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 abstinance.

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.

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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.

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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 larger full-page print which is more pleasant; and there is a delightful picture of two older ladies on the cover, which is intriguingly cryptic: are they sisters, twins, or mother and daughter? And what is it about the picture that compels the view that they can only be American?

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Community Care: People Leaving Long-Stay Hospital. Edited by SHEILA SHARKEY and SARA BARNA. London: Routledge. 1989. 238 pp. £25.00.

This book is based on the multidisciplinary conference on community care organised by the psychology service and training section of Northumberland Health Authority in 1987. It is divided into three sections dealing with the political and historical background, planning therapies, and the evaluation of examples of good practice. It aims to highlight some of the issues involved in the running down of large institutions, and to offer help to those engaged in the process of resettling ex-patients in the community.

The first chapter by Short presents a summary of some of her work as chairman of the Parliamentary Select Committee for Social Services. Chapter two, a historical review by Shepherd, is a most stimulating paper and should be widely read. In chapter three, Blunden looks briefly at the problem of achieving effectiveness and quality of service and, in particular, draws lessons from commercial organisations and their customers. Heginbotham pursues this theme further in chapter four.

The second part provides examples of planning services for the elderly, the mentally ill and the mentally handicapped. The papers are detailed and could be of value to those acitvely engaged in planning changes in their own services but are less likely to appeal to the general reader. The third and longest part of the book is concerned with examples of good practice including evaluation. Once again it is likely to be of value chiefly to those actively engaged in service development.

The conference took place after the publication of the Griffiths Report on community care but before any government response. Although its material is now three years old it is still a useful source book and as such would be a worthwhile purchase for psychiatric libraries and for managerial bookshelves.

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St Andrew's Hospital, Northampton: The First One Hundred and Fifty Years (1838–1988). By ARTHUR FOSS and KERITH TRICK. Cambridge: Granta Editions. 1989. 312 pp. £14.95.

At first glance this book would not be out of place on a coffee table – it is sumptuously produced and boasts 80 illustrations. But closer inspection reveals that with an historian and a St Andrew's psychiatrist as joint authors, a meticulous history of St Andrew's itself, and of English psychiatry in general, has been produced.

We are supposed to learn from history, and can do so most easily when remote events echo today. Thus, any psychiatrist who imagines that problems with MIND are a recent phenomenon will be fascinated to read of the 'Alleged Lunatics' Friends Society'. Similarly, those who are involved in drawing up contracts between their hospitals and health authorities will enjoy reading about the attempts, ultimately in vain, to agree pricing with the county, after the passing of the 1845 Lunatics Act. And the comments of the Commissioners of Lunacy could, with little modification, be read as reports from today's hospital advisory service. History should also encourage us to look forward, but despite the tantalising subtitle, "The first one hundred and fifty years", the authors do not speculate on the next century and a half perhaps wisely.

In the background of St Andrew's we find the management committee, and we may contrast the selfless contributions of the Spencer family over the whole 150 years with the petty squabbling of churchmen and local politicians over the last century, which had little to do with the welfare of the hospital. In the foreground we have the 10 medical superintendents - one criticism of the book is that a franker account of shortcomings and a fuller account of successes is given of the earlier superintendents. It would have been of great interest to have read a critical comparison of the medical contribution to management between St Andrew's and the National Health Service (NHS), since the former chose to be independent in 1948. Certainly the freedom St Andrew's has enjoyed to exploit its estate and the changing skills of its staff, together with its record of identifying service gaps at national level and filling such niches, leaves those like me who are constrained by NHS bureaucracy very envious.

With the current upsurge of interest in the history of psychiatry and the College's involvement in the publication of a recent volume and the launch of a new journal, I warmly recommend that this fine book should grace every psychiatric library.

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