

the king is sick, as occurred with presidents Grover Cleveland, Woodrow Wilson, Franklin Roosevelt and John Kennedy. Winston Churchill's progressive deterioration during his second term, 1951–55, was not internationally dangerous. Potentially more serious in the powder-keg of the Middle East were the recurrent depressions and terminal melancholia of Menachem Begin.

The authors reach a grim conclusion. When captive kings are patients, there are often indirect and unusual referral channels. Too many (or too few) physicians are involved, causing diffusion and confusion of responsibility, clinical attention to be misdirected, and exceptional disagreement about diagnosis. The optimal medical treatment can be politically fatal, but subordinating the physicians' care to political considerations can be medically fatal.

As life, but not always competence, is prolonged by medical advances, what Post and Robins call 'terminal leadership' must, if possible, be avoided. (They cite Marcos, surviving on dialysis, and the urgency of the Shah of Iran while concealing lymphatic leukaemia.) Clinicians consider the conventional 'disposal' of a patient, but the authors ask how one disposes of a disabled leader. Relevant factors are the presence or absence of institutional or legal procedures for the transfer of power and of political demands, and the availability of an alternative leader. They agree that the rules of ethics of confidentiality might be ignored if the leader was incompetent by reason of dementia, depression or mania, or had been responsible for a serious illegal or immoral act.

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Research Methods in Psychiatry: A Beginner's Guide (2nd edn). Edited by C. FREEMAN and P. TYRER. London: Gaskell. 1992. 318 pp. £15.00.

The chief characteristic of *Research Methods in Psychiatry* is its comprehensive cover of techniques for research projects, whether they be small single-patient studies or large epidemiological projects. There are useful chapters on various rating scales, with important distinctions emphasised between those scales primarily used to measure the severity of an illness and those used to assist diagnostic classification.

The overall standard is very high; individual chapters can be used as a protocol and format for guiding research. Particularly impressive is the way Johnson, in his chapter on statistical methods, covers the gamut of major experimental designs likely to be encountered by the clinical trialist. There is much common sense too, in Freeman *et al's* guide to the use of computers in research.

It is difficult to fault this volume in any major way, although I am surprised that so little attention has been paid to methods and rating scales which assess quality of life, given the current interest in such measures. However, a useful chapter on rating scales for psychotherapy is included. Future editions might include an assessment of rating scales for measuring the impact of psychoactive drugs on sleep, since sleep disturbance is a feature of many clinical trials.

This volume is well written and useful. I regard it as essential reading for anyone beginning a career in psychiatric research; if all authors of published papers were to read this book before beginning work, I am sure that the overall standard of clinical trials would be immediately enhanced.

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Measuring Mental Health Needs. Edited by GRAHAM THORNICROFT, CHRIS R. BREWIN and JOHN WING. London: Gaskell. 1992. 328 pp. £20.00.

In the National Health Service and Community Care Act 1990 the Government changed the structure of the health services in an attempt to increase professional accountability, tighten financial control, and make explicit the decisions about priorities. There is to be a separation of purchasing and providing authorities who will negotiate contracts, stating what services they wish to purchase, agreeing what services they expect to receive, and what they expect to pay for them. The needs of the mentally ill will have to be assessed before realistic contracts can be drawn up. As Sir Douglas Black says, this assessment is a distinctly difficult task; but this and related subjects are boldly tackled by the authors of this book's 18 chapters.

With the dissolution of the mental hospitals, the fragmentation of the needs of psychiatric patients has become more apparent and these needs are not going to be met unless there is much better statistical information than is available at present. If community care is to become a working reality, the information boundaries, which have always separated primary care, social services, and specialist care, have to be broken down and minimal service standards set or patients will not experience the real benefits of that change. Whether the proposed changes in statistical systems can overcome the long-standing difficulties in relations between health and social services, or nullify the legacy of Poor Law funding of the mental health services, is a question for the future.

In this book, solutions are suggested, while dangers to be avoided and opportunities to be grasped are pointed out. Important changes are in the offing and it is essential that we understand what is happening. This book is