

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.

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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!

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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

obtained with 'neuroimmunopharmacological' techniques in depressive illnesses. Only the final chapter is indisputably contentious; the history of research into many diseases with psychiatric manifestations from systemic lupus erythematosus to the post-viral fatigue syndrome is strewn with the wreckage of viral hypotheses, based solely on the pattern of antiviral antibody titres.

This is in no sense a didactic compilation. In the spirit of many good symposia, it provides food for the imagination rather than information by rote. For example, it has long been apparent that neurobiologists and immunologists face similar problems, and not least the need to understand the basic property of memory shared by the immune and central nervous systems. Thus, many immunologists may be unaware of the extraordinary experiments in which saccharine conditioning in lupus-prone mice induced immunosuppression and amelioration of disease; these experiments are discussed in the chapter on "Neural-immune interactions". Clinical psychiatrists too will appreciate still better the wide gulf between documenting abnormalities in lymphocyte function in depressed or stressed individuals and attributing aetiological significance to such observations. The lymphocyte may look like an orderly beast in the neat, stylised drawings of this and other texts, but in reality it bristles with antennae like a recirculating satellite, sensitive to every nuance in the changing biological environment.

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Mental Health Law in Context: Doctors' Orders? By MICHAEL CAVADINO. Aldershot: Dartmouth Publishing. 1989. 189 pp. £28.50.

There is little new in this legal researcher's look at how the 1959 Mental Health Act operated at a large (Victorian) mental hospital, whimsically called 'Fardale' by the author. The findings, based on data collected in the mid-1970s, are somewhat dated, as is the author's discussion. Fifteen years on we have new legislation, anti-psychiatry is *passé* and consumers criticise non-intervention rather than over-intervention.

The first part of the book reviews anti-psychiatry literature with an emphasis on the sociology of institutions and labelling theory. It lacks critical depth and has omissions that would be obvious to a psychiatrist in his/her first year of training. Rampton Hospital (pre-Boynton) is referred to as though it epitomised contemporary psychiatric practice. Research findings are reported in the second section and in more detail in an appendix. Cavadino worked on the wards during the study period and interviewed 96 consecutive admissions, questioned psychiatrists and social workers involved in 25 admissions (mostly compulsory) and spoke to a sample

of 71 other in-patients. Unusually for this sort of work the data are statistically analysed. What did he find? Compulsory admissions consisted mainly of violent schizophrenic men; some patients resented their detention, others were passive; some psychiatrists used the Mental Health Act more than others; some section papers were wrongly completed; and sometimes psychiatrists and social workers disagreed. Fardale, it seems, is like everywhere else.

Yet from these unremarkable findings, the author recommends a rewrite of current legislation. It is difficult, however, to take his proposals seriously: emergency admission should only occur where there is immediate danger of death or severe injury; long-term detention is not really justifiable at all and should be dealt with under the criminal law. This book lacks balance and shows limited understanding of the effects of major mental disorder on patients and their relatives. Cavadino asks "Are mental health laws doctors' orders?"; if he means "Is the doctor's role pivotal in compulsory admission?", the answer is an unashamed "yes". That is what he is trained for and that is what he is paid for.

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No Fault Compensation in Medicine. Edited by RONALD D. MANN and JOHN HAVARD. London: Royal Society of Medicine Services. 1989. 290 pp. £20.00.

This book comprises both the papers given and the transcripts of discussions that took place at a joint meeting between the Royal Society of Medicine and the British Medical Association on the above topic in January 1989. All interested parties are represented as speakers: doctors, lawyers, representatives of victims of medical accidents and representatives of the insurance industry.

The first few papers describe existing and similar schemes in Sweden, New Zealand and Finland. These were very detailed papers; it would have been helpful, however, to have had a rough monetary equivalent given for Swedish kroner. The New Zealand paper highlights the difficulty of deciding, in law, what a 'medical accident' is and how it should be defined, particularly in relation to psychological suffering. It also emphasised the importance of quality control within medical treatment; an issue, relating to the prevention of medical accidents, which came up many times in discussion. The discussion also pointed out the political dimension – in countries with high government spending on social security and high taxation, accident compensation schemes may work better because the amount of compensation will be proportionally lower.

A particularly good paper was given by Christopher Ham based on ideas drawn from a King's Fund Institute Briefing Paper (no. 6, 1988) on "Medical negligence: