

particularly since the practical clinical yield from such work has so far been sparse. I did not find this an easy book to read straight through, as studying successive chapters tended to induce proactive interference! Perhaps this reflects the nature of the material as much as the manner in which it is presented, but I came to the conclusion that its main use will be as a reference text. The best guide to management of memory impairment in the more general psychiatric field remains that of Wilson & Moffat.

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**The Regulation of Madness. The Origins of Incarceration in France.** By ROBERT CASTEL. Translated by W. D. HALLS. Oxford: Basil Blackwell. 297 pp. £29.50.

Castel is one of a growing band of social historians, sociologists, philosophers, lawyers, and workers in kindred disciplines who, to no small extent, have taken over the historiography of psychiatry. This may be no bad thing if something is known about the provenance of these who choose to enter the field. In this instance there can be little uncertainty. Castel, in his introduction, makes abundantly clear his indebtedness to Michel Foucault, who, it will be remembered, together with Erving Goffman, Thomas Szasz, and R. D. Laing, spearheaded the antipsychiatry movement. Not only this, but he includes among his mentors Franco Basaglia who, in furtherance of his political objectives, was largely responsible for the introduction of legislation in Italy in 1978 which forbade the admission of further new patients to mental hospitals which were themselves to be run down and eventually closed. These Draconian measures have led to a new class of Italian vagrant – the *abandonati* – a host of homeless, mentally sick ex-patients who roam the streets and public places.

It will come as no surprise, therefore, to learn that Castel's approach to the institutional care of the insane in pre- and post-revolutionary France does not reveal French psychiatrists in a particularly favourable light. It is true, as he points out, that in 1790 the Constituent Assembly abolished the iniquitous *lettres de cachet* which under the *Ancien Régime* allowed an individual, usually of aristocratic family, to be incarcerated without further ado. It is also true that Pinel had the calm courage to liberate the inmates of French asylums from their chains. However, Castel insists that this legal and physical emancipation was illusory and was to be followed by a form of psychological control by psychiatrists, which was in its nature far more subtle, but far more complete.

Foucault lends his authority unambiguously to the views expressed by his protégé. In a note on the back of the book-jacket he writes: "From now on, psychiatry

must live with its past. Robert Castel recounts this past with a strong and clear voice. It will, I'm afraid, make the reader groan: someone who is not a psychiatrist reconstructs a past which psychiatry would prefer to disown".

It is a matter of conventional wisdom that in any controversy it is advisable to know what the opposition is thinking. It is for this reason, and for this reason only, that I would suggest that colleagues read this book; except, perhaps, for those with a tendency to hypertension.

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**Clinical Relaxation Strategies.** By KENNETH L. LICHSTEIN. New York: John Wiley. 1988. 426 pp. £45.00.

This book is probably the most significant addition to the relaxation literature since Herbert Benson's *The Relaxation Response* was published in 1975. Primarily a work of synthesis, it provides an exhaustive and scholarly review of the research literature on relaxation strategies, barring the deliberate omission of hypnosis and biofeedback. Running to 300 pages of text, with over 1700 references and barely a table or diagram for light relief, it is a formidable project for author and reader alike!

Lichstein begins by reviewing the historical roots of relaxation, which he locates in the ancient Eastern meditation heritage, then leaps abruptly to 20th century developments. A consideration of basic theoretical and empirical research on three fundamental approaches – meditation, progressive relaxation, and autogenic training – is followed somewhat belatedly by descriptive expositions of the main techniques and variants, as stand-alone or adjunctive interventions. Impatient clinicians will doubtless make a beeline for detailed outcome reviews in the final chapter, covering an 'A to Z' of clinical problems.

The book's organisation and indexing assist the reader coming to grips with this massive field. There are few obvious omissions, although I searched in vain for a definition of the central term 'relaxation'. Surprisingly, no mention is made of somatic techniques such as massage, either.

While Lichstein occasionally bemoans the trend towards a 'technology' of relaxation which regards brevity and symptomatic relief as its touchstones, his book is a paean to the accomplishments of this empiricist enterprise, which has elected to give the 'art', 'wisdom' and *raison d'être* of relaxation decidedly short shrift. Judging by his final remarks, Lichstein recognises that the impending scenario – of clients declining a newly-perfected brief relaxation technique because it

can't be fitted into their schedules – is a deeper matter than a simple issue of 'subject compliance'.

