

system, important nosological issues are not critically discussed. The first section of the book includes another six chapters which describe the clinical features of agoraphobia, obsessive-compulsive disorder, childhood and flying phobias, and evaluative anxiety disorders of a generalised and specific nature. A detailed account of management follows the description of each condition (apart from evaluative anxieties), incorporating behavioural and some cognitive approaches. The chapters on agoraphobia and compulsive ritualisers provide excellent accounts of treatment.

The second part of the book consists of several chapters describing strategies and techniques that can be used to aid anxiety reduction and to assist exposure (e.g. breathing control in hyperventilators, education of patients about anxiety and coping tactics). Two further chapters describe marital and interpersonal therapies which can be helpful as adjuncts to exposure in some cases. The book ends with one chapter each on the psychoanalytic approach to phobias and drug treatments of anxiety disorders.

This is a multi-authored book and there is some repetition. Some important topics, such as the treatment of social phobia, are omitted, but there is a critical discussion and evaluation of the various treatment approaches described in the book. In addition, as much of the book is devoted to the behavioural approach, an introductory chapter setting out behavioural principles (analysis, goals, negotiation, measurement, evaluation and feedback) would have been useful, instead of these being scattered throughout the book.

The book has a few excellent chapters but, in my opinion, is not in itself a complete handbook. It is suitable for libraries rather than the individual. Furthermore, in these days of limited funds, it is rather expensive.

GERALDINE O'SULLIVAN, *Lecturer, Department of Experimental Psychopathology, Institute of Psychiatry, London*

**Clinical Approaches to Violence.** Edited by KEVIN HOWELLS and CLIVE R. HOLLIN. West Sussex: Wiley & Sons. 344 pp. £35.95.

This book aims to present a cognitive and behavioural analysis of the causes of violence and to provide a basis for planning the treatment of people who have been violent. It looks at violence in a number of settings, in particular within the home and various institutions.

'Clinical' in the title of the book means paying "primary attention to the psychological characteristics of the individually violent person". The editors do not attempt to include the relationship between mental illness and violence (another book in this series will cover the topic). Nevertheless, although it is aimed primarily at probation officers and psychologists, sections of the book are of interest to psychiatrists.

The most successful chapter is that on sexual violence. Here, the authors unite research evidence into a coherent theoretical framework which then serves as a basis for a treatment model used by the authors. They describe its application both in general terms and with an account of one case and go on to describe the evidence that their treatment has some effect on recidivism. Unfortunately, none of the other chapters combine research work with practical experience of treatment in such a comprehensive fashion.

The chapter of most obvious potential relevance to psychiatrists is that on violence in psychiatric hospitals. This describes the research that has been done in the field and points to how little is known. This chapter is not in fact about the individuals who commit violence on a ward but about the staff responses. Its main argument is that the standard means of managing violence on the ward can reinforce it, but the strength of evidence used to support this argument is weak. For example, it argues that neuroleptic medication has "been found to promote violence", but this sweeping claim is supported by one reference which turns out to be a single case study.

The central chapters review the literature on domestic violence. These sections go beyond the declared scope of the book in describing victim characteristics and more general social factors. This widening of scope seems to be because the authors do not have all that much to say on the perpetrators of violence, and the section on treatment (of the perpetrators) is vague and does not appear to be based on any practical experience.

Overall, the book is a useful source of information on the causes of violence within the individual but less useful as a guide to treatment.

MARK SWINTON, *Research Worker, Department of Forensic Psychiatry, Institute of Psychiatry*

**Diagnosis and Treatment of Senile Dementia.** Edited by M. BEGENER and B. REISBERT. Berlin: Springer-Verlag. 1989. 389 pp. £45.50.

This book is made up of papers given by a wide range of authors at a workshop in Vienna in 1989. The preface states that it intends to be "a comprehensive overview of current knowledge in diagnosis, prevention and treatment of senile dementia". While there is some basis to this statement as far as diagnosis and prevention are concerned, the section on treatment is certainly not comprehensive.

The book is not concerned with the care and management of people with dementia other than in relation to drug treatment, and with regard to this, only one chapter considers the possible therapeutic role of drugs affecting monoamine, cholinergic, neuropeptide and gabaergic transmission. The last 120 pages of the book are exclusively given over to papers about calcium

channel blockers and to one compound in particular. The workshop was sponsored by a drug company and I can only assume, perhaps incorrectly, that there is a connection here. The importance of this section of the book will depend on whether this group of drugs is shown in the long term to be of any value in the treatment of senile dementia.

