

equates with non-dominant and dominant cerebral hemisphere function respectively).

To my mind, his aim "to sketch a psychobiological basis for art's contribution to ego growth and reality enhancement" is not achieved because, despite encompassing a wide range of ideas, he does remain tied down to the theoretical focus of psychoanalysis. Nevertheless, this is a fascinating work, difficult to summarise in a short review, which includes clinical vignettes, detailed literary analysis, commentary on works of music, sculpture and painting, and much more. For interested readers this is well worth getting hold of, although perhaps not for the departmental library.

ERIC CROUCH, *Consultant Psychiatrist, Amersham General Hospital, Buckinghamshire*

Alzheimer's Disease: New Treatment Strategies. Edited by ZAVEN S. KHACHATURIAN and JOHN P. BLASS. New York: Marcel Dekker Inc. 1992. 256 pp. \$99.75 (USA & Canada), \$114.50 (all other countries).

This book, as the editors acknowledge in their preface, is an indication of the burgeoning interest in Alzheimer's disease and the development of new treatments which have occurred over the last decade.

It is the first of an intended series reviewing subjects at the forefront of research into Alzheimer's disease and other dementias. The aim is to cover topics as yet not included in the mainstream of current research but which, in the opinion of the editors, seem likely to do so in the future.

This current volume discusses the scientific basis of approaches to treatment of Alzheimer's disease, based on a conference sponsored by the National Institute on Ageing. It covers five areas: the current state of drug therapy and the problem with clinical drug trials; new approaches to drug development; neurotropic agents; anti-inflammatory drugs; and miscellaneous innovative areas.

The format is clearly laid out and well illustrated and fulfils the editors' description of covering topics outside of the mainstream of current research. As such it is, in places, not an easy book to read and some basic knowledge is essential. Their aim to draw together less well publicised research areas is laudable and valuable but also may prove a potential flaw in including areas that will not subsequently prove fertile research fields.

Overall, although it usefully draws together less mainstream research it will, because of its subject matter and price, be of interest mainly to specialists within the field rather than to the general reader.

RUTH HARPER, *Lecturer & Honorary Senior Registrar in Psychiatry, University Department of Psychiatry, Leicester General Hospital, Leicester*

Central Serotonin Receptors and Psychotropic Drugs.

Edited by CHARLES A. MARSDEN and DAVID J. HEAL. London: Blackwell Scientific Publications. 1992. 321 pp.

Of the recent books on the role of serotonin in psychiatric disorders, this book stands out. It is highly focused and is concerned specifically with serotonin receptors in the brain. It clearly achieves its aim to carefully evaluate the role of serotonin receptor subtypes in physiology and, from experimental and preliminary clinical studies, to predict their contribution to the development of drugs of psychiatric importance. Leading scientists, including distinguished clinicians, provide critical overviews on 5-HT-receptor classification, neurochemistry, behavioural pharmacology, electrophysiology, and autoradiography of 5-HT-receptor distribution and their dysfunction in psychiatric disorders.

The application of this experimental knowledge to drug development is the focus of the second part of the book with chapters on the 5-HT receptor in modulation of aversion, treatment of anxiety, schizophrenia, depression, cognitive dysfunction, ingestive behaviour, and addictive behaviour, ending with a concise futuristic assessment of their functional importance and clinical value.

The editors should be commended for producing such a fine text which may well become classic reading for pre-clinical and clinical scientists in their voyages into the galaxy of serotonin receptors.

M. T. ABOU-SALEH, *Professor and Chairman, Department of Psychiatry and Behavioural Sciences, United Arab Emirates University, Al Ain, United Arab Emirates*

When Illness Strikes the Leader. The Dilemma of the Captive King. By JERROLD M. POST and ROBERT S. ROBINS. Yale University Press. 1993. 243 pp. £19.95 (US \$30.00).

The two authors, who are political psychologists, have conducted a seminar away from the ward or consulting room on a theme that clinical and psychohistorians ignore: the effects of illness on the struggle for power between political rivals and on the interplay between the sick leader (the "captive king") and the inner circle, which can become a captive court.

