

exterminate an entire people, based on racial ideology. Although we are provoked to anguish over the question of how a previously civilised state could resort to such barbarity, Lifton's chief purpose is to shed light on what motivated the Nazi physician to forgo his ethical and healing role and assume the role of killer.

Two principal themes emerge with brilliant clarity. The first is uncomfortably linked to the psychiatric profession. The eugenics movement in the early 20th century found an eager audience in Germany, and meshed neatly with Hitler's racial doctrines. It was the likes of the psychiatrist Alfred Hoche (in an influential book co-authored with the jurist Karl Binding) that provided a 'scientific' foundation upon which the Nazi regime could promulgate, as early as July 1933, a law permitting the sterilisation of the chronically mentally ill and the intellectually retarded.

'Mercy' killing of these 'lives unworthy of life' was the logical next step. Soon after the start of the war the gas chamber was installed in a number of psychiatric hospitals, and the psychiatrist came to assume the role of executioner. Over the next two years, he was to acquire an expertise and proficiency that resulted in about a quarter of a million deaths. Thus, when the 'Final Solution' was devised in 1942, the machinery of genocide was ready, and the physician was prepared for his task of selection on the ramps at Auschwitz and for the supervision of the grisly procedure in the gas chamber.

The medical profession may have unwittingly provided a scientifically plausible rationale for the decision to exterminate the Jewish 'sub-human' race, but how could physicians like Josef Mengele and Eduard Wirth (the chief doctor at Auschwitz) have allowed themselves to be recruited to the ranks of killer? Lifton offers us an explanation by resorting to the phenomenon of 'doubling': the deployment of a second 'Auschwitz' self – a complement to the previous self of ethical doctor, husband, and father. Since the two, he argues, were totally autonomous, all requirements for moral responsibility could be transferred to the Auschwitz self and in turn to the pervasive Nazi ethos with which that self was fully identified.

Lifton's propositions help to illuminate what seems to be inherently incomprehensible. If he is unable to offer a totally convincing explanation, then he is in good company; Hannah Arendt, Mary Midgley (in her excellent essay on Wickedness), Erich Fromm and others have all wrestled with the dimension of evil in man's behaviour, and only succeeded partially. Lifton's book deserves close scrutiny by psychiatrists. They will gain in at least two significant ways: by acquiring a greater understanding of the nature of human destructiveness, and by realising how vulnerable their profession is to gross unethical pursuits.

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Drugs, Ageing and Society: Social and Pharmacological Perspectives. By BRUCE BURNS and CHRIS PHILLIPSON. Beckenham: Croom Helm. 1986. Pp 180. £19.95.

On opening this book, one is surprised that in a stiff-backed volume of relatively high cost, poor quality paper and typewriter setting have been used. The title is puzzling and somewhat unfortunate: it could imply that the authors are examining drug addiction in the elderly, rather than medication. They claim to "critically review the use and marketing" of medication used in the elderly. This aim tends to become obscured by the presentation of much data, which at times is repetitive. It is unclear for whom this is written. The authors suggest it could interest geriatricians, sociologists, psychiatrists, and pharmacists. Is it really then necessary to define dementia, postural hypotension, or beta blockers, to name but a few?

Numerous references are quoted. These range from respected authors to the *Mail on Sunday* and *Everywoman's Doctors Book of 1934*. It is difficult to take such information seriously, and this tends to detract from the important questions addressed. The chapters of special interest to psychiatrists include critical comment on the high use of psychotropic medication in the elderly. However, this is not balanced by a discussion of the high incidence of psychiatric illness in old people. Also, "unacceptable behaviour" in the elderly in elderly people's homes *does* need to be controlled – such control is by no means necessarily a "punitive" measure.

Sadly, despite the amount of sound information presented in this book few conclusions are reached, and I remain as unclear about the inter-relationships between drugs, ageing, and society as I was before reading it.

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Grieving: A Handbook for Those Who Care. By RUTH BRIGHT. Missouri: MMB Music Inc. 1986. Pp 229. \$19.50.

This book, written by a music therapist of 25 year's clinical experience, makes several claims, notably that (a) it is suitable for a wide readership, and (b) it provides a practical approach. The first claim is justified: practitioners and laymen can learn from this book, as can the bereaved themselves. The researcher should also find it inspiring, because (by her own admission) the author is essentially a pragmatist and many of her ideas require more formal scrutiny and testing. The rigorously-minded academic would be disappointed, therefore, if he were to expect this book to be a source of carefully-researched ideas and principles.

