

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.

---

**Rachel Upthegrove** Specialist Registrar in Adult Psychiatry, Lyndon Clinic, Hobbs Meadow, Solihull B92 8PW, UK

### **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'.

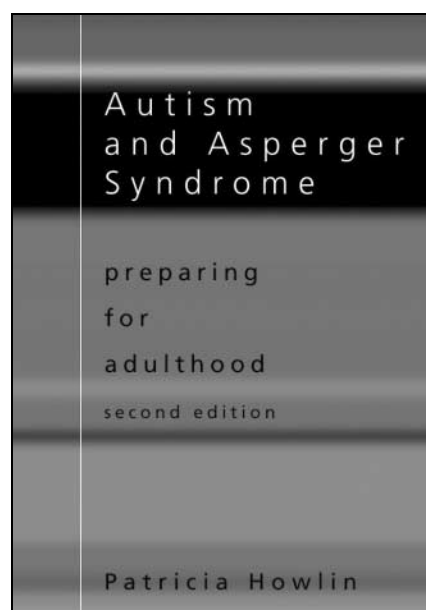
Patricia Howlin's book tackles this important and often overlooked subject with humour and candour.

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.

---

**Annabel Price** Senior House Officer in Psychiatry, Autism and Related Disorders Clinic, Maudsley Hospital, Denmark Hill, London SE5 8AZ, UK

### **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