

can be viewed in the light of modern knowledge. There is a brief historical survey of some eccentrics of the past four centuries. The book will be of great interest to all psychiatrists and psychologists. Whatever the criticisms of a self-selected group may be, this immensely readable book describes a study that breaks new ground, where others should certainly follow. It will be a hard task to write with comparable grace and learning.

GAJUS DAVIES, *Consultant Psychiatrist, King's College Hospital, London*

Positive Psychotherapy: Therapy and Practice of a New Method. By NOSSRAT PESECHKIAN. Berlin: Springer Verlag. 1987. 442 pp. £17.50.

This book has the aim of amalgamating different strands of psychotherapeutic thought from the East and the West. The author presents his therapeutic framework as a practical guide rather than a new theory, with the emphasis on short-term focused work, and hopes that it will be useful to a wide audience. These are aims which most of us would like to achieve, and I began reading with some interest.

However, it seems to me that it falls between two stools. On the one hand, the introduction by the author of his own system of nomenclature means it is difficult to grasp the framework of treatment described. On the other hand, the inclusion of Oriental folk tales and the very simple clinical cases described make it seem at times like pop psychology from another era.

Although interesting, this is not a book I would recommend for a library and, at the price, not one that would be sufficiently useful for individual professionals to buy for their personal use.

RACHEL LEHEUP, *Consultant Child Psychiatrist, Child and Family Therapy Service, Nottingham*

Use of Anticonvulsants in Psychiatry: Recent Advances. Edited by SUSAN L. MCELROY and HARRISON G. POPE. New Jersey: Oxford Health Care Inc. 1988. 188 pp. \$22.50.

This is an American multi-authored text. The opening chapters focus on individual anti-convulsant agents, while other chapters deal more specifically with anticonvulsants in the treatment of various psychiatric disorders. The information is presented in an authoritative fashion by active researchers in the field.

The section on phenytoin makes the point that early open studies of this drug in the treatment of psychiatric patients gave encouraging results, but that these have not been replicated by more stringent research. That well-known phenomenon of early enthusiasm being

dampened by data needs to be borne in mind when reading this text. Although the evidence for the use of carbamazepine in bipolar disorder is convincing, much of the evidence for other drugs and other indications comes from open studies, single case studies or personal experience, or isolated double-blind studies. Discussions of the possible mode of action of anticonvulsants in some of the secondary indications are therefore particularly speculative.

The research-minded psychiatrist will find that this text stimulates many ideas for potential projects based on the preliminary data and speculations put forward by the authors. The book also contains practical advice on the use of anti-convulsants in psychiatric syndromes, although access to this is handicapped by the lack of an index.

Few would buy this book for their personal library, but it would be a useful, although not essential, addition to the library of departments which have a research interest in psychopharmacology.

MALCOLM PEET, *Senior Lecturer, Department of Psychiatry, University of Sheffield*

Society, Stress and Disease, Vol. 5: Old Age. Edited by LENNART LEVI. Oxford: Oxford University Press. 1988. 383 pages. £75.00.

This is the final volume in a series based on international symposia sponsored by the WHO and the University of Uppsala. Previous volumes dealt with the psychosocial environment and psychosomatic diseases, childhood and adolescence, the productive and reproductive age, male/female roles and relationships, and working life. The blurb states that the contributors "examine research into the mental and physical effects of old age, and the medical and social measures that are being taken to ameliorate them. The topics covered include the mental and physical effects of retirement, of work, of illness at home and in hospital, and studies of different communities in America, rural France, Africa, the Soviet Union and elsewhere, to discover the ways in which various social and family structures in different countries affect the well-being of the elderly".

Selye contributes chapters on 'Stress and ageing' and 'Stress without distress'. Sainsbury's chapter has particular regard to suicide. Birren, Butler and Eisdorfer are among well-known psychogeriatric 'names'. The topics range widely – from a behavioural approach, to theories of ageing, to "pet facilitated therapy, or PFT". There is far more about retirement than bereavement, even though the effects of the former on morbidity and mortality are far less important than the latter.

Alvar Svanborg's taster of his survey of septuagenarians in Gothenburg, distinguishing between functional and chronological ageing and noting that the main

cognitive decline with ageing is in sensori-motor speed, is very familiar, which is not surprising when one notes his statement that the first follow-up will start in September 1976! A quick flick through the book's references reveals that few are after this date (although one or two contributors have tried to bring their work more up to date), which suggests an extraordinarily long delay between the symposium and the publication.

