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 con-
tained 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 is it 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 (phenomenol-
ology 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 neuro-
psychological. 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 per-
spectives 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
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)

‘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 impor-
ant 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 psy-
chological 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 with-
out 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:
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
data in depression and schizophrenia. It
is thought to work by inducing sub-
convulsive 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 dis-
order. Vagus nerve stimulation (VNS) was
first developed as a treatment for intract-
able epilepsy, but its use has now been