

Book reviews

Aging into the 21st Century. By R. A. Dorfman. (Pp. 221.) Brunner Mazel: New York. 1994.

Dementia. By A. S. Henderson. (Pp. 62; Sw Fr 17.00.) World Health Organization: Geneva. 1994.

Alzheimer Disease. Edited by R. D. Terry, R. Katzman and K. L. Bick. (Pp. 472.) Raven Press: New York. 1994.

Dementia. Edited by A. Burns and R. Levy. (Pp. 874.) Chapman and Hall: London. 1994.

Ageing and Dementia – A Methodological Approach. Edited by A. Burns. (Pp. 292; £35.00.) Edward Arnold: London. 1993.

I was invited, rather a long time ago I must confess, to relieve the reviews editor of ‘a pile of books on ageing and dementia, which are sitting in front of me’. The time elapsed since has at least allowed me to determine naturalistically for what purposes each of them is most useful. The same period of delay makes me hesitant, although does not entirely inhibit me from pointing out how quickly books in rapidly developing topic areas may become dated.

Cognitive decline occurs so often in older people that it is commonly thought of as an inevitable consequence of ageing. Senile dementia and senility are thus seen as synonymous. An alternative outlook is that dementia is a disease, discontinuous with the minor cognitive changes of normal ageing, a view consistent with the recent epidemiological meta-analysis of Ritchie & Kildea (1995), who found a increasing risk of dementia up to age 80–84 years, which then plateaus by age 95. The very elderly, 60% of whom remain dementia-free, seem then to disprove the rule that we will all dement if only we live long enough.

Despite this pleasing prospect, fear of decline, physical or mental is a powerful motivation for many elders to enter sheltered living such as that provided in Franklin Village, a Quaker-run, continuing-care retirement community where 722 elderly American golden MAFIA (mature, active, free, indulgent, affluent) live together in

an atmosphere that ‘resembles a resort’. Dr Rachele Dorfman, a clinical social worker, entered Franklin Village to get ‘inside aging’ and in *Aging into the 21st Century. The Exploration of Aspirations and Values*, she recounts an admixture of social anthropology and developmental theory, observed within ‘Utopia’. As with most pieces of careful observation there are useful insights to be gained from Dr Dorfman’s case-studies and she takes a sensitive, client centred approach to the thorny issue of quality of care in institutions. Old age does not generally, however, smell of roses and it is unrealistic to think that for most people it will, particularly those lacking MAFIA status. I think I would be tempted to join the Franklin escape committee in order to breathe in the real world.

By the year 2000 there will be about 423 million people in the world aged 65 years and over, nearly 50% of whom will live in developing countries. Even if dementia is the exception rather than the rule, it will inevitably have profound human and economic consequences, a prediction that has prompted major research activity in: (1) neurobiological studies; (2) epidemiological research; (3) pharmacological interventions; and, (4) service provision. *Dementia* by Dr Scott Henderson is a WHO monograph which aims, briefly, to inform clinicians, researchers, educators and health planners of the epidemiological facts. Most of the 62 pages are devoted to detailed reviews of prevalence, incidence and risk factor studies and provide an authoritative and fully referenced source. The ICD-10 clinical and research diagnostic criteria are reproduced in full and Dr Henderson briefly considers their application and performance. Anyone seriously interested in the topic should invest 17 Swiss francs and a spare hour to absorb this masterly overview of the epidemiology of dementia.

Burgeoning dementia research activity has brought with it a new breed of experts, an alliance of clinicians and laboratory scientists. The task of rendering their multitudinous output accessible to even the slightly non-expert reader

has not daunted the editors of the remaining three volumes in the pile, although it seems to have exhausted them all beyond the final touch of devising a 'bestseller title'. In *Alzheimer Disease*, Drs Terry, Katzman and Bick, senior American dementia researchers, present their views of the last 15 years of progress into understanding the commonest dementia subtype. Over 50% of the contributions describe and discuss the anatomical and biochemical pathology of the condition and this is where this book's main strengths lie. The contributions are lucid, comprehensive, as up to date as modern publishing can achieve and it is all beautifully produced. The remaining chapters more than adequately cover clinical presentation, epidemiology, confounding disorders and clinical management. My only quibble is with the almost entirely American orientation – only four of the 60 contributors are from outside the North American continent. European and other contributors have enriched knowledge about the epidemiology and diagnosis of Alzheimer's disease and in particular have pioneered strategies for patient management, service delivery and education and support programmes. If we are truly to have an impact on the burden of Alzheimer's disease we need to bring together our cumulative knowledge and experience in ways that will be applicable not only to the affluent world, but also to the financially bereft 'developing and ageing countries' as we must properly recognize them.

