

## Reviews

Stephen Jackson, *Britain's Population: Demographic Issues in Contemporary Society*, Routledge, London 1998, 158 pp., £13.99 pbk, ISBN 0 415 07076 7.

This textbook, by a geographer from John Moores University, is intended to bring together demographic and policy issues and show how they are interdependent. The first introductory chapter outlines very briefly and uncritically some of the policy issues frequently raised (but less frequently analysed), such as health care costs of an older population, shortages of school leavers and need for child care arising from increased economic participation of married women. The second chapter deals with sources of population data such as the census, vital registration, other official registration systems and the major government surveys. There are a few errors and omissions in this section. For example, Jackson says that a birth certificate 'is the individual's ultimate guarantee of citizenship and ensures access to the services of the state and the right to vote' whereas in fact being born in the United Kingdom no longer guarantees nationality. Some of the newer government surveys, such as the Family Resources Survey and the Health Survey for England, are not mentioned. This chapter also includes a listing of various ONS publications relevant to population. Jackson then proceeds to describe methods of demographic analysis and outlines most of the simple measures commonly used. The level of detail given is probably not enough to allow readers to learn how to calculate these measures, but in most cases would help people understand what the measures mean (one exception is the explanation of 'generation fertility' which is wrong).

The next two chapters deal with Britain's population history and with recent trends in fertility and mortality. Jackson draws on the Royal Commission of Population Report (1949) for some of the information in his chapter on population history, which I thought was one of the best in the book, otherwise he relies heavily on the ONS publication *Population Trends*. Chapter 6 deals with population geography and migration in rather more detail. This chapter also includes more reference to some of the theoretical debates than do the preceding ones. The final chapter, entitled 'Population Issues in the 1990s' (perhaps unfortunately for a book published in 1998) attempts to bring together some of the policy issues raised by demographic trends. This includes three pages on the ageing population focused, perhaps inevitably, on pension costs and care needs.

Overall, I think this book falls between several stools. The substantive and methodological sections on population and population analysis are too superficial to give a real feel for the subject and the relative paucity of references to other recent publications would make it difficult for the reader to pursue issues of interest. The 'policy relevant' sections are also rather superficial and do not go much further than saying that changes in the size,

composition and characteristics of the population are relevant to policy. For those who want a quick guide to population measures and their use presented in an accessible way I would recommend the Population Reference Bureau's *Population Handbook, International Edition: a Quick Guide to Population Dynamics for Journalists, Policy Makers, Teachers, Students and Other People Interested in People* (Population Reference Bureau, Washington DC 1991). For those keen to find out more about population in Britain then David Coleman and John Salt's '*The British Population: Patterns, Trends and Processes*' (Oxford University Press, 1992, second edition overdue) is a much longer and more challenging read than Jackson's book but is worth the effort.

London School of Hygiene and Tropical  
Medicine

EMILY GRUNDY

Diana Leat and Perri 6, *Holding back the years*, Demos, Arguments  
No. 12, London, 1997, 38 pp., pbk £7.95, ISBN 1 898309 73 6.

This short pamphlet is one of a series of 'Arguments' produced by the think tank Demos and as such is directed towards policy makers rather than researchers. The authors start with a convincing exposition of the fragmentation and poor co-ordination that bedevils many services for older people. They reproduce a chart produced by a county community foundation (unnamed, but the text in the chart shows it to be Wiltshire) which shows some 90 organisations involved in providing or purchasing services of one kind or another, and point out the confusion that must result from such a plethora of overlapping roles and responsibilities. The authors, in common with many others, attribute much of this confusion to the division of health and social services, which, they suggest, has resulted in a complicated game of 'pass the parcel'.

Apart from the fragmentation of services, Leat and Perri 6 are concerned that the focus of services is on provision for the frail rather than the prevention of frailty and that the needs of carers, both family and professional, have been misunderstood. They want people to be taken to services, rather than services to people, in order to reduce the risk of social isolation and to increase financial efficiency. This sounds sensible, although it is important to remember that not all older people wish to be bussed off to lunch clubs, and that many services, such as personal care that is needed daily and care of the home, have to be domiciliary.

