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 "triply 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 Szaz 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 neuropsychiatry 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