There are pleasures for the dilettante, for example quotations from Byron, Cicero, and Simone de Beauvoir, and a list of creative old people which joins Casals, Benjamin Franklin, Karl Menninger, Pavlov, Verdi, and Tolstoy with Barbara Cartland! For the serious reader, however, too much of the book is superficial and familiar. At £75 it is far too dear, even for most libraries, although the contributors may wish to be reminded of what they and their colleagues had to say all those years ago!

BRICE PITT, *Professor, Academic Unit for Psychiatry of Old Age, St Charles' Hospital, London*

The Measurement of Depression. By ANTHONY J. MARSELLA, ROBERT H. A. HIRSCHFELD and MARTIN M. KATZ. Chichester: John Wiley. 1987. 411 pp. £38.50.

This book represents the distillation of contributions to a workshop held in Hawaii in 1984. All the contributors are from the United States, but there is extensive discussion of British and other non-American measurement instruments.

The book is divided into four sections, concerned with clinical, biological, behavioural, and psychological and psychosocial measurement of depression. The contributors are well known in their field and include Klerman, D. F. Klein, Andreasen, Stokes, Weissman, Rehm, Rush, and Lewinsohn. These authors have not just described their own work but have extensively reviewed most of the English literature in this field, and the book provides an excellent reference textbook, particularly with regard to the historical development of assessment indices. The chapter by Rabkin & Klein on the clinical measurement of depressive disorders is particularly relevant in this context, and provides a comprehensive 50-page review with detailed analysis of the Hamilton Raing Scale for Depression (HRSD) and a disinterested account of the General Health Questionnaire, and the Montgomery-Åsberg and Newcastle Scales. I was interested to see that the HRSD has now spawned two derivatives: the endogenomorphy subscale, and the extracted Hamilton for use with the Schedule for Affective Disorders and Schizophrenia. A number of scales have now been designed to measure cognitive function and cognitive change, and these are described in detail. I was also amazed to find that there are 30 published

studies of social adjustment questionnaires, including 16 reviewed in this book.

This is a useful book, providing a detailed broad overview of the measurement of depressive experience. Although the topic is unlikely to provide a feature article in the Sunday papers, the text is easily read and assimilated. The book is attractively produced, and although there are occasional errors, e.g. DSM-III transformed to DMS-III, it represents good value for money.

S. P. TYRER, *Consultant Psychiatrist, Royal Victoria Infirmary, Newcastle upon Tyne*

The Challenge of the Borderline Patient. Competency in Diagnosis and Treatment. By JEROME KROLL. New York: Norton. 1988. 237 pp. £17.95.

Kroll is known here for an article, or rather for the title of an article, which investigated how many borderlines there were in a Cambridge psychiatric ward. The title captured the disbelief of most local psychiatrists in the relevance of the diagnosis: 'Are there borderlines in Britain?' (*Archives of General Psychiatry*, 1982, 39, 60-63). With similar amusement, the first chapter of this book examines the political, historical, and scientific pressures surrounding the delivery of the DSM-III borderline and schizotypal categories. Although some will rejoice in this as proof of the supposed shambles of American psychiatry, it is in fact an exposition of the social and cultural context of any scientific development. Hypotheses and discoveries are necessarily children of their times, and may start in any form from pristine logic to nightmare (remember Kekule's benzene rings), but will stand or fall on their heuristic and pragmatic value. Kroll knows this very well, and one of his most convincing chapters looks thoroughly into the evidence that supports or disproves the alleged dependence of borderline personalities on affective disorders.

In the second part, Kroll takes the opposite strategy: surprisingly, he de-contextualizes psychotherapy from any theoretical grounding and describes certain predominant borderline themes - such as victimisation, loneliness, cognitive disorganisation, and emotional intensity - as though they were hanging loosely in mid-air. His preferences for therapy oscillate - and most practitioners will agree - between supportive and exploratory. In numerous vignettes he shows what he does: mostly short-term and strategic interventions. The psychotherapy is based on a cognitive model, with considerable borrowing from psychoanalysis, an apparently atheoretical pragmatic approach that will appeal to many who are puzzled and simply do not know what to do with their borderline patients.

In this very personal book Kroll gathers an impressive clinical experience on diagnosis, research, and management to assist those "who get themselves into difficulties