The authors point out that the system of purchasing 'packages of care' has relied on buying in the services of carers who are paid very little for time with a client and nothing at all for travel, have no job security or guaranteed weekly income and who are expected to be infinitely flexible. This is a very important point; all concerned with the care of elderly people should pay heed to the needs of those who will be the next generation of elderly people. It is sometimes forgotten in the rush to emphasise the need to save for care needs, take out additional pensions and so on that carers, both unpaid and miserably paid, are not in any position to do either. It is to be hoped that the minimum wage may do something to reduce this type of exploitation (although this is not

mentioned in this pamphlet); personally, I would hope that think tanks and similar bodies would also put their minds to drawing up proposals for some type of minimum standards of job security, access to training and guaranteed hours of work.

The pamphleteers, in common with many others, and with official policy, advocate 'seamless care' and incentives to provide preventive services. They suggest this can be achieved by setting up regional franchises which would have a budget calculated according to a formula which took into account expressed satisfaction with services and performance indicators as well as the usual demographic factors. Personally, I found this blueprint unconvincing. Complicated funding formulae inevitably involve more of the bureaucracy which the authors would like to reduce and perpetuate the 1980s game of fixing figures to meet targets, rather than needs. Moreover, the idea advocated here, that franchises to run the system be awarded for three-year periods (with a review after two), raises the spectre of complete and frequent changes with all the attendant costs involved in preparing tenders, stress of staff whose jobs depend on the contract and even more confusion for clients. Anyone who has lived through a 're-organisation', a teaching quality-assessment, and even a round of the research assessment review, will know how disruptive and time-consuming these processes are. Demos is supposedly a centre-left organisation; however, these proposals which could as easily have emanated from one of the right-of-centre units whose policies always rest on the rather depressing premiss that people only respond to economic incentives, and have to be bullied into providing services of the right kind. It is interesting too that the Demos idea of 'accountability' seems to be performance in MORI polls of satisfaction with services. Nowhere is there any reference to the role of elected representatives, user fora or anything similar (needless to say trade unions and professional organisations are not mentioned either). Of course we need to do more to promote 'seamless' care and the development of preventive strategies and of course we need service providers to be accountable and to be subject to review and scrutiny. However, I do not think it likely that the Demos blueprint would achieve this.

London School of Hygiene and Tropical  
Medicine

EMILY GRUNDY

Caroline Glendinning (ed), *Rights and Realities. Comparing New Developments in Long-term Care for Older People*. The Policy Press, 1998, 170 pp., hbk £40.00, ISBN 1 86134 126 1, pbk £16.99, ISBN 1 86134 125 3.

This is an unusually readable, and unusually useful, contribution to comparative social policy. It deals with the varying ways in which five countries – the United Kingdom, Germany, the Netherlands, Finland, Denmark and Australia – have reshaped their long term care for older people in response to economic and demographic pressures. Working to a broadly common framework, the book provides a description of the service framework that has emerged in each country and an analysis of success and failure in

dealing with intractable issues such as financing systems, the contrary pressures of marketisation and service co-ordination, regulation, and outcomes for older people. Written by social policy experts from the countries concerned, the accounts provided are more informative, and more interesting, than is often the case. We are given a clear account of why policies developed in the way they did, of the models that have emerged and of the success and failure of different approaches to common problems. With a very few exceptions the individual chapters are excellent, accessible and worth reading in their own right. Those on Germany, Denmark and the Netherlands are particularly interesting. The Australian chapter is also interesting, but more difficult to relate to. Differences created by, for example, Federal-State boundaries, the absence of social services authorities, and more entrenched primary and secondary care boundaries make it difficult to read off from Australia's experience to the European, and particularly the United Kingdom, situation.

