

phenomena (e.g. inflation and unemployment). The third considers details of individual decision-making. The fourth group examine consumer behaviour, and the fifth group raises more general questions about economic analysis. It includes an account of animal experiments which seek to discover demand equations from the behaviour of rats and rhesus monkeys.

The editors provide a useful introduction. Psychologists interested in economics and economists interested in psychology will learn something from all the papers.

ALAN BUDD, *Visiting Professor of Economics, London Business School*

Festina Lente: A Psychiatric Odyssey. By HENRY R. ROLLIN. London: British Medical Journal/The Memoir Club. 1990. 194 pp. £14.95.

For half a century, Dr Rollin has participated in some of the most significant developments in British psychiatry. It would be difficult to find a more entertaining guide to the discipline's recent past than Rollin, whose recollections are written in a conversational and engaging style, which combines both humour and perceptive observation. While the events of 20th-century psychiatry are reasonably well known, the intriguing aspect of this book, especially to younger generations, is Rollin's evocation of the general day-to-day atmosphere of the previous era. He captures well the rigid hierarchy of the 'total institution' of pre-war days, where the superintendent reigned supreme, and where the junior medical officers were required to live-in and to ask for permission to leave the asylum overnight.

The advent of insulin coma therapy, pre-frontal leucotomy and electroconvulsive therapy – 'the high noon of physical methods' – is recounted and Rollin vividly conveys the excitement of the times and the near messianic faith in the new therapies. He is honest enough to describe his own temporary 'conversion' but also his subsequent disappointment at the failure of physical treatments. With the exception of ECT, Rollin's judgement of this period is severe, with particular condemnation being reserved for psychosurgery.

Of great contemporary relevance is Rollin's account of the first moves, in the late 1950s, to close mental hospitals. The now familiar issue of hospital versus 'community' care was being fiercely debated, and Rollin sounded a largely unheeded warning about the dangers of emptying asylums in the absence of an adequate alternative:

"[many patients] will join the army of vagrants and elbow each other off the park benches, or lengthen the queues outside the doss-houses. Others still will embarrass the courts and prisons where their crimes, usually petty and purposeless, unless interpreted as a plea for care and protection, have landed them."

Many other aspects of the cultural history of psychiatry in the last 50 years are reflected in the book: the changing presentation of mental illness; the rise and fall of psychoanalysis; the fate of the mentally abnormal offender; and the development of out-patient clinics.

Of course, Rollin does not confine himself merely to the medical world and his lifelong interest in the Arts is given generous space, with affectionate memories of the theatre in Leeds and London; jazz music in New York; and classical music at Oxford. Attention is also given to his appraisal of Shakespeare, Byron, Shaw and Joyce. As he concludes:

"Psychiatry . . . spills over into so many other disciplines that it affords a golden opportunity for the dilettante – which is essentially what I am – to flourish."

Rollin's wide cultural interests have surely increased rather than diminished his ability as a psychiatrist and it would be sad if such 'dilettantes' did not continue to find a place in contemporary psychiatry.

ALLAN BEVERIDGE, *Consultant Psychiatrist, West Fife District General Hospital, Dunfermline, Fife, Scotland*

Dysthymic Disorder. Edited by S. W. BURTON and H. S. AKISKAL. London: Gaskell. 1990. 130 pp. £7.50.

This well produced paperback contains the proceedings of the first symposium devoted entirely to discussion of the new DSM-III-R concept of dysthymic disorder. In his foreword, the late Professor Max Hamilton points out that 'dysthymia' covers a wide variety of conditions and under one name or another has always been with us. Perhaps the best known traditional term has been 'chronic neurotic depression'. DSM-III-R dysthymia requires low grade chronicity of depressive symptoms of more than two years, early and insidious onset, a persistent or intermittent course, concurrent character pathology and, finally, is an "ambulant disorder compatible with stable social functioning". The North American influence behind the inclusion of dysthymia in DSM-III and DSM-III-R owes much to the work of Professor Akiskal of Tennessee, who is co-editor of the book and one of the major contributors. From his work on mild chronic depressives, Akiskal has derived a complex classification and subclassification of dysthymics. This is drawn largely it seems from US private practice experience. Subcategories include subaffective dysthymia with shortened latency of rapid eye movement on electroencephalography and good response to tricyclics, and also 'character spectrum disorder' reflecting a *melange* of dependent, histrionic and antisocial traits.

