

mal drinking behaviour using this model alone. For example, nothing is said of the phenomena of tolerance and withdrawal symptoms emerging at the same level when drinking is commenced after abstinence.

Finally, in a field of endeavour where few specialised workers of any discipline show any professional interest in the subject, it seems a pity that the work and role of the specialised alcoholism treatment unit is so summarily dismissed. Under the new National Health Service contract, there will be quality assurance assessments and investigations of patients' levels of satisfaction. It will be interesting to see whether patients who attend such units are also so dismissive.

BRIAN D. HORE, *Consultant Psychiatrist, Alcoholism Treatment Unit, Withington Hospital, Manchester*

Benzodiazepines: Current Concepts – Biological, Clinical and Social Perspectives. Edited by I. HINDMARCH, G. BEAUMONT, S. BRANDON and B. E. LEONARD. Chichester: John Wiley & Sons. 1990. 302 pp. £32.50.

In retrospect, all organisations involved with benzodiazepines since 1970 should have employed the services of a public relations officer. The high profile of these compounds in the last ten years has ensured that little can be said or written about them without some eager beaver of a journalist reporting the information to a far wider audience.

It is possible to detect the influence of public relations in this book. Ostensibly, it is a hard-nosed look at benzodiazepines from the viewpoints of animal pharmacology and clinical practice. We move from the benzodiazepine receptor (Haefely) and its role in dependence (Nutt) through to pharmacodynamics and pharmacokinetics (Leonard *et al*). Differences between benzodiazepines are explored further by Hindmarch, mainly through human volunteer studies. We then read about the range of use of benzodiazepines from general practice through to forensic populations. There are also chapters on epidemiology of benzodiazepine use (Katschnig & Amering), and sociological (Bury & Gabe) and legal implications (Brahams).

The message that comes over time and time again throughout this book is that benzodiazepines are useful and effective drugs and far too much fuss is being made about their disadvantages. Even in the two chapters on abuse (Katz *et al*) and dependence (Rickels *et al*) the disadvantages of benzodiazepines seem minor when compared with their benefits. Even one of the widely accepted modifications to clinical practice following from recent research – that it is wise to discontinue long-term benzodiazepine treatment – is questioned, as "it is not at all clear that this is appropriate, much less necessary – at least until such time as it can be shown either that long-term use provides no benefit to these

patients or that long-term use poses some particular risks that have not appeared to date "(p. 194). This advice is only countered by Birley in the preface, who argues for the opposite viewpoint that such patients should "try to take them (benzodiazepines) intermittently or stop taking them altogether".

I was left with the uneasy feeling that despite the independence of many of the contributors, the primary motivation behind this book was to 'soft sell' the benzodiazepines rather than to look at them dispassionately. Although the temptation is strong to compensate for the many tendentious statements that have been made about them in recent years (delightfully illustrated in Bury & Gabe's chapter), it should nonetheless be resisted. This book is rather like a solemn treatise on gunpowder, detailing its chemical properties and widespread usage for peaceful purposes, with just the occasional footnote here and there that it can sometimes be used to kill people when used by a few irresponsibles, who, tut-tut, could hardly be numbered among this book's readers.

PETER TYRER, *Senior Lecturer, St Charles Hospital, London*

Geriatric Psychiatry. Edited by EWALD W. BUSSE and DAN G. BLAZER. Washington, DC: American Psychiatric Press. 1989. 725 pp. £55.00.

It is ten years since the appearance of the *Handbook of Geriatric Psychiatry* edited by the same authors, and this new book adequately reflects what has changed, and what has not. It generally stands up well to sampling.

There are 26 contributors, all from the United States, and they include well known as well as less well known names. By and large they have done a good job. It is not fair to any textbook to judge it on its up-to-dateness in the neurobiology of the brain and particularly of dementia, for this subject moves so fast that any textbook must, by the time it appears, be well behind the front line; this one, however, does as well as any.

The wholly North American base of the book means that it is unlikely to become popular as a standard text here, although it does notice much, but not all, of the important literature from outside the United States. Astonishingly (for the authors are good friends of British psychogeriatricians), they seem to have missed out on the history of the development of psychogeriatrics as a specialty in this country. From the section on Britain in the last chapter, which reviews the future of geriatric psychiatry, it could not be guessed that this field had any definable existence yet in Britain, let alone that it was now a part of district services.

Readers of the earlier volume will see many similarities, and there is overlap of structure and of authorship. An important advance is that this book, by contrast with the earlier two-column small-print volume, has a