The book's value does not, however, lie in its individual chapters. What singles it out from others on this subject is the strength of the conceptual and analytic frameworks within which the topic is located, and data from individual countries used, to advance our understanding at two levels. One is methodological. How can we best use comparative research to advance our understanding of important issues – in this case the extent to which common economic and demographic pressures are creating convergence in the solutions adopted by an otherwise heterogeneous group of countries in reshaping long-term care for older people. The second is substantive. What common elements of service provision are emerging; what do these imply for the citizenship rights and quality of life of older people; and what can be learnt from them in developing approaches that could possibly have relevance to the United Kingdom situation?

Caroline Glendinning's introductory chapter sets out the trends forcing a reappraisal of the ways in which 'welfare' is provided and financed in the countries covered in the book, and the implications of such reappraisals for frail older people in particular. It also poses the question of whether the policies developed in response, for this group particularly, *do* converge to the extent previously claimed by policy analysts. The answer to the latter question emerges from the individual chapters but is made explicit in Caroline Glendinning's final, synthesising, chapter. A degree of convergence exists. All the countries studied were, for example, diversifying the provision of care, trying to integrate provision across traditional service and professional boundaries, and devolving budgets. However the extent of convergence was limited by the histories, cultures, institutions and interest groups which shaped each country's response. Common elements that did emerge included a commitment to managerialism, to devolved budgeting, and to using localities rather than traditional client groupings as the basis of professional and managerial activity. Attitudes to quasi-markets in care were by contrast, more variable and strongly influenced by countries' histories and welfare 'cultures'.

In terms of implications for the United Kingdom, this chapter provides useful pointers for policy development and identifies questions and issues we need seriously to engage with. The former mainly focus on approaches to integrating service provision: across health and social, primary and secondary

care and domiciliary and residential settings. Glendinning is particularly keen on approaches to integrating home nursing and home care, as used in Finland, the Netherlands and Denmark. The Danish approach to easing the boundary between domiciliary and residential settings which depend on the provision of integrated care delivered in (often specialist) housing is also presented as an inspiring model. Some of the questions raised are quite technical – how possible is it, for example, to combine the provision of greater choice (many, and more diverse care suppliers) with greater co-ordination, and what does this mean for the usefulness of quasi-markets or managed care. At a more fundamental level this chapter raises important questions about the implications of many of the developments identified for older people's experiences, and rights as citizens. Assumptions about approaches that are improving service provision in some ways are challenged by concerns about some implications of these approaches – for the erosion of citizenship rights, too great a degree of geographical inequality and growing divisions in the quality of life of older citizens who are richer and poorer, male and female, black and white.

This short book packs a great deal into its 142 pages of text. It deserves to be widely read, and re-read. Happily, and with a great deal of credit to its editor, the clarity and accessibility of its language means that re-reading is a real possibility for busy people. And well worth the effort.

Social Policy Research Unit  
University of York

SALLY BALDWIN

Claire Lavin and Kenneth J. Doka, *Older Adults with Developmental Disabilities*, Baywood Publishing Co., 1998, 152 pp., hbk \$32.00, ISBN 0 895 030 188 4.

Increased life expectancy is too often discussed in terms of the 'burden' of an ageing population and the problems growing numbers of older people present for service provision and public finance. This book examines and celebrates the increased longevity of one group of people – people with developmental disabilities – who, for the first time, are surviving in significant numbers not only into adulthood but beyond into the third age. The authors acknowledge that this phenomenon presents urgent challenges to the formal service sector but never lose sight of the fact that this is first and foremost a great demographic and social achievement.

Lavin is a psychologist who has worked for many years with people with developmental disabilities; Doka is a gerontologist. Their different and combined experiences reveal the major challenge for services presented by the existence of growing numbers of people with learning difficulties surviving into old age: are they developmentally disabled first, or older people? In recent years services for the former have been premised on an assumption of increasing independence; services for the latter assume a continuum of decline and increased dependency. Therefore, where older people with developmental disabilities are located within the service sector, this will have very significant implications for the service support they will receive. Lavin

and Doka make this point with respect to the US, but the same is true in the UK and other countries (Walker and Walker 1998).