The rest of the book is of more general interest and is quite readable. The initial chapters are concerned with epidemiology and with factors associated with dementia. Later chapters deal with differential diagnosis, psychological assessment of dementia, and clinical and diagnostic elements including a discussion of males and positron emission tomography scanning. There is a particularly interesting chapter on the treatment of depression in the elderly and, in general, the chapters on differential diagnosis were the most interesting.

Despite the limitations of the book mentioned earlier, this would be a worthwhile addition to a hospital library.

TONY ROBERTS, *Senior Registrar in Psychiatry, Bangor*

**Alzheimer's Disease. Treatment and Long-Term Management.** Edited by JEFFREY L. CUMMINGS and BRUCE L. MILLER. USA: Marcel Dekker. 1990. 416 pp. \$125.00 (USA and Canada), \$150.00 (all other countries).

Increasing concern for the biomedical importance and social consequences of Alzheimer's disease (AD) is leading to an abundance of publications on this subject. This latest offering comes from California, and contains 25 papers contributed by 34 authors, 31 from North America and three from Europe. A range of topics is covered, grouped under five headings: "Introduction" (a single paper on clinical diagnosis); "Disease specific therapies"; "Treatment of behavioural symptoms"; "Long-term care"; and finally "Future treatment directions".

While the price causes a sharp intake of breath, what is most impressive about the content is the appropriateness of the mix and the consistently high quality. All contributions are carefully researched, coherently presented, and well referenced. Predictably, familiar territory is covered: clinical diagnosis; incontinence; recognition and management of superimposed medical conditions; neuroleptics; antidepressants; cholinomimetics; and the ergoloid mesylates. However, the fact that stories can improve with re-telling is supported by these papers, and Ouslander's offering on incontinence is the best I have yet read.

Two other papers in the long-term care section are also exceptional: Morishita on wandering behaviour and McEvoy on behavioural treatment. By contrast, the paper on rehabilitation is disappointing and contains no reference to cognitive rehabilitation (reality orientation and reminiscence). In the USA, AD represents a finan-

cial catastrophe for most affected families (Read on community resources), while locally available and comprehensive assessment, treatment, rehabilitation and care programmes, rapidly becoming commonplace across the UK, are seldom to be found. However, Congress is already putting millions of dollars into AD research (67 million in 1987 alone) and may well heed the pleas of senior citizens and promote sounder and more affordable care systems as proposed by Jazwiecki in a chapter on future treatment directions. The spin off from already funded biomedical research is to be found in chapters on cholinergic enhancement strategies, genetic engineering, neuropeptides, amyloid angiopathy, and intra-cerebral grafting and neurotrophic factors: all superbly presented and, thankfully, understandable.

Overall, this is a very impressive book which should be read by clinicians working in multidisciplinary geriatric psychiatry teams, and by those who would like to research some aspect of dementia but don't know how to start – they will find plenty of suggestions.

In summary, the book is expensive, but the best usually is!

GARRY BLESSED, *Emeritus Consultant Psychiatrist, MRC Chemical Neuropathology Unit, Newcastle General Hospital, Newcastle Upon Tyne*

**Depressive Disorders and Immunity (Progress in Psychiatry Series).** Edited by ANDREW H. MILLER. Cambridge: Cambridge University Press. 1989. 189 pp. £17.50.

This book records the substance of a symposium organised by the American Psychiatric Association in 1986, although the format and references reveal that the papers have been substantially updated. Unlike many published proceedings of meetings, the publication of this monograph is fully justified. Firstly, its subject is essentially multidisciplinary and thus it was worthwhile encapsulating the views of the psychiatrists, immunologists and neurobiologists. Secondly, the interactions between stress, the immune system and psychiatric disorders have been the stuff of considerable mythology and dubious clinical applications, so an authoritative review was certainly timely.

The book contains eight contributions on the theme of depressive disorders and immunity. Fortunately, the editor is a polymath who, by appearing as an author on half of these contributions, has ensured continuity of style and an absence of repetition. Above all, the book is free of excessive jargon, and the technical terms peculiar to each discipline are properly explained. This is an indispensable virtue in a book designed mainly to introduce psychiatrists to concepts drawn from unfamiliar fields. In principle, these chapters deal with the physiological basis of interactions between the immune and nervous systems and with the clinical observations