

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.

SIDNEY BLOCH, *Consultant Psychotherapist, Warneford Hospital, and Clinical Lecturer in Psychiatry, University of Oxford*

**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.

DORCAS KINGHAM, *Senior Registrar, Barrow Hospital, Bristol*

**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