The authors argue for a co-operative model of support between the two service sectors but also acknowledge both the cultural and administrative barriers to such a new way of working. While the detail would be different, such a co-operative model is also difficult to achieve in the UK, especially where services might be split between health and social services; but problems also occur where services are provided by different teams within social services. In an environment of continuing resource constraint, the ‘turf wars’ between different sets of professionals in the US highlighted in this book, have also existed in the UK. This is one area where the Labour Government’s ambition to break down professional and service boundaries could have a significant impact.

However, it is not just co-operative working that is needed, there is also a need for ‘best practice’. In many respects older people services have much to learn from the learning difficulty sector; the danger is that some of the negative stereotyping and dependency-creating practices inherent in much of the older people service sector could be transferred into learning difficulty services, because the former sector is much larger and because such models of care are cheaper to deliver.

While it does not live up to its own promise of extensively presenting the voices of users themselves, and little attention is paid to family carers (even though they estimate 84 per cent of people with developmental disabilities are non-institutionalised), the book is written from the perspective of caring and informed professionals. The recognition of the existence and needs of older people with developmental disabilities occurred sooner in the US than in Europe. This book provides a good grounding for anyone unfamiliar with this area. It is clearly written and accessible and provides insights into, and practical information on how best to support people – as individuals – as they get older, whether they have developmental disabilities or not.

## Reference

C. Walker and A. Walker (1998). Normalisation and ‘Normal Ageing’, *Disability and Society*, **13**.1, pp. 125–42.

Sheffield Hallam University

CAROL WALKER

Paul Johnson and Pat Thane (eds), *Old Age from Antiquity to Post-Modernity*, Routledge, London and New York, 1998, 244 pp., hbk £50.00, ISBN 0 415 16464 8.

In his introductory chapter Johnson examines a tension between meanings offered through the self-representations of individuals and definitions implied by institutional regulation. Historians cannot ignore either, yet choice is constrained by the evidence available at different periods. Textual sources reflecting the views of powerful elders in the distant past are not comparable with surveys of the aged poor in recent times. The nine essays in this volume

consist of much lively social policy history, but a cultural analysis founded on the authoritative testimony of lived experience necessarily remains elusive.

Given the intractability of information, methodological ingenuity is required. Exemplary studies are offered by Smith, who uses a meticulous micro-historical approach to derive pauper 'case histories' from linkage between family reconstitution and Poor Law account books, and Troyansky, who adopts life review perspectives to interpret early 19th century autobiographical writings by French jurists, pleas to bureaucrats for aid in retirement. Doctors 'went beyond describing illness or disability, and argued that the job itself caused the disability. Long hours of work in unhealthy environments, the emotional strain of the court, and the need to learn new law codes took their toll' (p. 106). The aged poor had no equivalent recourse to experts. Instead, the balance struck between collective welfare provision and family support provides a rich source of debate about how they survived. In a conspectus of postwar surveys, Thane illustrates the complexity of intergenerational relationships and transfers within families. Although evidence for non-financial exchanges is perforce scanty and anecdotal, it being the duty of no one agency to record such, a major theme has been the emphasis upon reciprocity rather than the passivity of elders. Early findings had surprised contemporaries, since it was popularly assumed, à la Parsons, that the rising residential mobility of younger people would leave their ageing parents increasingly isolated. It was indeed true that conditions for a minority outside the welfare net were deplorable. Moreover, the focus on interdependency may have underestimated tensions within families. And Thomson's analysis of the failed New Zealand experiment, in which colonists eschewed public relief causing much apparent resentment, provides salutary warning against advocating outright family responsibility. As elsewhere in the developed world, state pensions became a 20th-century necessity.

Bourdelaïs notes that the co-existence of younger and older adults is a relatively recent phenomenon since shorter life expectancies meant earlier generations succeeded one another without overlapping. Today the great majority of each cohort reaches 60, and just as a threshold introduced according to the capacity to bear arms in the late 17th century is no longer coterminous with elderliness, so state retirement ages are inaccurate guides to the onset of infirmity. However, their legacy remains important in economic and political discourse where the policy process is premised on particular perceptions of the lifecourse. Apprehensions about increasing longevity, rather than reduced fertility and infant mortality, have persistently fuelled panic over population ageing, while public debate has operated with a polarised caricature of 'workers versus pensioners'.