The second claim is also appropriate, because the author describes in some detail how she puts her ideas into practice. More specifically, for the uninitiated, there is a chapter on music therapy, and there are

references to its use throughout the book. Although medicine and music have a long association, music therapy is still relatively unfamiliar to most clinicians.

It is an unpretentious book, written in clear prose. Maybe I am a Philistine, but I do not share Dr Kastenbaum's claim in the Foreword that 'musical sensitivity can be felt throughout this book in its rhythms, structure, and invitation to respond'.

The earlier chapters provide helpful descriptions of reactions to various forms of loss, including chronic disability, old age, loss of material possessions, and loss of role. There are also useful sections on the difficulties facing those who have to deal with the grieving and dying, including those individuals who are involved in the emergency services and rescue work.

In conclusion, I found this an interesting book written by an obviously sensitive and experienced practitioner whose professional philosophy includes the need to respond to individual differences among those who are grieving, and to adopt an eclectic and flexible approach to help them.

DAVID A. ALEXANDER, *Senior Lecturer and Acting Head of Department, Medical School, University of Aberdeen*

Modern Psychoanalysis of the Schizophrenic Patient: Theory of the Technique (2nd edition). By HYMAN SPOTNITZ. New York: The Human Sciences Press. 1985. Pp 337. Price not stated.

This is the second edition of a book which was required reading in the course of basic training at 'Modern Psychoanalytic' Training Institutes in the United States. Before reading it I was unaware of the Modern Psychoanalysis movement, and I was interested to learn that there are eight Training Centres in the United States, and that since 1976 they have been publishing their own journal, *Modern Psychoanalysis*.

The term used for this treatment method, however, I find confusing. Patients are seen once or twice per week, and the method seems to centre around ventilation of accumulated frustrations, with a number of tactical manoeuvres available to ensure this process occurs: "Any technique employed to deal with resistance is regarded as permissible." Examples are given, such as telling a patient who does not wish to talk to "Keep quiet", with the intention that a contrary-wise patient will then talk. This is clearly not psychoanalysis, and I was unhappy with Spotnitz's statement that his treatment approach is "basically Freud's theory and Freud's method of therapy." Also, he justifies the use of the term 'modern' with too many quotations from the early days of psychoanalysis, as if there have not been many developments in the past one hundred years.

The important issue of diagnosis was left unclear in my mind. Although a short section is devoted to reviewing diagnostic criteria in general, I could find no definite statement about the diagnostic criteria for the patients

treated by this method. Clinical examples are mainly to be found in the last chapter of the book, where various therapeutic interventions and strategies are described. The patients came across to me as more integrated individuals than the schizophrenic patients I am accustomed to, and I wondered if this reflected a diagnostic difference. The book in general made more sense to me as a psychotherapeutic approach to treating patients with personality disorders and chronic neuroses.

On the more positive side, there is a chapter on the development of the therapeutic alliance which I found useful reading, and the reference list is comprehensive. There would also be little disagreement with the emphasis given to the therapist's capacity to cope with treating patients with narcissistic disorders.

On the whole, in spite of the exciting title, I failed to find this a particularly stimulating book.

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Neuropsychological Rehabilitation. Edited by MANFRED J. MEIER, ARTHUR L. BENTON and LEONARD DILLER. London: Churchill Livingstone. 1987. Pp 475. £45.00.

It is only in the past 10–15 years that neuropsychologists have become interested in rehabilitating the patients they have so assiduously studied to elucidate the relationships between brain and behaviour. This book provides a comprehensive account of these endeavours and what they have achieved so far. In general, the results are disappointing. The major emphasis is on careful and accurate assessment of disabilities, and the first part of the book is devoted to this topic. However, many of the chapters in the second part (representative research and application) are also largely concerned with assessment, with only a nod towards rehabilitation at the end. Many still believe that given a sufficiently careful assessment, the steps needed for rehabilitation are self-evident.

In my opinion the major contributions that neuropsychologists can make to the study of rehabilitation are firstly, to provide theories of the restoration of function, and secondly, to design experiments to show which types of rehabilitation are successful. It appears that, as yet, few attempts have been made to do either of these. As one contributor puts it "The description of the procedure is anecdotal and no data are presented". With regard to the lack of controlled trials, the all-too-frequent false moral is put forward that it is unethical to withhold treatment. This problem must be balanced by the lack of ethics in pinning hopes on procedures with no proven value.

The book is somewhat carelessly edited, in that there is much unassimilated overlap between different contributors. Also, some have reviewed their topic in detail while others have restricted themselves to their own specific interests. Posner and Rafal describe an