A physician's or psychiatrist's simple goal should be diagnosis and prompt treatment. Yet those in the court who serve the captive king may depart from standard procedure. They are torn by conflicting loyalties to their patients as individuals in special positions, to the institution of the president, premier or dictator, and even to the public. Illness, inevitably perhaps, is minimised, even concealed, by the inner circle when

the king is sick, as occurred with presidents Grover Cleveland, Woodrow Wilson, Franklin Roosevelt and John Kennedy. Winston Churchill's progressive deterioration during his second term, 1951–55, was not internationally dangerous. Potentially more serious in the powder-keg of the Middle East were the recurrent depressions and terminal melancholia of Menachem Begin.

The authors reach a grim conclusion. When captive kings are patients, there are often indirect and unusual referral channels. Too many (or too few) physicians are involved, causing diffusion and confusion of responsibility, clinical attention to be misdirected, and exceptional disagreement about diagnosis. The optimal medical treatment can be politically fatal, but subordinating the physicians' care to political considerations can be medically fatal.

As life, but not always competence, is prolonged by medical advances, what Post and Robins call 'terminal leadership' must, if possible, be avoided. (They cite Marcos, surviving on dialysis, and the urgency of the Shah of Iran while concealing lymphatic leukaemia.) Clinicians consider the conventional 'disposal' of a patient, but the authors ask how one disposes of a disabled leader. Relevant factors are the presence or absence of institutional or legal procedures for the transfer of power and of political demands, and the availability of an alternative leader. They agree that the rules of ethics of confidentiality might be ignored if the leader was incompetent by reason of dementia, depression or mania, or had been responsible for a serious illegal or immoral act.

HUGH, L'ETANG, *Editor, Travel Medicine International, London*

Research Methods in Psychiatry: A Beginner's Guide (2nd edn). Edited by C. FREEMAN and P. TYRER. London: Gaskell. 1992. 318 pp. £15.00.

The chief characteristic of *Research Methods in Psychiatry* is its comprehensive cover of techniques for research projects, whether they be small single-patient studies or large epidemiological projects. There are useful chapters on various rating scales, with important distinctions emphasised between those scales primarily used to measure the severity of an illness and those used to assist diagnostic classification.

The overall standard is very high; individual chapters can be used as a protocol and format for guiding research. Particularly impressive is the way Johnson, in his chapter on statistical methods, covers the gamut of major experimental designs likely to be encountered by the clinical trialist. There is much common sense too, in Freeman *et al's* guide to the use of computers in research.

It is difficult to fault this volume in any major way, although I am surprised that so little attention has been paid to methods and rating scales which assess quality of life, given the current interest in such measures. However, a useful chapter on rating scales for psychotherapy is included. Future editions might include an assessment of rating scales for measuring the impact of psychoactive drugs on sleep, since sleep disturbance is a feature of many clinical trials.

This volume is well written and useful. I regard it as essential reading for anyone beginning a career in psychiatric research; if all authors of published papers were to read this book before beginning work, I am sure that the overall standard of clinical trials would be immediately enhanced.

IAN HINDMARCH, *Professor of Human Psychopharmacology, University of Surrey, Milford Hospital, Godalming*

Measuring Mental Health Needs. Edited by GRAHAM THORNICROFT, CHRIS R. BREWIN and JOHN WING. London: Gaskell. 1992. 328 pp. £20.00.

In the National Health Service and Community Care Act 1990 the Government changed the structure of the health services in an attempt to increase professional accountability, tighten financial control, and make explicit the decisions about priorities. There is to be a separation of purchasing and providing authorities who will negotiate contracts, stating what services they wish to purchase, agreeing what services they expect to receive, and what they expect to pay for them. The needs of the mentally ill will have to be assessed before realistic contracts can be drawn up. As Sir Douglas Black says, this assessment is a distinctly difficult task; but this and related subjects are boldly tackled by the authors of this book's 18 chapters.

With the dissolution of the mental hospitals, the fragmentation of the needs of psychiatric patients has become more apparent and these needs are not going to be met unless there is much better statistical information than is available at present. If community care is to become a working reality, the information boundaries, which have always separated primary care, social services, and specialist care, have to be broken down and minimal service standards set or patients will not experience the real benefits of that change. Whether the proposed changes in statistical systems can overcome the long-standing difficulties in relations between health and social services, or nullify the legacy of Poor Law funding of the mental health services, is a question for the future.

In this book, solutions are suggested, while dangers to be avoided and opportunities to be grasped are pointed out. Important changes are in the offing and it is essential that we understand what is happening. This book is