Johnson identifies wellbeing, participation and status as core markers of the social position of older people through time. Demographic transition, allied to incorporation in developing welfare states, underlies Conrad's argument that both older people and age as an issue have become mainstream concerns of health care systems, effecting considerable costs, although old age has not become central to medical science. Mass retirement clearly shows how resources have grown to allow ever greater numbers to leave paid work whilst remaining socially active. But relatively meagre state benefits cannot explain

the rise. As occupational pensions have expanded substantially, facilitating more choice for some, the proportion of pensioners living below the accepted poverty level has remained a constant 30 per cent over the past century. With status, the picture is likewise complex: all is ambiguity. Parkin illustrates that, among the ancients, Cicero wishes respect to be shown for wisdom, while Seneca is filled with anticipatory dread. Shahar's synopsis of the middle ages reveals no particular roles being accorded specifically to elders. Recurrent beliefs in a past 'golden age' vie with desires to maintain good health in body and soul as the key to present happiness.

Troyansky's claim that 'the category of old age was constructed in moral ways to laud and censure forms of behaviour deemed appropriate and inappropriate' (p. 97) connects the evaluation of individual life experience with entitlements granted by the state. We might discern the imposition of a societal value system upon the quality of life enjoyed (or endured) by its elders. Yet, if systems dialectically reflect social aspirations, it behoves us to seek out popular attitudes. Johnson alludes to a contemporary restructuring of values whereby status filters through consumption rather than production, concluding that: 'Today's retiree has no need to be the self-defined redundant worker' (p. 223). Tomorrow's elders might jettison the term 'retiree', for later life is no longer 'a postscript to working life' (p. 221); it is an unprecedented, largely unexplored chapter unto itself. A chapter (rather than a postscript) based on recent experiential accounts would help justify the inclusion of 'post-modernity' in the book's title.

Department of Sociology,  
University of Aberdeen

ANDREW BLAIKIE

Wallace Sife, *After Stroke. Enhancing Quality of Life*, The Haworth Press, New York and London, 1998, 281 pp., ISBN 0-7890-0341-4.

I was intrigued when I first picked up this volume. The editor is described as having specialised in 'learning disorders, holistic behaviour modification, poetry therapy and biofeedback', and as being on the 'forefront in developing the field of pet bereavement'. With that background I wondered which of these areas would feature in his book, but I was relieved when I discovered that his contributors were fairly conventional in their description of stroke and its sequelae. This book itself is designed with the laudable aim of helping stroke survivors attain the highest quality of life possible. It comprises a collection of over 30 short contributions, mainly from health professionals and stroke survivors. These are grouped into four sections entitled: clinical perspectives, professional contributions, personal reflections and healing dimensions.

The principal problem with this book is the varied level at which each contribution is pitched. A higher degree in neurosciences would be necessary for a full understanding of some sections. As an example in an otherwise good chapter on psychiatry of stroke, comes a section describing which neurotransmitters might be affected by strokes affecting different parts of the brain.



I expect that this problem arises because this book has also been produced as an issue of the journal *Loss, Grief and Care* and no further editing, to take account of different target audience, has been undertaken. The chapter on focused rehabilitation neglects to mention the work of the Stroke Trialists Group and the Cochrane Collaboration. The uneven nature of this section does, however, add a certain charm. The second section contains a series of essays by stroke practitioners, mainly working in a rehabilitation centre, detailing their own professional contribution to the assessment and treatment of patients. Physiotherapy, occupational therapy, nursing, social work, speech and language therapy and recreational therapy (I wish we had this in the UK) are all covered. These more practical sections are the most satisfactory part of the book. There then follows a series of personal accounts of stroke written principally by survivors. Whilst, of course accepting the validity of their own accounts, one cannot be sure how representative the contributors are of the entire stroke population. They are younger, more literate and educated than the typical 70- or 80-year-old that I see. In this section, the account by Hermine Kutscher rings truest. The final section, on healing, again contains personal accounts as well as descriptions of barriers to recovery.

