

prerequisite definition of insanity. And so the pillars of present-day psychiatry are founded on this quicksand of a concept. From the time of Lewis and Jaspers, the great and the good have in turn struggled to explore and redefine our thinking on insight. The crystallisation of this is contained within the pages of this eminently readable book, which manages to keep its subject grounded while encompassing huge scope.

I found the first edition of this book useful, and the second edition is undeniably an improvement. It is a treat to dip into and out of when one wants to raise one's head and contemplate just what it is we do day to day. The second edition has been comprehensively restructured and updated, and every chapter shows signs of rework. Most chapters are self-contained and many begin by exploring a definition of insight.

Divided into four parts (phenomenology and psychology; neuropsychology; insight, culture and society; and clinical and personal implications of poor insight), there is balance here and the editors have clearly resisted the temptation to weight the contents too much in favour of the neuropsychological. New chapters include Beck & Warman's 'Cognitive insight: theory and assessment', which adds the weight of heavy guns behind the increasingly popular idea that psychological assessments and treatment have a core role to play in schizophrenia. Also of value in keeping the work grounded are the personal perspectives eloquently portrayed by Frederick Frese and the topical views on mental health law in Ken Kress's new chapter.

Priced very reasonably, bordering on cheap, and now in paperback with a snazzy new cover, this is an essential read for any clinician or researcher starting off in the field of schizophrenia.

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Autism and Asperger Syndrome: Preparing for Adulthood (2nd edn)

By Patricia Howlin. London: Routledge. 2004. 388 pp. £20.99 (pb). ISBN 041530968 9

'Many psychiatrists working in the field of adult mental health know relatively little of the problems of people with autism'.

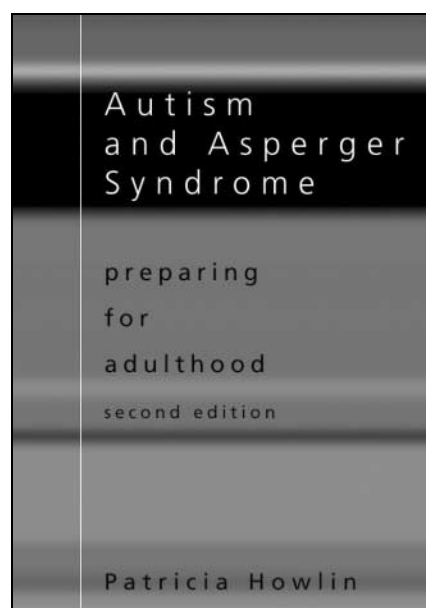
Patricia Howlin's book tackles this important and often overlooked subject with humour and candour.

Howlin dares to take on some of the more difficult issues faced by an adult with autism, for example sex and relationships, working life and gaining independence: areas that are often assumed to be beyond the capability of those with an autistic-spectrum disorder.

She uses a cast of characters to illustrate by example the difficulties of being autistic in a 'neurotypical' society. Many of the stories are touching, some recount sad-dening episodes of mistreatment and misunderstanding, and some of the (often funny) autistic faux pas serve to highlight the subtlety, absurdity and illogicality of our social world.

One of the major strengths of this book is its appeal to a broad readership. For medical professionals it is an excellent overview of the medical, social and psychological aspects of autistic-spectrum disorders, and the chapters dealing with education will provide valuable guidance for those involved in decision-making about school placement.

This book should be recommended reading for the parents of a child who has just received a diagnosis, particularly because it gives details of support groups, websites and further reading. The information provided will add to the armamentarium that families need in order to negotiate the complexities of social, educational and mental health services (or lack thereof).



It is a compliment to the author's understanding of her subject that the book is written in such a way that it is also very accessible to the person with autism. She writes in a forthright, direct manner without ambiguity. This narrative style allows the reader to gain insight into the way individuals with autism communicate, and provides food for thought about how we, as clinicians and potentially in our personal lives, can adapt our own communication methods when encountering people with autistic-spectrum disorders.

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Brain Stimulation in Psychiatric Treatment

Edited by Sarah H. Lisanby, Washington, DC: American Psychiatric Publishing. 2004. 153 pp. US\$34.95 (pb). ISBN 158562175 7

There was a time when 'physical' treatments in psychiatry implied electroconvulsive therapy (ECT) and psychosurgery, but during the past 20 years some alternatives have been developed. The aspirations are that the new treatments are less invasive or reversible, and result in fewer side-effects while being as efficacious.

