amphetamine use in four regions of Europe namely western and southern Europe, northern Europe, eastern and central Europe, Czech Republic and Slovakia. The prevalence of problem amphetamine and methamphetamine use at present and the treatment options available in each region have been adequately discussed in this special issue. The non pharmacological treatment options which include residential treatment using 12-step Minnesota model followed by attendance at Narcotic Anonymous, outpatient treatment using cognitive behavioural therapy and motivational interviewing have been reported to be variably used across the European countries. The authors have also discussed the use of antidepressants such as fluoxetine in stimulant detox and the use of antipsychotics in 'acute toxic states' due to amphetamine misuse in some of the European centres. A special description of the stimulants misuse in the Czech Republic and Slovakia has been given considering the increased prevalence of problem amphetamine and methamphetamine use in these two countries.

Although the term 'amphetamine' has been used to indicate both amphetamine and methamphetamine in the sub headings across this publication causing confusion at times, we cannot ignore the concise account on amphetamines and methamphetamines presented in this special issue. The authors give the readers a very good description of the available forms of amphetamine and methamphetamine and the modes in which they are used across Europe, including their production centres. In summary, this publication makes it a good read with ample information on amphetamine and methamphetamine use across European countries. A few graphical and diagrammatic representations of the statistical data in addition to the pictorial representations of country-wide distribution across Europe would have made this a more interesting publication.

Narayanan Subramanian,
MBBS, MRCPsych(Lon), MSc Addictions (Lon), Dip.H.Mgt, Dip.Cl.Psy,
Special Interest/Research Senior Registrar in Psychiatry, St John Of God Hospital, Dublin &
Senior Registrar in Psychiatry, North Tipperary Mental Health Services
HSE, Nenagh,
Ireland.

Textbook of Autism Spectrum Disorders

E. Hollander, A. Kolevzon, J. Coyle. American Psychiatric Press: Washington DC, 2011.

This is a reasonable textbook of Autism Spectrum Disorders (ASD) which can be recommended to any mental health professional with a number of caveats. The trust of many of the early chapters focus on a narrow outdated concept of Autism from a clinical point of view. Autism, as defined by Autistic Diagnostic Interview which is a narrow form of autism mistakenly called Kanner's Autism. In actual fact it is not Kanner's Autism but Asperger's Autism. Asperger described this condition in 1938 many years before Kanner's paper in 1943. Kanner plagiarised Asperger's work. There is no reference to this in this textbook.

Clinical gold standard diagnosis of an Autism Spectrum Disorder is a clinical interview by an experienced clinician in the area of autism. Defining autism in the narrow way puts tremendous stress on parents and excludes innumerable persons with Autism Spectrum Disorders from treatment. Later in the book there is proper focus on Autism Spectrum Disorder. The statement that large head size is "not present at birth but rather develops in the pre-school years" is not always true in my experience.

I have seen a number of persons with Autism Spectrum Disorders with large heads at birth. In terms of treatment Lovaas' initial behaviour therapy for autism used "electric cattle prods". This brutal form of behaviour therapy was rightly criticised in the book. In terms of therapy there is no "one size fits all". These patients need a combination of speech and language therapy, behaviour therapy, occupational therapy and mind-reading skills therapy. The eclectic approach is the only one that makes any sense.

Originally autism was classified under childhood psychosis. Then it was believed that autism and schizophrenia were absolutely separate. Now it is realised they can occur together. Indeed Christian Gillberg has pointed out that autism reflects the negative symptoms of schizophrenia. This is not mentioned in the book.

An effort is made in the book to define a condition called Multiple Complex Developmental Disorder as separate from ASD. I am in no way persuaded that this is separate from Autism Spectrum Disorder. Neither am I convinced that Childhood Disintegrated Disorder is separate from ASD and the treatment is the same for both conditions. There are very large increases in the diagnosis of ASD in recent years.

I don't believe that there is any true increase in the condition but that it is simply a feature of changing diagnostic practices and more awareness of ASD. I do agree that delusions can occur in Asperger's syndrome as well as schizophrenia. In my experience Fragile X problems are rarely associated with autism. The differentiation between idiopathic autism and more complex autism for example associated with tuberous sclerosis is helpful.

In terms of obstetric complications in autism I have a hypothesis that it is the abnormal brain and its effect on the body that might set up some of these obstetric complications, often in my experience leading to caesarean section. I am persuaded that problems with neuroligins and neurexin synaptic cell adhesion molecules, required for specialisation of excitatory/inhibiting synopsis are relevant to autism.

Clearly there are widespread abnormalities in the brain of persons with autism. While trials of SSRIs at a statistic level don't seem to support their use in autism I have nevertheless seen great benefit in individual cases.

Micheal Fitzgerald,
Professor of Psychiatry
Trinity College Dublin,
Ireland.

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