report for 'ring-fencing' of finance, and to set clear priorities and objectives.

The difficulties which the NHS and local authorities face in working together to provide a seamless service are addressed in a positive way. In so doing, the author ignores the very real difficulties in joint planning which exist in many areas, which are a long way from the Joint Purchasing Consortium which she advocates.

This is a comprehensive account of the issues relating to the community care of the mentally ill and it covers all aspects well. It presents on the one hand an optimistic view of the future, and on the other creates an uneasy feeling that little has changed since Connolly suggested that "specialist doctors might visit patients in their homes at an early stage of their illness to offer advice and, hopefully, to prevent admission."

I would recommend this book to all psychiatrists and trainees, but more especially to all managers of mental health and local authority services.

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Animal Models in Psychiatry, II. Neuromethods 19. Edited by A. A. BOULTON, G. B. BAKER and M. T. MARTIN-IVERSON. Clifton, New Jersey: Humana Press. 1991. 386 pp. £80.00.

This is the 19th volume of a series entitled "Neuromethods" started in 1985, and covering wide areas of the methodological aspects of neurosciences ranging from neurochemistry, neuropharmacology, neurophysiology, to neuropsychology, and some aspects of biological psychiatry. This is an ambitious project that suffers from the usual pitfalls of such enterprises (e.g. the unevenness of the multi-author coverage, the long time-span of publication rendering earlier volumes obsolete, etc.).

The present volume is the follow-up on the previous one on the same topic, that concentrated mainly on 'disorders that may involve dopamine' (schizophrenia, mania, attention deficit disorder, neuroleptic-induced dyskinesia). This volume is devoted mainly to the affective disorders (depression, anxiety), but there are also chapters on circadian rhythms, aggression, mental retardation, and memory disorders.

The development of animal models of various psychiatric disorders is closely related to the need of the pharmaceutical industry to have methods for detecting the therapeutic potential of newly synthesised compounds. Many of the models, therefore, are based on correlations: drugs that rectify a certain behavioural disturbance in experimental animals (e.g. that seen in rodents whose olfactory bulbs have been removed) will also have a certain effect in psychiatric patients (e.g. relief of depression). However, the existence of such a correlation does not necessarily mean that the behavioural deficit seen in the laboratory animals is a valid model of the human psychiatric disorder. Therefore, one of my criticisms of the present book is that some of the authors seem to be too ready to equate the animal model with the human condition.

This book is uneven and patchy, and there is a clear lack of editorial cohesion: while some chapters are clearly methodological (e.g. Yamada & Takahashi on circadian rhythms), others are more philosophical (e.g. Richardson on olfactory bulbectomy). However, there is an excellent chapter on the laboratory assessment of anxiolytic drugs (Sanger), and there are useful (and in other texts inadequately covered) contributions on mental retardation (Archer, Hard & Hansen) and on memory disorders (Overstreet & Russell). In conclusion, although this book contains some valuable contributions for the specialist reader, it offers little to the clinician who is eager to gain new insights into the most common psychiatric disorders.

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Psychosocial Aspects of Narcolepsy. By CHARLES P. POLLACK, FELLISSA L. COHEN, MICHAEL J. THORPY, NEIL B. KAVEY and AUSTIN H. KUTSCHER. New York: The Haworth Press. 1992. 203 pp. US $24.95.

This collection of papers reminds us that narcolepsy is more common than multiple sclerosis and affects between two and three people per 1000. It presents commonly in the second and third decade and often patients see numerous doctors before being correctly diagnosed. The cardinal symptoms are of excessive daytime sleepiness, treated with stimulants, and cataplexy, treated with tricyclic antidepressants.

There is a strong genetic basis for this condition and associations have been noted with non-insulin-dependent diabetes and a higher prevalence of depressive symptoms.

The deleterious impact on work, education, driving ability, and personal relationships are considered. The increased risk of accidents, particularly while driving, are well reviewed. One paper considers and compares the effect of epilepsy on lifestyle with that of narcolepsy. Narcoleptics were effected the most, except in educational problems and ability to maintain a driving licence.

Sexual dysfunction is given a chapter, as erectile dysfunction is common. Various suggestions as to why this should be include sleepiness, concomitant diabetes mellitus, cataplexy induced by sexual arousal, iatrogenic impotence (e.g. from chronic stimulant use and tricyclic antidepressants), and biochemically from under-release of dopamine. There are associated marital consequences.

The authors consider a social disadvantage of therapeutic naps in a society where 'siestas' are not the norm.