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.

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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.

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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. Friedenberg *et al* present an excellent chapter on subcortical dementia, likewise Philpot & Burns on reversible dementias. In the chapter on AIDS and dementia, one of