

case studies on dementia and learning disability but the predominant focus is on the association between Down's syndrome, cognitive decline and AD with age, which has already been discussed, in somewhat lesser detail, in an earlier chapter. The final chapter (13) should present future directions for people with dementia. It fails to do so. For instance, the one paragraph discussing medical treatment for AD is limited to the drugs that were around in 1995.

Throughout the book, but especially in the first few chapters, we found almost identical sentences in different places, suggesting a disturbingly liberal use of the 'copy' and 'paste' functions. The book still adheres to the now outdated thought that the definite diagnosis of AD relies upon post-mortem histopathologic examination of brain tissue. Too little attention is given to the importance of MRI imaging, in addition to clinical criteria and neuropsychological tests in the differential diagnosis of dementia and in the diagnosis of AD in the clinical setting, as well as to recent insights in the usefulness of cerebrospinal fluid markers like Amyloid  $\beta_{42}$ , tau protein and phosphorylated tau in the diagnosis of AD. In his discussion of vascular dementia (Chapter 2), the author claims that 'the aetiology of this type of dementia is a series of small strokes', which fails to recognise the very different pathogenic mechanisms involved in this heterogenic group, which range from small vessel disease to large vessel stroke. In Chapter 4, the author states that 'a characteristic of Down's syndrome is the presence of an extra gene on chromosome 21 (trisomy 21)', instead of defining Down's syndrome as being fundamentally characterised by the overproduction of APP because of the presence of three chromosomes 21.

The vast majority of the cited references date back to the 1970s, 1980s and early 1990s, and among the scarce more recent references we noted, the latest were from 2002. All in all, therefore, this book adds very little to existing knowledge and does not live up to the expectations in the title. It cannot be recommended to students and professionals working in the field of dementia.

## References

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Athena McLean, *The Person in Dementia: A Study of Nursing Home Care in the US*, Broadview, Peterborough, Ontario, 2007, 312 pp., pbk £13.99, ISBN 13: 978 1 55111 606 8.

All time travellers – Dr Who included – will enjoy this book. From the opening chapters, which transported us back to 1992 and finally forwards to 2050 (when, it is predicted, there will be five million elders in nursing homes in the USA), we

are invited to observe some terrifying visions on a journey to discover dementia care in the USA. The research reported in this book was conducted between 1992 and 1994, when the kind of terminology used was ‘an apocalyptic demography’ (when) ‘the popular imagination is ... consumed with terror about Alzheimer’s disease’ (thus) ‘in the absence of a cure we are left with a sense of nihilism’ (pp. 2–3). But despair not, for despite its long gestation, this is an intriguing work which repays close study.

The book has three parts. The first outlines theoretical and methodological issues in dementia care and describes the setting and its social and economic lineage in some detail. The setting was a large urban nursing home, with two units for people with advanced dementia, on the east coast of the United States. The units were identical in layout but different in the philosophical approaches to care. ‘Snow One’ had adopted a biomedical approach to enable disturbed behaviours to be controlled and the other. ‘Snow Two’ practised a person-oriented philosophy that paid attention to how the person may have been communicating through their behaviours. The research method was qualitative and ethnographic, incorporating participant observation studies of medical records, and interviews with staff, family, and where possible, residents. This was a time when the systematic approach of Dementia Care Mapping (DCM) had barely emerged from Bradford, but elements of it can be identified. The power structure of staff is observed to fall in the traditional, gender, race and class lines of larger society: virtually all nurses and nursing assistants being black and female and nearly all doctors male and white. Of note is a group of personal companions employed by families to spend time with residents and help with their care.

Part 2 presents ethnographic case studies of the residents. The analysis begins with the approach to care in Snow One, reflecting the rigid attitude of the head nurse. There are telling vignettes of forbidden romance and inflexible bathing regimes, which resulted in one unfortunate case in the death of a resident. Snow Two, however, was led by someone who valued flexibility and attention to individual needs. Three examples are given where the point of the treatment and care is to determine what has created the problem so that it can be addressed and its impact minimised, thus improving social functioning. Ten prescriptive conclusions and recommendations emerge from a comparison of the two units. Some state the obvious, as with ‘person-centred care giving is superior to task-oriented care-giving’ (p. 205). Others are more portentous: ‘dementia care-giving is a demanding practice of consuming work in which both care-receiver and care-giver need careful tending’ (p. 212). I think the reader will get the gist.

Part 3 is a devastating critique of the economics and structure of the nursing-home industry in the United States at federal and state levels. Regrettable parallels with the UK can be drawn, with evidence of regulation favouring the survival of for-profit conglomerates, despite their greater deficiencies with high staff turnover and no career structure. The final chapter, ‘Towards a new vision of dementia care’, cites intriguing examples of new approaches in the USA, including the shift towards assisted living. The Quaker movement is cited as a leader in de-medicalised settings of care, as at Chandler Hall, Newtown, Pennsylvania. Inspirational examples of culture change are pointed to in the Nursing Home Pioneers, the Individual Care Model and Resident Directed Care.

The Eden Alternative, established by Dr William Thomas, and more recently his Green House Project, which target Medicaid funding, are of interest and may warrant further investigation. Readers are finally exhorted to move to a moral economy of long-term care in order to maximise the possibility of a decent life for people throughout their lives. Amen to that. More starkly, the author concludes, 'if we don't we will continue to subject people with dementia to continued structural violence and genocidal-like behaviour' (p. 257). Despite its tone and language, and although there has been some change since the 1990s, this book is a clear wakeup call to the nursing-care industry, particularly in the United States but elsewhere too. Clinicians, undergraduate students with an interest in long-term care and policy makers will all find something of interest here.

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Isabella Aboderin, *Intergenerational Support and Old Age in Africa*, Transaction, New Brunswick, New Jersey, 2006, 222 pp., hbk \$39.95, ISBN 13: 978 0765 80339 9.

Before the state becomes involved in funding and managing welfare, and in low-income societies generally, intergenerational relations and other social network members are key providers of accommodation, income and instrumental support to older people of reduced capacities. By contrast, in contemporary countries with the highest standards of living and extensive state welfare, an older person's housing and income are largely independent of kin contributions, but the closest same-generation and descendent relatives are predominant providers of emotional and affirmational support to the majority, and of personal and intimate care (although not of nursing and medical care) to older people with functional limitations. The result in the richest countries is that the boundaries and complementary roles of informal and formal carers become a contentious and fiscally-important public-policy arena. Intergenerational relations are therefore critical influences on the material standard of life of frail older people in low income societies, on the quality of life of frail and dependent older people in high income societies, and on personal concern, support and care for the sick and disabled in all societies.

There is of course much more to consider than these functional differentiations. All societies have moral codes and normative expectations for the protection, nurture and support of dependent people, and in some they are backed by statutes and enforcement. Gerontology – and social science and social history – have only just begun to tackle the fundamental question of whether variant codes and practices are intrinsic to 'the culture', specifically its religious and humanistic precepts, or are themselves 'functionalist' in that they change with socio-economic transformations. Will Roman Catholic southern Europe always sustain more multi-generation households than the Protestant north? Will East Asian societies always sustain substantial material support to elderly parents from their adult children? The issue raises provocative questions. Could it be that in societies with the strongest normative codes regarding intergenerational