

belief systems without lapsing into cultural relativism, by considering the different moral and ethical principles that underlie cultural practices, and how our Western perspective usually overshadows these.

My main reservation about the book is that I am not convinced that Bhui has thought through the implications of his analysis. How exactly are the interests of the biomedical model in conflict with the interests of the communities we serve? What ethical approach should we adopt in working with different communities? What sorts of values should guide our work? His critical thought sometimes lacks structure. He makes no attempt to analyse scientific racism in terms of critical philosophical theory. He upholds the value of considering contemporary dilemmas in terms of our colonial history, yet misses an opportunity to extend the colonial metaphor to the contested land of madness. This is important, because without a full exegesis of the historical, political and philosophical underpinnings of colonialism, Western thought and psychiatry, he is limited to a restricted analysis of the problems of service delivery for ethnic minorities.

Despite these shortcomings, Kam Bhui makes a valuable and important contribution to our understanding of culture and ethnicity. I strongly advise all psychiatrists, both consultants and trainees, to read this book and to respond honestly to the challenges it presents. It demonstrates the value of political and social analyses of our work in the training of psychiatrists. But for me, its greatest value is in the way it shows how we must acknowledge the influence of our own histories and cultural backgrounds on the way we approach our work and those we struggle to help. The Other will

cease to be an Other only when we accept the Other in ourselves.

Philip Thomas Consultant Psychiatrist, Bradford Assertive Outreach Team, and Senior Research Fellow, Centre for Citizenship and Community Mental Health, School of Health Studies, University of Bradford, Bradford BD5 0BB, UK

Vascular Disease and Affective Disorders

Edited by Edmond Chiu, David Ames & Cornelius Katona. London: Martin Dunitz. 2002. 276 pp. £29.95 (pb). ISBN 1 84184 152 8

Every so often, our understanding of the way things are in psychiatry needs a bit of a shake up. Take for instance the refutation of the mind/body dichotomy or the categorisation of disorders as functional or organic. It is these shifts in perspective, after all, that free up our thinking and allow our knowledge and skills to progress. This book very clearly lays down such a challenge.

With the help of many of the world's leading researchers in their fields, the editors bring together a summary of the current state of knowledge of the aetiology of affective disorders, cerebrovascular disease and cardiovascular disease. They draw on detailed research findings from epidemiology, the neurosciences and psychiatry to help explain the high levels of comorbidity of these disorders.

How useful is this conflation? I suspect that researchers in these related fields will

welcome the opportunity to set their work in a broad context and will appreciate the many tips on methodology and useful recommendations on future directions for research. For clinicians contemplating reading this book, the potential return may not be so immediately obvious, as it is dense and repetitious at times. However, it deserves to be read by psychiatrists and physicians working with older adults, who are interested in the shifting understanding of these disorders and emerging therapeutic directions.

Many things in this book caught my attention – clues to the causes of treatment resistance in late-life depression, the emergence of apathy as a distinct psychiatric phenomenon with multiple causes, and a need to follow progress in cardio- and cerebrovascular medicine, to name but a few. As yet, there are no evidence-based treatment guidelines, but there are some early suggestions of favourable responses to antidepressant medication and even to dietary interventions. Not surprisingly, less is said of the role of psychological interventions, but there are exciting hints from the neurosciences that psychological treatments may actually bring about changes at the level of neuronal functioning.

Although there is much still to do in bringing together the fields of vascular diseases and affective disorders, this book achieves the editors' aim of marking out the ground as it currently stands.

Philip Wilkinson Consultant in Psychiatry of Old Age and Honorary Senior Clinical Lecturer, Fulbrook Centre, Old Road, Headington, Oxford OX3 7JU, UK