

many years held the world staying-awake record; premature babies spend a large part of their time in REM sleep (what do they dream of?); and a man called Dement did much of the early EEG work on sleep. The latter effectively ended psychotherapy for narcolepsy, which was previously viewed as a kind of dissociative disorder.

Sleep is unusual in being of interest to a vast range of clinical specialists, so any comprehensive text is something of a smorgasbord. In Dr Cooper's book there are chapters on sleep apnoeic syndromes, sudden infant death, narcolepsy, affective disorder, measurement of nocturnal penile tumescence as an investigation of impotence, and much more. Introductory chapters on the basic neuroscience of sleep are clear, well illustrated and not in the main over-technical (although a "triple plotted raster display of sleep and core body temperature" had me foxed for a while). Chapters on sleep in psychiatric disorders are comprehensive but ultimately disheartening; a vast amount of time and effort has been devoted to studying sleep architecture in psychiatric disorders with little practical pay-off.

The chapter on dreaming was engaging but based on little new research. We are told what Freud and Jung believed on this subject, which is fine, but Szasz says of no greater value than what they believed about the doctrine of the trinity. Chapters on classification and neurology are clear and to the point (although omitted the use of lithium in the treatment of Klein-Levin syndrome). I was interested to find that the patient who insists they have "not slept a wink" when the nurse assures us they slept all night, has a dyssomnia called "sleep state misperception".

Seeing patients with sleep disorders in a neuro-psychiatry clinic, I am struck by problems which simply do not fit into existing categories, highlighting the fact that there is much we do not know about sleep and sleep disorders. This book comprehensively tells us what we do know and is well referenced. I would recommend it for well-resourced psychiatric libraries.

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**Behaviour and Development in Fragile X Syndrome.** By ELISABETH DYKENS *et al.* London: Sage. 1994. 130 pp. £12.95 (pb).

Fragile X syndrome, which was first described in 1943, is now the second most common cause of learning disability after Down's syndrome, and the most common hereditary cause. This book is the first to bring together all the currently available information on Fragile X syndrome, and as such is to be welcomed for filling what has been a significant gap in the psychiatric literature to date. It is an extremely comprehensive review of the subject, covering all the major areas

including genetics, physical features, cognitive functioning, speech, adaptive and maladaptive behaviour, psychopathology, and interventions.

The preface states the book is aimed at both professionals and families of people with Fragile X. I felt that most of the book would be far too technical for lay people to understand, and as such would be of limited use to families. Perhaps it would have been better to produce a separate volume, specifically aimed at families. Also, the use of American terminology, which describes people as "mentally retarded", may not be considered very acceptable in this country.

The section on the use of medication in Fragile X is much less detailed than other parts of the book, with some major omissions such as the use of carbamazepine in people with impulsive, aggressive behaviour and organic cerebral dysfunction.

The epilogue identifies a number of significant issues. The recent advances in cytogenetic techniques result in much clearer identification of families and individuals at risk, and as such will pose ethical dilemmas for the families involved. An ethical issue for society at large is that of screening – who should it cover, and how should we measure its cost-effectiveness? Also, the authors argue very strongly that the work done so far in Fragile X syndrome has demonstrated how important it is to diagnose the aetiology of learning disability, so that educational programmes can be planned around a person's specific deficits. This is a powerful argument against the "non-labelling" ideology, and one which the majority of psychiatrists would support.

The book includes a comprehensive list of references. Altogether, I feel it provides a very useful reference book on the subject and would recommend its inclusion in any library for psychiatrists working in the field of learning disability.

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**Sickle Cell Disease: A Psychosocial Approach.** By KENNY MIDENCE and JAMES ELANDER. Oxford: Radcliffe Medical Press. 1994. 177 pp. £25.00 (hb).

Sickle cell disease and sickle cell trait are prevalent in countries around the Mediterranean, sub-Saharan Africa, some parts of India and possibly Eastern Europe. The result of international migration is that sickle cell disease (SCD) is now prevalent in European societies, including 5000 cases in Britain. The psychosocial aspects of this chronic condition are complicated by cultural issues as well as racist attitudes that often render these issues even more problematic than they should be.

