

beyond help. All this is admirable, but, as papers by Tyrer and by Goldberg from the UK demonstrate, the scientific validity of DSM-III-R dysthymia is difficult to substantiate. Sievewright & Tyrer report their failure to confirm any of the distinguishing features of dysthymia except for chronicity, in a prospective study over one year of a small cohort of patients who initially satisfied diagnostic criteria. In particular, the diagnosis proved unstable, most patients developing other affective disorders over time, especially anxiety disorders. Another UK study by Murphy & Checkley identified a group of 24 dysthymics among 117 depressives who were first attenders at the Maudsley emergency clinic over three months. Compared with major depressives, dysthymics were distinguished by earlier onset of symptoms, a higher anxiety scale score and more frequent early separation. Multivariate analysis failed to substantiate Akiskal's separation of subaffectives from character spectrum disorder. These authors conclude that the dysthymic-major depression dichotomy is valid on clinical grounds but they did not address a further concept of 'double depression' when a dysthymic experiences a major depressive episode.

Goldberg & Bridges, drawing on their by now extensive studies of general practice morbidity, declared that "dysthymic disorder is a new plastic box for some rather old wine". They echo the by now traditional British distrust of US classificatory innovation. In discussion, Goldberg articulates concern that premature acceptance of dysthymia as a diagnostic concept may lead to inappropriate and unnecessary prescribing of drugs in place of what he would consider more supportive help in the shape of counselling and social work. There are other contributions on biochemical aspects, personality and epidemiology, none of which sheds further light except to emphasise the heterogeneity underlying the dysthymia concept. Working clinicians will be forgiven for feeling confused and disappointed that little research evidence is yet available to support a scientifically based taxonomy at the milder end of the affective disorder spectrum. Trainees will scratch their heads after reading this book and wonder what kind of answer examiners will expect to questions about classification. Examiners on both sides of the Atlantic should reflect on the ethics of even daring to set a question on this subject in the present state of uncertainty. For a succinct summary of what is now known, the book is worth looking at.

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The Control of the Hypothalamo-Pituitary Adrenocortical Axis. Edited by F. CLIFFORD ROSE. Connecticut: International Universities Press. 1989. 446 pp. \$65.00.

This book is based on a symposium held in London in early 1988. The meeting was planned by Professor

Mortyn Jones who sadly died a few weeks before it took place. The volume is dedicated to his memory and there is a tribute to him by the editor and two of Professor Jones' colleagues. There is much in the book that he would have enjoyed. The authors are acknowledged experts in their field and the book spans both basic and clinical research with several chapters bridging the gap. Throughout there is an emphasis on both the importance and the limitations of experimental techniques. It is fascinating to see how newer technologies (many pioneered by Professor Jones) have allowed insights into the physiology of the hypothalamus. The 'brain' and adrenal ends of the axis are not forgotten (as sometimes happens in such volumes) and there is an emphasis on the integration of the whole system. Many chapters have sections on outstanding problems in the topic which are particularly useful and in keeping with the high scientific quality of the book as a whole.

Inevitably there are the drawbacks related to symposium proceedings, with some repetition and inconsistency. The book is not for the faint hearted and probably most suited for potential specialists. Nevertheless, no psychiatrist should measure cortisol in their patients without having at least glanced at a book such as this – indeed, preferably, this one.

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Dementia Disorders: Advances and Prospects. Edited by C. L. E. KATONA. London: Chapman & Hall. 1989. 236 pp. £30.00.

Katona has edited a compact but wide-ranging book which demonstrates the plurality of dementia disorders and clearly discusses both neurodetail and service. For a multi-authored book covering some complex topics the writing is consistently clear and accessible, and the very detailed contents list with multiple subheadings throughout the book makes for easy reference.

Ineichen begins by reviewing epidemiological evidence and encouragingly suggests that the figures of 10% of those aged over 65 years and 20% of those aged over 80 years are a considerable overestimate of dementia; however, he also says that the increase in numbers of very old people and increase in survival rate of dementia sufferers may be severely underestimated. Tym, in a full chapter on diagnostic assessment, ends with a plea for continuing to refine assessment procedures for diagnosing early stages of dementia. No future physiological measure can substitute for overall clinical appraisal of the demented patient.

