

a minimum because the authors are not the leading academics or administrators of their countries; at least not yet!

The problems encountered in almost all countries are: the scarcity of resources; economical or political conflicts; stigma based on ignorance, superstition, fear and helplessness; old cultural traditions; and inadequate research and training.

This easy to read, concise, and authentic book should be useful for psychiatrists and general readers worldwide because it reveals how each government has taken measures to solve these problems and it also emphasises the importance of a primary-care-based psychiatry with the help of general practitioners and community health workers.

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The Politics of Mental Health in Italy. By MICHAEL DONNELLY. London: Routledge. 1992. 151 pp. £35.00.

More than 20 years after it began, the Italian mental health reform has lost none of its power to stir up controversy. That so little is still known about it in factual terms helps to keep this conflict going, yet like so many things in life, the truth is probably that it has been neither the unique triumph nor the unparalleled disaster that have both been claimed. There are few books on the subject and some of these are of very low quality, but Michael Donnelly has made a valuable addition to this meagre literature.

He is an American sociologist who undertook research in Italy from 1988–89, and has read more of the primary sources than most foreign commentators. His short book begins with an essay on the trends towards deinstitutionalisation, 'community care', and anti-psychiatry, mainly in the USA and Britain, in the period after World War II. Its highly original viewpoint focuses on the changing relationship between sociology and psychiatry: first accessory, then alternative, and finally hostile. Where the socially-minded came adrift, Donnelly emphasises, was in assuming that a social explanation of psychiatric disorder presupposed a social solution. Yet the remarkable thing was that, until the 1970s, all this turmoil was largely unnoticed in Italy, where institutional psychiatry was backward and pre-occupied with public safety – voluntary admission was impossible until 1968. It was here, however, that the most profound change of all was to take place – at least on paper.

Donnelly gives a shrewd analysis of the influence of Franco Bassaglia, whose writing became much more overtly Marxist from the late 1960s. It has been said of Irish politics that if you think that you have understood them it shows that you have missed the point. Much the

same is true of Italy, and this work can only touch on the murky background of horse-trading to Law 180 and its patchy implementation. The whole edifice was based on assumptions that the mentally ill were to be fully reintegrated into society, and that society itself had changed so that it would welcome them; mental health professionals were merely the 'technicians' of this great popular movement. The little reliable information that exists shows that all this was not much more than a fantasy and, ironically enough, some professional teams which tried to work out Bassaglia's doctrines in practice found themselves squashed by Communist administrations which were not going to accept any real challenge to their authority.

Donnelly has made such a sophisticated contribution to the subject that criticism seems rather churlish. However, he repeats the *canard* that the Trieste mental hospital was closed in the mid-1970s; when I visited nearly ten years later it was still very much in business, including a locked ward. He also finds it "quite apparent" that financial considerations were influential in British plans of the early 1960s to run down the mental hospitals; my own research has failed to find any evidence of this. It might also have been useful to consider the extent to which successful Italian services, like those in Verona, have largely reproduced models elsewhere, without the need for Bassaglian rhetoric. To do justice to the whole argument, however, is impossible in this space; the original demands to be read.

HUGH FREEMAN, *Editor, British Journal of Psychiatry*

After the Asylums: Community Care for People with Mental Illness. By ELAINE MURPHY. London: Faber and Faber. 1991. 248 pp. £7.99.

This is a readable paperback aimed at professionals and lay-people alike. The book starts with an overview giving "a vision of community care" and then fills in the background with a history of the asylums, their decline, and what are called "the disaster years 1960–1990". Then follows a chapter on the nature of mental disorders and the problems they pose in providing community care. The second half of the book is devoted to how community care might be provided, with details of recent legislation, criteria for good services, and examples of current practice. There is a comprehensive index, but no references are given.

This book is challenging to psychiatrists who are criticised for their failure to participate in the development of services for people who need long-term care, the lack of attention to the needs of long-term sufferers in training, and the persistence of 'social and community psychiatry' as a 'branch' of psychiatry rather than the rootstock, within the Royal College of Psychiatrists. There is a balance. The Government is criticised for failing to take up recommendations in the Griffiths

report for 'ring-fencing' of finance, and to set clear priorities and objectives.

The difficulties which the NHS and local authorities face in working together to provide a seamless service are addressed in a positive way. In so doing, the author ignores the very real difficulties in joint planning which exist in many areas, which are a long way from the Joint Purchasing Consortium which she advocates.