This is the first book to give a wide overview of SCD. It contains a wealth of information, carefully

analysed and presented in an easily understandable style. The book covers a range of topics, from biological and genetic information, through medical issues, including pain management to financial issues for sufferers and support for their families. The authors have integrated clinical medical information with information on, and opinions about, social and cultural aspects of the condition, and the effects of social attitudes on sufferers and their families. They have brought together an extensive variety of issues in a manner which renders the book both a useful text for practitioners and a basis for people wishing to delve further into the implications of the problems that beset sufferers of the disease and those who carry the sickle cell trait.

The book is both down to earth and sufficiently erudite and 'research-based' to appeal to a wide readership. However, it does have the slight drawback that the discerning reader may need to pick and choose from among the varied chapters, depending on his or her own background and knowledge. Psychiatrists and psychologists need to have a grasp of the sort of problems covered in this book, and I recommend this book for departmental libraries, especially those serving areas with multi-ethnic populations.

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**Foundations of Clinical Psychiatry.** Edited by SIDNEY BLOCH and BRUCE SINGH. Carlton, Victoria: Melbourne University Press. 1994. 472 pp. Aust \$49.95 (pb).

This book is aimed at students of medicine and other health sciences. It is divided into four broad sections: "An approach to psychiatry", "The range of psychiatric disorders", "Special clinical areas" and "Treatment". Both editors are respected writers and clinicians and have produced this book as a result of collaboration between two university departments of psychiatry. Therein lies the first problem – what expertise do the individual contributors have in relation to their subject matter? On reading many of the chapters the answer must decidedly be "none". Unfortunately the editors themselves only contributed to three chapters. Presumably the contributors are members of the academic departments of varying degrees of seniority, although their biographical and academic details are not provided. As a result the book is readable and accessible but lacking in depth. Indeed, vague generalisations abound: "patients with personality disorder are commonly predisposed to major psychiatric illnesses such as psychosis or depression" and "this pattern of illness means that maintenance and prophylactic use of antipsychotics, lithium, antidepressants

and other forms of psychotropic medication, in various combinations, form the cornerstone of medium- to long-term management". More worrying are the frank inaccuracies, such as "ICD-10 does not require diagnoses to be made on the other axes which are included in the DSM-III-R classification".

The breadth of topics covered conforms fairly predictably to what a neophyte medical student might claim was relevant. Teachers of medical students will appreciate the limitations of this approach and most departments now include a much greater breadth of subject matter, including psychiatric aspects of physical illness, basic research techniques, and so on. Moreover, this text includes a chapter for the politically correct entitled "Psychiatry of women", and although it mentions various types of pregnancy loss, the emotional consequences of induced abortion (an area of increasing research and clinical interest) is not included. More basic omissions are the absence of discussion of depot neuroleptics or the management of resistant depression. The chapter most likely to be of relevance to a newly qualified doctor, on the assessment of parasuicide and suicidal intent, was skimpy in the extreme.

In spite of these shortcomings there were some excellent chapters, notably "The psychiatric interview" and "Making sense of the psychiatric patient", and these should be read by the initiate into psychiatric training. The suggested reading at the end of each chapter is also more appropriate for aspiring psychiatrists than medical students, although the enthusiastic student who delves into some of these works may be stimulated to investigate the speciality further. Ethical aspects of psychiatry are considered in the chapter on forensic psychiatry, and while their inclusion is welcome it is unfortunate that this had to be under the rubric of forensic psychiatry since the issues are broader than this.

I cannot recommend this book to the student doctor who is presently overwhelmed with a multiplicity of textbooks, many of which are as readable, more comprehensive and presented in a more interesting manner. This pedestrian text has entered a crowded market and I have no doubt that the market will quickly give its verdict.

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**The Neurological Boundaries of Reality.** Edited by E. M. R. CRITCHLEY. London: Farrand Press. 1994. 448 pp. £29.50 (hb).

Edmund Critchley, following in the footsteps of his illustrious uncle, MacDonald Critchley, has an interest in the borderlands of neurology; to paraphrase an advert, he reaches the parts that other neurologists