Chapters follow on molecular neuropathology, neuropharmacology and multi-infarct dementia. Friedenber *et al* present an excellent chapter on subcortical dementia, likewise Philpot & Burns on reversible dementias. In the chapter on AIDS and dementia, one of

Katona's conclusions is that we need to know more of the natural history of the disorder to plan future provision. This is particularly important for younger patients with mild to moderate cognitive impairment but relatively little physical illness, whose care needs we are unclear about at present.

Volans gives a comprehensive overview of assessment from a psychological perspective but offers little on management. This is surprising as it is reiterated in other chapters that we still seem to be a long way off physiological treatment and thus psychosocial management is our only avenue. Norman's contribution on models of care and defining adequate standards is characteristically excellent. Lindsay, in a wide-ranging chapter on future models of care in changing times, takes us via robotic home helps and talking pill-boxes to the inevitable conclusion that, whatever the model, the quality of care depends on staff "recruitment, numbers, training, management, support and morale".

This is a very good book both for trainees and for use in refreshing those engaged in running a service.

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Yearbook of Psychiatry and Applied Mental Health 1989. Edited by J. A. TALBOT, A. FRANCES, D. X. FREEDMAN, H. Y. MELTZER, J. E. SCHOWALTER and HERBERT WEINER. London: Wolff Medical Publications. 1989. 479 pp. £40.00.

Yearbook Medical Publishers Incorporated survey nearly 700 US and overseas medical and allied health journals from which are abstracted articles for their series covering clinical topics from anaesthesia to vascular surgery and, in this case, psychiatry and applied mental health. The most recent articles reviewed were published in June 1988. Abstracts from these articles are presented under 13 broad headings including "Biological psychiatry", "Genetics", "General clinical topics", "Clinical psychiatry", "Psychotherapy", "Psychopharmacology, law and psychiatry", and "Community psychiatry".

The abstracts are clearly written and each is followed by one or two sentences of comment from an editor. The result is a fairly small volume which is an excellent reference for quite recent research on any topic. The index (covering subjects and authors) is competently arranged. Many of the articles are in journals not usually read by the average psychiatrist, particularly on this side of the Atlantic. Nevertheless, articles are abstracted from the major European journals, including this Journal, of course!

A random sampling of topics showed that 13 articles were included on antidepressants and post-traumatic stress disorder while there were six on involuntary

commitment. The latter were abstracted from North American journals but European readers will be interested in the discussion of the conflict between civil liberties and the need for involuntary treatment.

In the section on psychotherapy, cognitive and behavioural approaches predominate, reflecting the diminution of psychoanalytic approaches in the practice of American psychiatry.

Overall, this book could be recommended as an excellent reference, less thorough by far than the *Index Medicus*, but easier and quicker to use.

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Fundamentals of Monitoring Psychoactive Drug Therapy. By C. LINDSAY DEVANE. Baltimore: Williams & Wilkins. 1990. 288 pp. £23.50.

The concept behind this book is excellent. It sets out to provide basic information on the clinical pharmacology of the drugs used in everyday psychiatric practice. This has become a much neglected area, often overshadowed by the more exciting, although unresolved, developments on mechanisms of action and neurochemical pathologies of psychiatric disorders.

The opening chapter provides a review of the history of psychotropic drugs followed by a rather brief section on neurotransmitter function. This is followed by excellent, concise sections on the basic principles of pharmacodynamics and pharmacokinetics. These provide adequate knowledge for the clinical psychiatrist and are readily understandable. The main omission is the lack of more than a passing mention of the 'first pass' effect. A final clinical section, intended for non-clinicians, is superfluous to psychiatrists.

The subsequent chapters review the drugs used for treatment of particular types of disorder: mood disorders, the psychoses, anxiety and insomnia, childhood mental disorders and substance abuse. Each chapter follows a standard pattern. An initial overview of treatment is followed by a detailed 'database' of 6-12 pages each on specific drugs used as examples within a particular class (e.g. for mood disorder, lithium, imipramine, phenelzine and trazodone are covered). This is then followed by a brief, largely tabular comparison of all drugs within particular classes. Finally, each chapter has a section of short paragraphs on essential data and differences relating to other commonly used drugs not mentioned in the detailed 'databases'. For example, amitriptyline, clomipramine, fluoxetine and others are included under the heading of 'cyclic antidepressants'. This overall format avoids duplication of information and provides a fairly readable book.

There are omissions, some of which probably reflect the book's American origin and therefore the fact that some drugs have only recently or not yet become