Professor Alistair Burns is a prolific author and editor, but even by his standards *Dementia*, which he coedited with his previous mentor, Professor Raymond Levy, is an ambitious project. It is a 'big' book (874 pages) that tackles not only Alzheimer's disease and the full range of non-Alzheimer dementias, but also the dementia syndromes seen in other psychiatric disorders (depression, alcohol abuse, late paraphrenia) and a discussion of age related changes. The bias is more towards clinical and diagnostic issues and there is an interesting section in which service arrangements from the UK, continental Europe, North America, Japan and Australia are presented alongside one another. Basic science topics are also covered in detail and one feels that great effort has been made to try and integrate these both with each other and with the clinical contributions. I must declare an

interest, having contributed a chapter, but despite this I think that this book has the right balance to attract both clinicians and scientists to look within its covers. Unfortunately, the rapidly changing scene will necessitate frequent revision – could I suggest that *Dementia* would benefit from some of the presentational and production skills of its American counterpart?

Finally, there is the 'little' Burns' book, *Ageing and Dementia. A Methodological Approach*. This is a series of reviews of topics ranging from molecular gerontology, to psychosocial aspects of caring for people with dementia, and is orientated to those embarking upon or involved in research themselves. I have made particular use of the chapter co-authored by Dr Adrienne Little on measuring change in Alzheimer's disease. As the pharmaceutical companies produce ever more putative anti-dementia drugs for clinical researchers like myself to test, it becomes increasingly apparent that we do not fully understand how to assess therapeutic effects in a heterogeneous condition like dementia, and when we do see changes we are uncertain of their significance. Much work needs to be done in this area if we are to fulfil our clinical responsibility and ensure that the drugs, which eventually reach the market, are those with clinically relevant effects on legitimate clinical disorders. Putative remedies and prophylactics for age-associated memory impairment may be someone else's view of Utopia perhaps, but not mine.

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REFERENCE

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The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century.

By G. E. Berrios. (Pp. 565.) Cambridge University Press: Cambridge. 1996.

In the rough-and-tumble growth of the history of psychiatry, few books have achieved the status of classics. Henri Ellenberger's *Discovery of the Unconscious* (1970) certainly counts as one, as does Richard Hunter and Ida MacAlpine's *Three Hundred Years of Psychiatry*

(1963), indispensable for Britain though it stops in 1860. But many of the newer monographs on 'psychiatry and society' seem so partial and beholden to such trendy masters as Michel Foucault that it is almost certain they will be forgotten before they have the chance to become classics. German Berrios, a member of the Department of Psychiatry at Cambridge and well-known to historians of psychiatry for a series of articles on various diagnostic terms, has written an unquestionable classic.

The book's title is not quite accurate. Berrios has not written a history of mental symptoms themselves as much as an account of how psychiatrists have described them. His subject is really the etymology of the language of psychiatry from the Ancients to the early twentieth century. When do concepts like 'depression' or 'personality disorder' first appear? How does their use vary in France, Germany and Britain? Who are the true 'greats' – to use an adjective of which Berrios is very fond – in the grand filiation of psychiatric ideas that takes place during the nineteenth century? (Berrios boosts a number of French authorities who are virtually unknown outside of France and downplays Emil Kraepelin, whom the Americans consider the virtual founder of modern psychiatric nosology.) This massive scholarly tome will become an indispensable guide to the evolution of psychiatry's naming system.

An introductory chapter explains the centrality of the nineteenth century in the history of psychiatric thinking. The creation of a descriptive psychopathology, Berrios says, took about a hundred years. 'It started around the second decade of the nineteenth century and was ready just before the Great War. It has changed little since.' (p. 16). In 1800, psychiatry had inherited such categories as melancholia, mania, phrenitis, delirium, lethargy and carus. 'By the 1850s, these categories had all been broken up.... Some of the fragments were kept and their recombination gave rise to the new nosology.' Others, such as delirium, remained unchanged. 'Some, such as melancholia and mania were totally refurbished with new clinical meaning; yet others such as carus, phrenitis or catalepsy were to disappear for good.' (p. 17). This rearrangement produced psychiatry's descriptive lexicon, the main legacy of the nineteenth century and the basis of today's nosology.

