impaired") may confuse British readers. The index is too sparse, but the bibliography is extensive and includes references to British works in this field, notably, the shorter and clearer book by Brooks (1984).¹

The later chapters refer to "vocational placement", "independent living", "avocational training" (for those who are not able to return to a gainful occupation) and "family reactions." They contain much practical advice illustrated by case histories. In Chapter 10, the writer suggests that a realignment of present facilities is needed more than a large injection of funds. He pays tribute to the National Head Injury Foundation, whose Director wrote the foreword to this book. The NHIF, like its counterpart in Britain (called Headway), not only serves to bring relatives and patients together, to feel that "they are not alone", but also helps them "to locate resources; to educate the community; and to 'advocate' development of resources for the rehabilitation of the severely head injured."

The final chapter is written by the mother of a brain-injured teenage boy. She describes 6 years of frustrating search for appropriate help. As in Britain, the facilities she encountered were either unsuitable (catering only for the mentally handicapped, for example, or would not accept him because of his "unsocial behaviour"). That she did achieve some success, was due to her determination, and to the availability of funds. She records the disruption of family life when he returned home, and his poignant cry, that "he