

Paediatric Epilepsy. Edited by MATTI SILLANPÄÄ, SVEIN I. JOHANNESSEN, GÖSTA BLENNOW and MOGENS DAM. Petersfield: Wrightson Biomedical Publishing. 1990. 377 pp. £45.00.

Considerable advance in the field of epilepsy has occurred in all age groups over the past 10 years, from the understanding of basic mechanisms to the use of newer imaging techniques. There are also signs that, as in other areas of medicine, molecular genetics will have an impact. In addition, newer anticonvulsants have been introduced. At this juncture, an update in paediatric epilepsy is clearly needed and this volume has much to offer, being conceived as a book rather than a collation of conference presentations. It consists of 37 chapters, some relatively short, but all succinct; the work of 41 contributors, nine from the USA, the remainder from Scandinavia. This point is neatly side-stepped in the preface by the statement that the book represents the view of Scandinavian experts. The preface also contains the disclaimer that the editors have not attempted conformity of opinion, which in fact adds to the value of the book.

It starts with five chapters on basics, epidemiology, pathology and genetics. Then follow 12 chapters on particular disorders ranging from neonatal seizures to benign partial epilepsy, and including sections on progressive conditions. There are four chapters on investigation including imaging methods and electroencephalogram (EEG). In the latter there could have been more emphasis on ambulatory monitoring and split-screen video presentation of patient and EEG, although this is mentioned elsewhere. Drug treatment and surgery are then covered. Then, there follow four chapters on what is called 'habilitation'. In spite of the oddness of the word it is quite clear that it concerns overall management as well as organisation of services. The book ends with chapters on discontinuation of anticonvulsants and prognosis. Each chapter is self-sufficient with its own good bibliography and there are appropriate illustrations including some in colour. A strong introduction and a concluding chapter would have been helpful, as would the grouping of the chapters into subsections.

The volume is well presented and comprehensive as well as up-to-date, and it is warmly welcomed.

D. F. SCOTT, *Consultant in Charge, Section of Neurological Sciences, The Royal London Hospital*

Depression in Mentally Retarded Children and Adults. Edited by ANTON DOSEN and FRANK MENOLASCINO. Leiden: Logon Publications. 1990. 362 pp. 95df/ \$50.00.

This book joins a growing number of publications on psychiatric aspects of mental handicap. The Editors have attempted to draw together perspectives on depres-

sive illness in mentally retarded people from several professional disciplines including child and adult psychiatry, educational psychology, child development and neurology, epidemiology, counselling and clinical chemistry. The result is a patchy, repetitive book which purports to be scientific but which ends up by being speculative in parts, uneven in quality and too often full of jargon.

There are some good contributions, however, particularly the chapters on clinical findings by Day, on biochemical studies by Ruedrich, on bipolar disorders by Sovner and on behavioural treatments by Benson. Some of the chapters on psychological and psychotherapeutic treatments such as relationship, milieu, developmental and symbolic-interactional therapy, are also intriguing. It would be more convincing, however, if these treatment methods were allowed to stand in their own right and were not pressed into service as treatments for depression. For example, it is very difficult to accept the diagnosis of major affective illness in a severely mentally retarded, non-verbal, non-mobile three-year-old child, on the clinical grounds stated, although there is no difficulty in accepting that the child improved with relationship therapy.

It is easy to be dismissive of this book, but that would be ungenerous. It is a genuine and well intentioned effort to convey the experience of depression from the mentally retarded individual's viewpoint, and some of the case vignettes are moving and authentic. It is client-centred and eminently caring and that alone makes it worthwhile. We are, however, now seeing a developing tendency to overdiagnose mental illness in mentally retarded people, and yet again, in a new context, to overmedicalise the subject. I doubt whether there is, in fact, enough quality research to justify a full length book on depression in mentally retarded people as yet.

Despite its scientific shortcomings, I think this book would be of interest to any professional involved in caring for mentally handicapped people in whom depression of mood and unhappiness may be a problem. I could not, however, recommend it as a suitable text for examination candidates.

ANDREW H. REID, *Consultant Psychiatrist, Dundee Psychiatric Services, Royal Dundee Liff Hospital*

Creative Arts and Mental Disability: The Role of the Creative Arts in the Development of Young People and Adults with Mental Handicaps and Severe Profound or Multiple Disabilities. Edited by STANLEY S. SEGAL. Bicester, Oxon: A.B. Academic Publishers. 1990. 115 pp. £15.95.