In the rest of the book Berrios applies a rather standardized approach to each major group of psychiatric symptoms. First, he traces thinking about the symptom in question back to the Ancients. Then, he divides the main authorities on the symptom by national group and follows the evolution of thinking within each national group. Finally, he presents an early twentieth century *mise au point* that bridges to the present day. There is no conclusion and no real overall argument sewing together the various sections. Seven chapters are given over to disorders of cognition and consciousness, three to mood and emotions and four to 'volition and action'. The book then closes with a gem-like wrap-up of the history of personality disorders. Berrios omits a discussion of psychosomatic illness, though some of the symptoms he addresses such as body dysmorphism or fatigue might well belong in such a chapter.

This is a work of immense scholarship. The documentation rests on a lifetime of reading in at least five languages and a mastery of the literature of five or more national psychiatric traditions. The chapter on affective disorders, for example, has 384 references. Although Berrios modestly refers to himself as a 'weekend historian', he follows in the footsteps of other such great non-professional scholars (not doing it for a living) as Philippe Ariès, the Parisian 'Sunday historian' whose part-time activities recast the entire history of the family.

Nothing remotely like Berrios's great compendium has been available before. Previously, anyone interested in the evolution of psychiatric thinking on Cotard's syndrome or the anhedonias would have had to work the subject up from scratch or depend on older literature reviews bereft of the kind of comprehensive learning that Berrios displays. For readers trying to figure out whether to acquire the book for their personal collections or hospital libraries, the answer is, yes. It is an absolute must.

Yet Berrios's approach has several characteristics that may irritate or baffle the unwarned reader and so here the maxim counts, forewarned is forearmed. For one thing, he presents events as linear developments, in which new authors add onto the knowledge accumulated by old and our understanding marches forth. In reality, the history of psychiatry has been marked by tremendous paradigm shifts and ruptures, in

which previously accumulated knowledge is lost and previous interpretations of symptoms completely overturned. The victory of psychoanalysis, for example, trashed much of the learning of the preceding biological period. Of this kind of rise-and-fall of knowledge one gets little sense in Berrios's account, assuming as it does the accumulation of wisdom and the influence of towering professors and asylum chiefs.

Another problem is that readers who do not already have an M.Sc. in the history of science may feel a bit left behind. Berrios is merciless. One author, he tells us, offers a 'Vico-inspired conception', another 'a Lakatosian view of history'. No explanation is given. Berrios fails to provide first names for his authorities or even to identify them. A faceless fog of last names, without nationality, dates or institutional affiliation floats through the text. One can write immunology in this manner, where the location of the laboratory and the personality of its investigators are thought of little consequence in the development of scientific findings. Yet, the history of psychiatry is permeated with culture, and an indifference to culture in which ideas evolve on their own and largely without outside influence is the book's Achilles' heel.

The history of psychiatry has been very much divided between the externalists and the internalists. The externalists attempt to relate events in the context of the surrounding culture and treat psychiatric history as a subcategory of social history. The internalists by contrast treat the evolution of psychiatric ideas as a closed system and engage in a subspecies of intellectual history. In psychiatry, Berrios is the greatest of the

internalists to date, the creator of a vast narrative into which such changing externalities as the situation of women rarely intrude.

But now that we have this superb account of the internal development of psychiatric terms, the externalists must take up the torch. On the basis of the literature and the concepts that Berrios has identified, the next step is analysing the evolution of individual kinds of psychiatric illnesses in the context of culture. It is now time to pass from the study of what one psychiatrist learned from another to the role of brain and society in the moulding of illness. This is no small agenda. That Berrios has now prepared the way for it means that *The History of Mental Symptoms* will become one of the standard works.

A final warning: it is astonishing that a book of such importance and scholarship should have been so sloppily produced. The text is full of typographical errors, inconsistencies in typefaces and mistakes in the many German terms and titles. Cambridge has always been a distinguished imprint and one hopes this is merely an unfortunate aberration rather than the setting of a new editorial course following the American university presses, which seem not to employ subeditors at all.

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