

in the early months of the year more often than the general population of the canton, was taken sufficiently seriously for Lang to repeat the study in Munich. Lang (1931) failed to confirm Tramer's findings, except marginally for patients with personality disorder. And there for a time the matter rested. Yet—no doubt because it seems so simple a subject for study, given a large number of patients with their birth dates routinely recorded—other workers made similar studies from time to time, and their findings mostly supported Tramer, especially with regard to schizophrenic patients. But in all these studies it was uncertain how far the patient sample was representative and how far the control group comparable.

The centralization of mental hospital data, undertaken in certain countries to improve the planning of mental health services, has provided an opportunity for study the seasonal distribution of births of all psychiatric patients born in a given area and comparing this with the births of the general population born in the same area. The first person to do this was Dr Per Dalén. His Swedish findings, reported in 1965, showed that among 16,000 schizophrenics the proportion born in the first four months of the year was some 7 per cent higher than that of the general population; and that neurotic patients showed no such deviation. Since then, the same results have been obtained from national studies in England and Wales, Norway and Denmark. There is at present no satisfactory explanation, though the two most obvious hypotheses are a deviance in parental conception habits and some constitutional trauma associated with winter birth. Although congenital abnormality of the central nervous system may possibly be a similar case, the only other condition in which an abnormal seasonal distribution of births can definitely be said to occur is congenital rubella. In congenital rubella, the November-December excess of births can of course be related to the spring peak of adult rubella infection.

Anyone wishing to study or think about the season of birth phenomenon in schizophrenia will need to know about the studies which have been made on season of birth in other conditions. Dalén's monograph reviews this field. He deals with season of birth studies in obstetrics, congenital malformations, chromosome abnormalities, neonatal disorders, cancers, and intelligence. He then reviews season of birth studies and mental disorder and gives an up-to-date account of his own findings in Swedish psychiatric patients. There is also a brief account of a South African study which suggested that an excess of schizophrenic births occurred there during May to October (i.e. the southern hemisphere's winter).

This book reviews a subject which has probably never been comprehensively reviewed before, and as such will be of much value to research workers.

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PSYCHOPHARMACOLOGY

Rational Psychopharmacotherapy and the Right to Treatment. Edited by FRANK J. AYD. Baltimore: Ayd Medical Communications Ltd. 1974. Pp i+204. Price \$13.50.

This multi-author volume from the United States illustrates many of the differences between psychiatry practised there and in the United Kingdom. The impression is given that drug therapy is still very much the Cinderella of the therapies available for mental illness. Rules are laid down for the prescribing of neuroleptics and antidepressants which for the most part give information that seems more appropriate for the medical student than for the psychiatrist in training. Much of the information is given in anecdotal form and contains reference to such ill-defined categories as (EUCD) emotionally unstable character disorder.

In one article there is a detailed discussion of the legal problems facing the psychiatrist in the USA, including reference to recent court cases. Society is now rightly insisting on minimum standards of care for psychiatric patients, including 'adequate' drug therapy. The danger seems to be that this may lead to a standardization of therapy, with psychiatrists reluctant to deviate from a set of rigid rules. The dangers are obvious and we can take warning from the experiences reported here.

Several clinical observations are concerned with topics which would repay further attention in this country. Tardive dyskinesia is seen as an increasingly troublesome complication of long-term neuroleptic therapy; it may be minimized by careful control of prescribing tablets, perhaps by the adoption of 'drug holidays' with a two-day interruption of therapy each week. The routine administration of an anti-parkinsonian drug with a neuroleptic is considered unnecessary and may even reduce the efficacy of treatment. A case is made for the prescribing of neuroleptics on a once daily regime both for convenience and to reduce cost.

While the book must have a limited appeal in this country, its message is clear: we must be prepared to review critically our own therapeutic practice or be subjected to the much more painful process of public and perhaps legal scrutiny.

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