In our Stroke Unit (and I would hope in other units), all patients and their families are provided with a standard information pack containing information about stroke and its causes, the rehabilitation process and sources of further help. The Stroke Association provides an excellent series of pamphlets covering all aspects of this condition and in many areas these are supplemented by advice centres and family support workers. This volume is suitable as an additional source of information, but will probably be of more use to health professionals and families rather than to patients themselves.

University of Keele  
Staffordshire

PETER CROME

Albert Jewell (ed), *Spirituality and Ageing* Jessica Kingsley Publishers  
London and Philadelphia, Pennsylvania 1999, 190 pp., £14.95.  
ISBN 1 85302 631 X.

This is an excellent volume, in parts. Like so many volumes which try to present a multi-faith approach, it suffers from a lack of familiarity with all too many of the faiths it wishes to cover. Similarly, like all too many volumes on spirituality, it suffers from a failure to define what is meant by the term even though it argues that spirituality means many different things to many different people. Most particularly, and irritatingly, it fails to get to grips with one of the most interesting issues (and arguably central for those trying to provide appropriate care for elderly people), which is what is meant by the spiritual needs and desires of those who hold no specific religious faith.

To some extent, Albert Jewell deals with these problems in his introduction, but sadly he fails to pull the whole thing together. In a volume such as this, an endpiece, pulling together the many themes which arise in the multi-

faceted contributions, would have been enormously helpful. It would have allowed the reader to see some sort of shape in an otherwise disparate collection of essays, and it would have allowed Jewell himself to pull out the central themes for those involved in this area as a main part of their working, thinking or faith lives.

The result of this failure to pull out the themes and give a voice at the end is that the book does not work very well as a whole. Nevertheless, it has within it some startlingly good contributions. Metropolitan Anthony of Sourozh, for instance, with his customary skill at touching on sore points and carrying the debate further, asks some of the toughest questions. He also brings comfort – by his comment to a very elderly grandmother, his own, who can no longer do anything she used to and is feeling utterly useless, that she brings value by just being, and, in particular, by being his grandmother, which no-one else can do. Similarly, in his discussion of the death of, in this case, a very young man with all to play for in life, as one might have thought, he points out the sense of being utterly spiritually alive at a point very near physical death, as a result of thinking about one's life, and making amends where possible.

Ursula King also hits the right notes in her discussion of gender and spirituality and ageing. Her emphasis on an integrative model of spirituality, rather than the older (and arguably Christian and male) version of a mind/body split, makes far more sense in the context of a discussion of spirituality of elderly people, and also a great deal more sense to this non-Christian reader. Her insistence on exercises using meditative memory work, facing pain and loss, facing touchstones in one's life, but also its joys and successes, makes excellent sense. Her insistence on women's ability to reclaim spirituality through an analysis of their lives and losses is refreshing – and important.

Against these positive contributions lie the fairly mundane, and, more worryingly, the almost cultish. Rabbi Zalman Schachter-Shalomi has much of importance to say to the Jewish community. But to include his, and his disciple Jenny Goodman's, as the only voices from a rich Jewish tradition of thinking about age and ageing is to be biased to the point of perversity. Even worse, in my view, is the failure to include Muslim, Sikh, Hindu or Buddhist authors at all – or, for that matter, traditional Chinese. One essay alone trying to cover spirituality and ageing amongst British Muslims, Sikhs and Hindus, however well-meaning, comes nowhere near the mark. With the strong Methodist presence in this volume, one is left asking how many Methodists there are in Britain, set against over a million Muslims, quite apart from Sikhs and Hindus. Several of the Muslim sources quoted would have been well able to contribute a fascinating chapter of their own. This book suffers from a Christian-centred approach which does not allow it to speak to a wider world, where concern about ageing and the elderly is mounting, and where interest in spiritual issues is growing. This narrow view leads to a lesser book than the title, and the initial table of contents, imply.

The King's Fund,  
London

JULIA NEUBERGER

Rob Butler and Brice Pitt (eds), *Seminars in Old Age Psychiatry*, Gaskell/Royal College of Psychiatrists, London, 1998, 356 pp., pbk £17.50, ISBN 1 901 24221 8.