This is a comprehensive account of the issues relating to the community care of the mentally ill and it covers all aspects well. It presents on the one hand an optimistic view of the future, and on the other creates an uneasy feeling that little has changed since Connolly suggested that "specialist doctors might visit patients in their homes at an early stage of their illness to offer advice and, hopefully, to prevent admission."

I would recommend this book to all psychiatrists and trainees, but more especially to all managers of mental health and local authority services.

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Animal Models in Psychiatry, II. Neuromethods 19.

Edited by A. A. BOULTON, G. B. BAKER and M. T. MARTIN-IVERSON. Clifton, New Jersey: Humana Press. 1991. 386 pp. £80.00.

This is the 19th volume of a series entitled "Neuromethods" started in 1985, and covering wide areas of the methodological aspects of neurosciences ranging from neurochemistry, neuropharmacology, neurophysiology, to neuropsychology, and some aspects of biological psychiatry. This is an ambitious project that suffers from the usual pitfalls of such enterprises (e.g. the unevenness of the multi-author coverage, the long time-span of publication rendering earlier volumes obsolete, etc.).

The present volume is the follow-up on the previous one on the same topic, that concentrated mainly on 'disorders that may involve dopamine' (schizophrenia, mania, attention deficit disorder, neuroleptic-induced dyskinesia). This volume is devoted mainly to the affective disorders (depression, anxiety), but there are also chapters on circadian rhythms, aggression, mental retardation, and memory disorders.

The development of animal models of various psychiatric disorders is closely related to the need of the pharmaceutical industry to have methods for detecting the therapeutic potential of newly synthesised compounds. Many of the models, therefore, are based on correlations: drugs that rectify a certain behavioural disturbance in experimental animals (e.g. that seen in rodents whose olfactory bulbs have been removed) will also have a certain effect in psychiatric patients (e.g. relief of depression). However, the existence of such a correlation does not necessarily mean that the behav-

our deficit seen in the laboratory animals is a valid model of the human psychiatric disorder. Therefore, one of my criticisms of the present book is that some of the authors seem to be too ready to equate the animal model with the human condition.

This book is uneven and patchy, and there is a clear lack of editorial cohesion: while some chapters are clearly methodological (e.g. Yamada & Takahashi on circadian rhythms), others are more philosophical (e.g. Richardson on olfactory bulbectomy). However, there is an excellent chapter on the laboratory assessment of anxiolytic drugs (Sanger), and there are useful (and in other texts inadequately covered) contributions on mental retardation (Archer, Hard & Hansen) and on memory disorders (Overstreet & Russell). In conclusion, although this book contains some valuable contributions for the specialist reader, it offers little to the clinician who is eager to gain new insights into the most common psychiatric disorders.

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Psychosocial Aspects of Narcolepsy. By CHARLES P.

POLLACK, FELLISSA L. COHEN, MICHAEL J. THORPY, NEIL B. KAVEY and AUSTIN H. KUTSCHER. New York: The Haworth Press. 1992. 203 pp. US \$24.95.

This collection of papers reminds us that narcolepsy is more common than multiple sclerosis and affects between two and three people per 1000. It presents commonly in the second and third decade and often patients see numerous doctors before being correctly diagnosed. The cardinal symptoms are of excessive daytime sleepiness, treated with stimulants, and cataplexy, treated with tricyclic antidepressants.

There is a strong genetic basis for this condition and associations have been noted with non-insulin-dependent diabetes and a higher prevalence of depressive symptoms.

The deleterious impact on work, education, driving ability, and personal relationships are considered. The increased risk of accidents, particularly while driving, are well reviewed. One paper considers and compares the effect of epilepsy on lifestyle with that of narcolepsy. Narcoleptics were effected the most, except in educational problems and ability to maintain a driving licence.

Sexual dysfunction is given a chapter, as erectile dysfunction is common. Various suggestions as to why this should be include sleepiness, concomitant diabetes mellitus, cataplexy induced by sexual arousal, iatrogenic impotence (e.g. from chronic stimulant use and tricyclic antidepressants), and biochemically from under-release of dopamine. There are associated marital consequences.

The authors consider a social disadvantage of therapeutic naps in a society where 'siestas' are not the norm.