

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