

the commonest number being 5 personalities and the maximum in this study being 110 sub-personalities in one individual. The average period of treatment was 22 months. Relapse was much commoner in patients with 18 or more personalities, in whom 60% had partial or complete relapse. Patients with 17 or fewer personalities had an 8% relapse rate.

In North America, the diagnosis has become increasingly common – even in 1980 there were only 200 cases recorded in the literature, but since then there have been many series published, some of them in the hundreds. It is difficult to know how much of this increase presents a true increase in the affected population and how much is due to an increasing awareness among psychiatrists resulting in more accurate diagnosis. It may also be possible that now that the diagnosis has become fashionable, it may be over-diagnosed. Patients may also have learned to conceptualise their problems in ways that attract professional and lay interest. There seems to be an important relationship between child abuse and the later development of MPD, and it is of great interest that the increase in the diagnosis of MPD parallels the increased awareness of child abuse which has been a feature of the past 10 years. Many MPD patients have been previously diagnosed as borderline personality, normally considered difficult to help psychotherapeutically in contrast to the excellent results described in the volume under review. It may be that the authors' cases were easier ones, or it could be that the diagnosis of MPD and the specific psychotherapeutic strategies used with these patients is a more helpful way of viewing some cases of borderline personality.

Where there are very sudden changes in mood of patients with a 'personality disorder' and the appearance of 'psychotic' phenomena in patients whom we are fairly certain are not psychotic, we may find with further enquiry that the phenomena may be more readily understood in terms of MPD. It remains to be seen whether the experience of this syndrome in the UK will compare to North America, but if it does this collection of essays will be a helpful guide in its diagnosis and treatment.

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**Handbook of Studies on Schizophrenia. Part I: Epidemiology, Aetiology and Clinical Features. Part II: Management and Research.** Edited by GRAHAM D. BURROWS, TREVOR R. NORMAN and GERTRUDE RUBINSTEIN. Amsterdam: Elsevier Biomedical Press. 1986. Part I: Pp 246. \$72.25. Dfl. 195.00. Part II: Pp 313. \$250.00.

These two thin volumes are not conference proceedings, but contain a collection of invited contributions from authors from a number of countries, including Australia. Every conceivable aspect of schizophrenia is

covered; there is an emphasis on biological aspects, but chapters on social and family factors, patient services, and even schizophrenic art are included. The standard in general is very high. Many of the chapters provide balanced, detailed, and up-to-date reviews which are exhaustively referenced. A minority are less than comprehensive, and one or two authors seem content to review mainly their own work. Most impressive are the ten or so chapters relating to aetiology and pathogenesis, where the cover is authoritative. The chapters on pharmacotherapy are wide ranging and informative, and those on family therapy and psychotherapy are clear and even-handed. Unfortunately, there is a relative neglect of the clinical features of schizophrenia: the three chapters devoted to this are individually of a high standard, but several important issues are alluded to rather than examined in detail. However, specialised topics such as schizophrenia in epilepsy, organic states, and the puerperium are given a great deal of attention.

This handbook is of general interest; it provides readable accounts of many important topics, and would thus make a valuable addition to a psychiatric library. It would also be of great assistance to anyone with research interests in schizophrenia. Finally, to those, like the reviewer, who have had to teach on schizophrenia at a postgraduate level it is probably indispensable.

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**The Sociology of Mental Disorders** (2nd ed.). By WILLIAM W. EATON. New York: Praeger. 1986. Pp 281.

Eaton, who is a psychiatric epidemiologist at John Hopkins University, has responded to the success of the first edition of his sociological primer in psychiatry by incorporating a number of important recent developments. These include DSM-III and the NIMH Epidemiologic Catchment Area Program; more surprisingly, he has added three literary first-person accounts of mental disorder, including an extract from Sylvia Plath's *The Bell Jar*. The social approach here begins by separating "bizarre behaviours" from the rest of human life, and then considering them as either disease or deviance. This is followed by considering the social epidemiology of mental disorders, in which it is rather surprising to find demoralisation as a major category. The remaining sections deal with social psychology, the family, collective behaviour, organisation of treatment, socio-economic stratification, and mental disorder in the modern world (with emphasis on the views of Marcuse, but no mention of Basaglia).

The limitations of present-day sociology in confronting the issue of psychiatric disorder are, on the whole, frankly acknowledged here. For instance, the conceptualisation of social supports and life events stressors is