

Users are crucial stakeholders in the mental health system and few would quibble with the authors' statement: "... a partial revolution has been brought about by user involvement. For the first time users in some areas have begun to have some real say in what is - and is not - developed."

Much of this impact has come from persistent advocacy and skilful politics where eloquence, polemic and judicious overstatement are fair enough. These are, however, out of place and unproductive in an academic book. The reader has a right to expect that the literature quoted will have been consistently surveyed to give a balanced view of the present state of knowledge - not plundered for selective quotes to support specific opinions. Similarly when facts are stated the security of the knowledge and the existence of contrary findings should be acknowledged. This chapter fails to give any sense of the weighing of evidence. It is a passionate indictment of the current mental health services generally. Professionals are savagely criticised either for neglecting their duties and doing nothing for patients: "You're lucky to see a psychiatrist for more than five minutes a week", or when they do do anything then their expertise renders them crushingly insensitive to patients' individuality. Surely the authors must acknowledge that there are some elements of good practice and decent intentions which characterise the whole service and not just in some isolated exceptions?

My contention with this chapter is not with the authors. Their views are well known and eloquently and effectively expressed in other settings where they can be a powerful antidote to complacency. My argument is with the editors for not requiring the same academic rigor in this chapter that they would expect in the others. Had they done so I have no doubt that Liz Sayce and colleagues could have risen to the task. We know that they are perfectly capable of it. As it is the opportunity is lost.

Overall, therefore, a patchy book. There are some useful insights and some very good writing which repay a selective browse but hardly worth reading from cover to cover.

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Attention-Deficit Scales for Adults (ADSA). Santo J. Triolo & Kevin R. Murphy. Available from Brunner/Mazel, Inc., 19 Union Square West, New York NY 10003, USA. Fax: (212) 242-6339.

This instrument is a self-administered questionnaire (54 items). From these, by an ingenious scoring device, nine subscales are derived together with an indication of the reliability of completion and comparison of scale scores with the normative population. The nine subscales are termed: Attention-Focus Concentration; Interpersonal; Behaviour Disorganised activity; Coordination; Academic Theme; Emotive; Consistency/Long Term; Childhood; Negative-Social.

The numbers of items contributing to each of these varies between 23 (Behaviour Disorganisation Activity) and 2 (Academic Theme and Childhood). The response to the completed Scale produces a profile which is recorded on a well-produced chart. The chart provides information on 'normal' and standard deviations of scores for all subscales together with percentiles for the normal population.

The subscales and the total scale score are supposed to relate to measurement of a disorder (Attention Deficit/Hyperactivity Disorder - AD/HD). The sample on which the scales were established included subjects with "emotional difficulties" (? psychiatric disorders) and subjects reporting problems with attentional deficit. The authors attempt to justify failure to exclude such groups but it would have been better if they had been excluded since the Scale is designed for clinical use.

It has been overambitious to include all the subscales especially since the meaning of those based on few items must be doubtful. There is a mixture of 'state' and 'trait' concepts and indeed the 'Negative Social' subscale is largely a reflection of trait although, and this the authors admit, its interpretation is obscure and conclusion of personality disorder should not be based on it.

The Scale is well presented and the items may be read in this country without being unduly aware of its American origin. It will probably find more use in non-clinical settings and, in such settings, will be a helpful addition to the available instruments.

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