Provided you are interested in the 'how' of relaxation more than the 'why', this impressive, dense, yet commendably readable book is an essential acquisition. It will be a godsend to researchers, and a stimulating and challenging sourcebook for clinicians, especially those who think that dispensing an audio cassette is the top and bottom of relaxation training. But, as a frustrated client once remarked about a pre-recorded tape: "The instructions were super, it was the voice that kept putting me off".

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**Modern Perspectives in Psychiatry, No. 10. Modern Perspectives in Clinical Psychiatry.** Edited by JOHN G. HOWELLS. New York: Brunner/Mazel. 1988. 392 pp. \$40.00.

This book consists of 17 articles each on a different topic and by a different author. The editor states that the volume is not intended as a textbook, that a complete coverage of clinical psychiatry is not attempted, and that the topics covered "select themselves". Certainly there seems to be no particular plan behind the choice of topics. Some are fashionable, e.g. 'AIDS and psychiatry' or 'From mental hospital to alternative community services'; others are standard topics which would be dealt with in most publications on clinical psychiatry, e.g. 'Epidemiology in psychiatry'; and 'Liaison psychiatry'; and yet others are more unusual, e.g. 'Systems theory in psychiatry'. There is diversity too in the approaches taken by the authors. Some chapters provide well-organised and balanced, if fairly simple, accounts of the relevant topics, and others are at a more advanced level. Several are clearly written by enthusiasts whose intention has been to make a case for the subject of their choice rather than to present an even-handed account.

Most of the authors are from North America, and their reviews of the literature tend to have a transatlantic slant. Similarly, some of the accounts concern aspects of psychiatric practice in the United States which differ from the circumstances of practice of most psychiatrists in this country. For these reasons this book will not be particularly helpful for trainees preparing for the MRCPsych, but it is probably not for such an audience that it is intended. It is perhaps because I read this book over the holiday period that it reminded me of an old-fashioned Christmas anthology. It is a series of essays, some very careful, some a little trivial, others very informative and a few that are just different – for example, one which presented changing styles of psychiatric practice in relation to political, fiscal, and social changes in the United States.

I enjoyed this book and I would recommend it as a worthwhile purchase for any psychiatrist who is not thinking in terms of examinations but is looking for an informative and sometimes thought-provoking account of diverse issues related to current psychiatric practice.

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**Handbook of Psychopharmacology Vol. 20. Psychopharmacology of the Ageing Nervous System.** Edited by L. L. IVERSON, S. D. IVERSON and S. H. SNYDER. New York: Blenheim. 1988. 482 pp. \$75.00.

Those familiar with this excellent series on psychopharmacology will greet volume 20 with mouth-watering anticipation. They should not, however, be misled by the title; the book is almost entirely about the psychopharmacology of Alzheimer's disease. It is none the worse for that, but readers interested in the nervous system of the normal elderly, those with functional psychoses, and those with multi-infarct dementia will find little of interest.

Furthermore, this book is intended as a sourcebook for those engaged in psychopharmacological research. It has excellent and authoritative reviews covering the subject in great detail, the first chapter for example containing nearly 400 references. Most psychiatrists will find that it contains more information than they can easily digest, and might prefer the review in the *British Medical Bulletin* on Alzheimer's disease, also edited by Iverson (and Ross), published in 1986.

Each of the 11 chapters is written by a different author, resulting in a certain amount of repetition, but with the advantage that each chapter can be read on its own. My last criticism is inevitable for a volume of this kind, in that it is already out of date. Thus there is only one mention of THA, the chapter on genetics makes no mention of molecular genetics, and there are only a tiny number of references after 1986.

The first chapter, by Mann, provides a masterly summary of the histological and biochemical features of Alzheimer's disease, including an interesting speculation about the sequence of events, suggesting that it may start with loss of the blood-brain barrier, followed by senile plaque formation, cell death from tangle formation, and retrograde degeneration to nucleus of Meynert. Hohmann *et al* focus on the cholinergic system in Alzheimer's disease, initially throwing doubt on the whole theory by quoting a study which showed that acetylcholinesterase was not a specific marker of cholinergic synapses; they conclude, however, that the cholinergic theory has most promise for therapy. Rossor writes a much briefer review of the biochemistry of many dementias, the section on Alzheimer's disease