From the text of Akiskal's opening chapter it is clear that a major US concern has been to salvage a mild, chronic subgroup of depressives who heretofore were dismissed as hopelessly character disordered and suitable only for psychotherapy or to be dismissed as

beyond help. All this is admirable, but, as papers by Tyrer and by Goldberg from the UK demonstrate, the scientific validity of DSM-III-R dysthymia is difficult to substantiate. Sievewright & Tyrer report their failure to confirm any of the distinguishing features of dysthymia except for chronicity, in a prospective study over one year of a small cohort of patients who initially satisfied diagnostic criteria. In particular, the diagnosis proved unstable, most patients developing other affective disorders over time, especially anxiety disorders. Another UK study by Murphy & Checkley identified a group of 24 dysthymics among 117 depressives who were first attenders at the Maudsley emergency clinic over three months. Compared with major depressives, dysthymics were distinguished by earlier onset of symptoms, a higher anxiety scale score and more frequent early separation. Multivariate analysis failed to substantiate Akiskal's separation of subaffectives from character spectrum disorder. These authors conclude that the dysthymic-major depression dichotomy is valid on clinical grounds but they did not address a further concept of 'double depression' when a dysthymic experiences a major depressive episode.

Goldberg & Bridges, drawing on their by now extensive studies of general practice morbidity, declared that "dysthymic disorder is a new plastic box for some rather old wine". They echo the by now traditional British distrust of US classificatory innovation. In discussion, Goldberg articulates concern that premature acceptance of dysthymia as a diagnostic concept may lead to inappropriate and unnecessary prescribing of drugs in place of what he would consider more supportive help in the shape of counselling and social work. There are other contributions on biochemical aspects, personality and epidemiology, none of which sheds further light except to emphasise the heterogeneity underlying the dysthymia concept. Working clinicians will be forgiven for feeling confused and disappointed that little research evidence is yet available to support a scientifically based taxonomy at the milder end of the affective disorder spectrum. Trainees will scratch their heads after reading this book and wonder what kind of answer examiners will expect to questions about classification. Examiners on both sides of the Atlantic should reflect on the ethics of even daring to set a question on this subject in the present state of uncertainty. For a succinct summary of what is now known, the book is worth looking at.

J. FAHY, *Department of Psychiatry, Regional Hospital, University College Galway*

The Control of the Hypothalamo-Pituitary Adrenocortical Axis. Edited by F. CLIFFORD ROSE. Connecticut: International Universities Press. 1989. 446 pp. \$65.00.

This book is based on a symposium held in London in early 1988. The meeting was planned by Professor

Mortyn Jones who sadly died a few weeks before it took place. The volume is dedicated to his memory and there is a tribute to him by the editor and two of Professor Jones' colleagues. There is much in the book that he would have enjoyed. The authors are acknowledged experts in their field and the book spans both basic and clinical research with several chapters bridging the gap. Throughout there is an emphasis on both the importance and the limitations of experimental techniques. It is fascinating to see how newer technologies (many pioneered by Professor Jones) have allowed insights into the physiology of the hypothalamus. The 'brain' and adrenal ends of the axis are not forgotten (as sometimes happens in such volumes) and there is an emphasis on the integration of the whole system. Many chapters have sections on outstanding problems in the topic which are particularly useful and in keeping with the high scientific quality of the book as a whole.

Inevitably there are the drawbacks related to symposium proceedings, with some repetition and inconsistency. The book is not for the faint hearted and probably most suited for potential specialists. Nevertheless, no psychiatrist should measure cortisol in their patients without having at least glanced at a book such as this – indeed, preferably, this one.

NICOL FERRIER, *Professor, MRC Neurochemical Pathology Unit, Newcastle upon Tyne*

Dementia Disorders: Advances and Prospects. Edited by C. L. E. KATONA. London: Chapman & Hall. 1989. 236 pp. £30.00.

Katona has edited a compact but wide-ranging book which demonstrates the plurality of dementia disorders and clearly discusses both neurodetail and service. For a multi-authored book covering some complex topics the writing is consistently clear and accessible, and the very detailed contents list with multiple subheadings throughout the book makes for easy reference.

Ineichen begins by reviewing epidemiological evidence and encouragingly suggests that the figures of 10% of those aged over 65 years and 20% of those aged over 80 years are a considerable overestimate of dementia; however, he also says that the increase in numbers of very old people and increase in survival rate of dementia sufferers may be severely underestimated. Tym, in a full chapter on diagnostic assessment, ends with a plea for continuing to refine assessment procedures for diagnosing early stages of dementia. No future physiological measure can substitute for overall clinical appraisal of the demented patient.

Chapters follow on molecular neuropathology, neuropharmacology and multi-infarct dementia. Friedenber *et al* present an excellent chapter on subcortical dementia, likewise Philpot & Burns on reversible dementias. In the chapter on AIDS and dementia, one of