This book describes the proceedings of an International Symposium and Festival of Arts held in London at the King's Fund Centre and the Cockpit Theatre exploring the creative arts with people with mental disabilities.

The papers presented are diverse in style and content. The first three describe how the symposium was set up with a parallel programme of performing arts at the Cockpit Theatre. Professor Segal then provides an informative account of the development of special education and integration of the arts into this from an international perspective.

Poitevan writes an exciting chapter on how seeing people with mental disabilities being creative is a potent method for changing attitudes, and that such expression can be used by those with disabilities to reveal difficulties within the organisations or institutions that they are involved with. This may, of course, be quite a challenge to those institutions. He also describes the challenge to the individual with a disability, in that coming to terms with newly discovered aspects of themselves may be threatening and requires the individual to be supported.

Poitevan writes from his own experiences but some of the other authors' experiences do not directly relate to this client group. This makes their writing less powerful. This is not the case, however, with Taylor, who describes with great enthusiasm and lots of examples, how the arts allow the expression of emotion and so facilitate change, which may take many forms, such as, in self-image, concentration and skills. As an experienced counsellor and speech therapist she describes her work in the UK with people with mental disabilities, and her experiences in Israel.

This book is interesting to dip into. The importance of leisure activities and the creative arts is recognised by us all, but is sometimes neglected when thinking of the needs of people with disabilities. This book will be a welcome addition to the libraries of those working in this field. It is short, easy to read and some chapters are outstanding.

GERALDINE HOLT, *Consultant Psychiatrist, Goldie Leigh, Lodge Hill, London*

The Roles and Tasks of Community Mental Handicap Teams. Edited by STEPHEN BROWN and GERALD WISTOW. Aldershot, Hampshire: The Press Office. 1990. 130 pp. £25.00.

This slim volume is the report of a conference in Loughborough in 1986, organised by the Centre for Research in Social Policy at Loughborough University and the British Institute of Mental Handicap, when the two editors were Research Fellow and Co-Director of that Centre. The conference proceedings are readable, interesting and appear to lose nothing in the transcript. It does, however, seem a pity that over three years have passed since the conference, but there is still much that is pertinent today.

Community teams started around the early 1980s when community-care needs were being addressed, and

effective delivery of care in the community was to be the antidote to a decade of poor and fragmented services in institutions. It is also important to remember that multidisciplinary teams were used first in mental handicap services while teams in other services such as general psychiatry and drug addiction have followed in their wake.

If community teams are indeed the linchpin of the community-based service then they cannot afford to be fragile or vulnerable in the hands of the ignorant or powerful. The honeymoon is over and teams must address their dynamics and the work done, with sophistication, as in this text, so that service delivery to the client and carers is the best that can be offered within the resources and done with informed inspiration.

There is no one model for such a team, a matter of strength in my view but of concern for some. In some services community teams are at the periphery of another strong part of the service while in other places the team may represent the total service. Some teams have a planning function and others do not. What seems clear is that audit must now be part of the work of any team.

Teamwork is never easy but this book can help teams to remedy their ills and, for robust teams, point the way to further endeavours. It is a thoroughly useful book for teams to own and for libraries to stock. There will be few who will buy this text for themselves for a price that can only reduce the size of an already small market.

JOAN BICKNELL, *Professor Emeritus in the Psychiatry of Mental Handicap, St George's Hospital Medical School, London*

A DSM-III-R Casebook of Treatment Selection. By SAMUEL PERRY, ALLEN FRANCES and JOHN CLARKIN. New York: Brunner/Mazel. 1990. 416 pp. \$42.50.

Although the DSM classification system in psychiatry has received great support among research psychiatrists and been a major influence on the revised psychiatric classification in the *International Classification of Diseases*, it continues to attract criticism from clinicians. Despite formal diagnoses using the DSM classification being mandatory in many parts of North America, the labelling process is often seen as a sterile academic exercise that serves the whims of bureaucracy but is of no value to the patient.

This book, together with its predecessor, *Differential Therapeutics in Psychiatry* (1984) aims to put flesh on the DSM skeleton. It adopts a standard format whereby each of 53 cases is described in terms of five axes; the setting where the treatment occurs, the format indicating who takes part in the treatment (varying from individual to family therapy), the time taken to complete treatment and the frequency of sessions, the approach (which describes the range of psychological