



Feinstein claims to provide “a detailed survey of the emotional, behavioural and cognitive disorders prevalent among patients with multiple sclerosis” and “clear clinical guidelines [. . .] for (their) diagnosis and treatment”. This is a clinically oriented volume, which is well researched, written and edited. It will undoubtedly please readers seeking the practical clinical information and advice that is rarely found in neurology textbooks. The book begins with a helpful and clarifying introduction on the diagnosis of MS and definitions of its nomenclature, followed by chapters on depression, bipolar disorder, pathological laughter and crying, psychosis and cognitive dysfunction. Most chapters contain clinical vignettes, and all have helpful summary points at the end. Data are also provided on the correlation between brain lesions on magnetic resonance imaging and various abnormal mental states and cognitive deficits. There is an imbalance between the amount of space devoted to cognitive dysfunction (five out of ten chapters) and that given to the more strictly psychiatric aspects of MS. Also, reference to the effects of newer therapies, such as the beta-interferons and their alleged (and debated) potential to induce depression in a proportion of patients, would be welcome.

This work succeeds in providing a detailed review of the mental and cognitive disorders observed in MS. And although the provision of clear treatment guidelines is hampered by the small number of proper randomised placebo-controlled trials of treatments for depression, mania, or

psychosis in MS, this is not the author's fault.

Feinstein should be congratulated for his effort in reviewing and bringing together what is known of the psychiatry of MS into this monograph, which will be useful to those interested in the psychiatric manifestations of structural brain disease and to clinicians who either have patients with MS under their care, or who encounter them in the course of their clinical practice. The volume would be a welcome addition to academic medical libraries and some departmental libraries. Those with a special interest in MS should benefit from the inclusion of this book on their personal shelves, although they might want to check whether a paperback edition is planned.

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Psychological Problems of Ageing: Assessment, Treatment and Care

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This book is intended to be a focused text for all professionals involved with the care of older adults, which is a broad perspective. It rises to the challenge admirably.

I particularly enjoyed the thought-provoking chapter on identity management in later life by Peter Coleman, and the chapter by Steven Zarit and Anne Edwards on family care-giving. Both offer stimulating reading and have implications wider than their titles might suggest. I found a small paragraph about multiple roles and role strain in relation to care-giving pertinent to work I have been involved in on burnout and stress among old age psychiatry staff. I love the hypothesis that an additional role might generate energy which can be used to fulfil the demand of other roles, but I have some worries about where it might lead those among us who already feel overcommitted.

Other chapters are probably less useful to psychiatrists. I singled out Robert Woods' chapter on mental health problems in late life for mention here, but later found myself mulling over post-traumatic stress disorder

in late life and the impact of the Second World War. Also, we can become blasé about what Woods calls the “uncharted territory” awaiting many old age psychiatrists: a deluge of patients with dementia and depressive illness in late life. Woods is right that clinical psychologists have a key role to play in understanding, assessing and treating the whole range of mental health problems affecting older adults. But so too do old age psychiatrists, and we must continue to have a vision of old age psychiatry services which are comprehensive, collaborative and multi-disciplinary and which are resourced to allow the reality of both psychological and physical treatments. Another perspective is always useful: perhaps this chapter is relevant to old age psychiatrists after all.

Time now for my confession. I made a mistake with this book: I decided to read it from cover to cover for relaxation. This proved to be a recipe for insomnia, and I suggest it is better used as a sourcebook, or text to refer to on relevant topics. If I had not been asked to review this book, I doubt that I would have bought it, but that would have been my loss. It will be particularly useful for trainees, but cynics who have lost touch with their training will also enjoy it.

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