This volume is a recent addition to the *College Seminars* series, published by the Royal College of Psychiatrists, aimed principally towards psychiatrists in training, and intended to cover general psychiatry and all its subspecialties, plus relevant allied disciplines such as psychology and the social sciences. The task confronted by the editors is a challenging one – to cover all aspects of the theory and practice of psychogeriatrics in a concise, up-to-date and affordable book.

The authors – 20 out of 23 of whom are based in the UK – have adopted a style of broad but concise coverage of all aspects of the subject – of conveying an up-to-date core of knowledge relevant to professional examination requirements and to day-to-day practical management. Certainly an impressive amount of ground is covered. The book opens with chapters on assessment and epidemiology, the former stressing the value of the home assessment to the psychogeriatrician, and the importance of thorough assessment of psychiatric, physical, social and environmental factors in contributing to a successful understanding of why psychiatric problems prevailing in old age present as and when they do. The theme of such an approach and a multidisciplinary mode of working remains prominent throughout the text.

Most of the first half of the book is devoted to descriptions of the psychosyndromes presenting in late life, supplemented by later chapters on neuroimaging, and pharmacological and psychological treatments. Reflecting the fact that most old-age psychiatry services in the UK have adopted the ‘comprehensive’ model of service delivery, the book devotes sections to the ‘functional’ disorders – the mood disorders, the neuroses, and the schizophrenia-like states – of old age, and to personality disorders and alcohol and drug-related problems, as well as to Alzheimer’s disease and the other dementias.

An excellent chapter on delirium – the toxic confusional state accompanying physical illness, and still a rather grim prognostic indicator – reminds us that it is a condition frequently encountered in many hospital settings – indeed in most medical, surgical and orthopaedic wards – and that much of the care of mentally infirm older people is carried out by non-specialists. The chapters on Alzheimer’s disease and the other dementias include a useful overview of the rapidly developing area of research into genetic contributions to these illnesses. Advancements in understanding of the importance of genotype in the aetiology of the dementias is likely to lead to genetic assessment and counselling of the families of sufferers becoming a component of dementia care in the decades to come, and it is also possible that the emerging pharmacological treatments for Alzheimer’s disease will be found to be most useful when targeted at specific variants of the illness. The sections on the functional illnesses successfully describe the particular features characterising their presentation in late life, with intercurrent physical illness, sensory

impairments and psychosocial factors all potentially important aetiological factors requiring attention in a management plan.

The rest of the book covers a variety of topics. A chapter on services outlines the development in the specialty in the UK from the 1960s to the present day – drawing on the example of, and collaborating with, geriatric medicine, driven by demography, steered by a small number of pioneer psycho-geriatricians, and always battling for resources. A section on the law and the Mental Health Act relevant to older mentally-infirm people relates to legal statute in England and Wales. A chapter on carers outlines the variables within caring relationships that contribute to stress and breakdown of those relationships. The concluding chapter indicates the book's main readership target; a series of clinical vignettes with suggestions on practical management which will aid candidates in their preparations for the oral 'patient management problem' part of the College membership examinations.

This book will prove popular with young psychiatrists preparing for professional examinations, or embarking on, or thinking about, a career in old-age psychiatry. It could also be usefully consulted by anyone who wishes to read an authoritative, concise and contemporary overview of the principles and practice of the specialty. Inevitably, readers coming from different backgrounds and interests will find coverage of certain areas are more to their liking than others, but all chapters have extensive lists of references and suggestions for further reading. The book is primarily written for readers who have a grounding in psychiatric training, and thus a familiarity with the jargon (especially given the concise nature of the text) relating to psychopathology and drug nomenclature, would be helpful, particularly in the first half of the book. Those potential readers unwilling to invest in the modest cover price should not have to work too hard to find a copy, as it is likely to find its way into many medical and departmental libraries.

Shropshire's Community and Mental Health  
NHS Trust  
Shrewsbury, Shropshire

DAVID RICE