Transcranial magnetic stimulation (TMS) is the best-known of these methods and there is a growing body of research trial data in depression and schizophrenia. It is thought to work by inducing subconvulsive electrical activity in brain areas of interest. Magnetic seizure therapy (MST) is a logical development of TMS and uses focal magnetic fields to induce seizures in the anaesthetised patient. The localised application and the use of magnetism rather than electricity are seen as possible benefits over ECT. Deep brain stimulation (DBS) requires the implantation of electrodes in the brain area of interest which are connected by wires to a pulse generator implanted subcutaneously in the chest wall. In the field of psychiatry, DBS has so far only been used to treat a handful of people with intractable obsessive-compulsive disorder. Vagus nerve stimulation (VNS) was first developed as a treatment for intractable epilepsy, but its use has now been

studied in depression. Again, this involves the subcutaneous implantation of a pulse generator in the chest wall, linked to electrodes attached to the left vagus nerve in the neck. In both DST and VNS the frequency and amplitude of the current pulses can be varied externally by a magnetic wand.

The five reviews in this book cover the scientific background and rationale for each treatment and their clinical effectiveness in a variety of neuropsychiatric conditions. Adverse effects are discussed with admirable frankness. For TMS and MST, these include headache and the possible induction of spontaneous seizures. For the more invasive procedures, adverse effects are certainly more serious and more common: for DBS there is a reported infection rate of 25% and brain haemorrhage rate of 5%; for VNS, voice alteration, automatic coughing and neck pain are relatively common problems.

Some might view this area of clinical research as 'blue skies' and, as is made clear by the editor, each technology is in its infancy. None is currently approved by the US Food and Drug Administration for the treatment of mental illness. However, as ECT and psychosurgery are becoming more difficult to use in some parts of the world, these new methods may eventually offer practical alternatives for treating the most resistant disorders.

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Autism and Blindness. Research and Reflections

Edited by Linda Pring, London: Whurr, 2005. 210 pp. £19.50 (pb). ISBN 1861564449

To what extent does autism reflect a perceptual (central) barrage to sensory (peripheral) experiences during receptive phases of development? This intriguing issue can be explored by means of a fourfold table of people with/without blindness (or other sensory-perceptual damage) and with/without autism. Linda Pring, Professor of Psychology at Goldsmith College, London, precisely obtains this from a well-composed range of experts on autism and/or visually disadvantaged children.

The book brings together theories and findings in a field that maintains a vigorous level of controversy. It challenges some collaterals of the 'mindblindness' construct that has been used to describe the qualitatively different development of social cognition in autism (Baron-Cohen, 1995). If autism and blindness were 'phenocopies', not much would be left for the genotype of idiopathic autism. The last chapter, by Helen Tager-Flushberg, Neuroanatomy Professor in Boston, may expediently be read first. She sums up the volume parts, spanning from Peter Hobson's clinico-theoretical essay (her preferred) to Rita Jordan's psychoeducational approach.

Susan Leekam and Shirley Wyver critically review how some people manage to grow up without attributing mental functions to others. They point out that sighted and blind children do not differ in prenatal exposures. Having reviewed Piaget's and Gibson's conflicting theories on specific modal representations in cognitive development, they elegantly deviate from the theory-of-mind doctrine in favour of the role of social interaction with caregivers as a basis for strengthening the capacity for intersensory coordination and mentalisation. Neuroscience is addressed in Naomi Dale's chapter on a case-control study of blind *v.* typical infant. There are similarities between the neurodevelopmental regression (setback) experienced by blind and often multi-functionally impaired infants and those who are going to be retrospectively diagnosed with autism. The other chapters, by G. Collis, G. Conti-Ramsden, R. Gibbons,

V. Lewis, M. Pérez-Pereira and V. Tadic, are also remarkably interesting. They add complexity to the blindness-autism fourfold table taking into account different levels of vision and social impairments.

In spite of the 'blindisms' – echolalia, pronoun-reversal, stereotypical behaviours, poor symbolic play, etc. – by and large the association of autism with congenital blindness remains weak in grown-up individuals. When they coexist, it is an opportunity to look at the development of what Leo Kanner called 'affective contact' two generations ago in a way similar to the studies on auditory impairment or socially deprived children (Rutter *et al*, 1999). How can visually impaired infants acquire the gestures of non-verbal communication and eventually picture the same world as others' in their minds? As sighted people do, many elements have to be connected.

Baron-Cohen, S. (1995) *Mindblindness: An Essay on Autism and Theory of Mind*. Cambridge, MA: MIT Press.

Rutter, M., Andersen-Wood, L., Beckett, C., et al (1999) Quasi-autistic patterns following severe early global deprivation. English and Romanian Adoptees (ERA) study team. *Journal of Child Psychology and Psychiatry*, **40**, 537–549.

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The Therapeutic Frame in the Clinical Context: Integrative Perspectives

Edited by Maria Luca.
Hove: Brunner-Routledge, 2004. 215 pp.
£16.99 (pb). ISBN 1583919775

The therapeutic frame occupies the minds of all therapists, particularly those in training and anxious to know whether they have 'got the technique right'. A book on this subject, designed for trainee psychotherapists, thus deserves serious consideration.

Writing on this subject is scattered, and there is little on which to base any evidence-based approach. What then may the therapeutic frame comprise? Basic elements include a setting, both physical and psychic, that allows therapy to occur. The aim of the particular kind of therapy will determine the contours of this frame.

