

drug takers compared with up to 50% in the north of Italy (compare England with Scotland); Berlin has a seroprevalence rate that is nearly five times higher than in Hamburg (compare Edinburgh and Glasgow).

Preventative means involve outreach and educational programmes (including agendas for prostitutes of both sexes and prison inmates), methadone treatment, the provision of injecting equipment, and training for health care professionals. Education of drug users and professional training are the most widely accepted measures. It is clear that in Europe both the extent of HIV infection among drug misusers and the reactions to it vary markedly. The document gives a useful overview of the diversities.

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Losing and Diffusing – Borderline Transitional Object and Self-Relations. Edited by R. A. LEWIN and C. SCHULZ. New Jersey: Jason Aronson. 1992. 368 pp. US \$47.50.

The authors of this book present a profile of the borderline condition as a “disorder of the self” in which the subject requires externally dependent relationships to survive. This, however, threatens annihilating loss of identity as a result of the fantasy of fusion. The absence of such a relationship is on the other hand experienced as catastrophic loss with disintegration. There is no middle ground. Relating can only be achieved through a negativistic abrasiveness which both inhabits the object and keeps it at a distance.

Lewis & Schulz emphasise the importance of holding for such patients. Perhaps the most cogent chapters of the book are those on holding, in which they describe the stages of the development of the holding environment in the therapeutic situation. This section alone would be invaluable discussion material for all disciplines involved in the care of patients of whatever nosological category, in-patient or out-patient.

The authors emphasise that types of behaviour which may in fact be self-destructive and provocative may be attempts at preventing some catastrophe which the patient perceives as more destructive to their integrity. They understand that this is a powerful component in ‘negative therapeutic reaction’. They insist on the communicative potential of projective identificatory mechanisms. They also insist on both the dangers and the transformative effects of treating such patients for the therapist.

I have one major reservation about this book. The authors define the borderline conditions as a “disorder of the self”. This disorder seems to be presented as the result of passively experienced environmental insult. They seem to address less adequately the tenacity with

which the patient may wish to cling to sadistic internal objects and recreate sadomasochistic experiences and so to underestimate the subject’s illusion of agency, rather insisting on the importance of environment. This neglect of the subject’s illusion of omnipotent agency underplays the fantasy which provides the focus of interpretation and therefore of change.

Nonetheless, the authors offer a text which is refreshingly free from alienating judgement and in which the reader is invited empathetically into the patient’s dilemma. The style and pace of this book, with the lack of technical discussion, would make this a useful and untaxing text for the general psychiatrist and trainee, and their non-medical colleagues. The chapters on holding, especially, provide a useful guide to the inevitable course of treatment of borderline conditions, the commitment and organisational structures that it demands, and its unavoidably long duration. These are so often dismissed as impracticable, especially in the current National Health Service ‘market’ which provides powerful inducements to collude with the patient’s ‘sealing over’ as a short-term expedient in order to achieve short ‘patient episodes’. But as the authors demonstrate, such ‘expediency’ is expensive.

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The Most Solitary of Afflictions. Madness and Society in Britain, 1700–1900. By ANDREW SCULL. London: Yale University Press. 1993. 442 pp. £29.95.

At the invitation of Yale University Press, Professor Scull has “re-explored the territory” he first covered in his book, *Museums of Madness* (Penguin Books, 1979). The resultant publication is far from being a retrace of its predecessor, but is more like an extended-limo version of a humble family saloon. It is elegantly produced on high-quality paper and the jacket, a faithful reproduction of Van Gogh’s *The Hospital at Arles*, is worthy of special mention because of its appropriateness. The book is about twice the length of the original, which gives Scull the opportunity to display his scholarship to the full. His research of both primary and secondary sources is exemplary; the footnotes, to be counted in their hundreds, at times almost conceal the text. To this can be added a long bibliography, a list of articles and of unpublished dissertations, and an excellent index, making the book, all in all, a prime source of reference for years to come.

But the bouquets, in all sincerity, I present to Scull are for his virtuoso performance as an historiographer. It is as an historian that I venture to take him to task. He is by profession a sociologist, and it is through the eyes of such, no doubt coloured by his political convictions, that he interprets, or misinterprets, events. Thus, he uses terms alien to doctors and psychiatrists such as ‘social