

as they became older. The problems occurred independent of management strategies. However, the nature of the interviews limited more in-depth study of the variables involved.

The main difference with their non-disabled peers was in close adult relationships, friendships and employment as young adults. Having a serious relationship was the norm for the controls at 21 but only one in four of the people with Down's syndrome had such a relationship.

This is a clearly written book with useful summaries at the end of each chapter. It provides invaluable information about the development of young people with Down's syndrome and their families over time. This is one of the main advantages of a longitudinal study and is particularly pertinent to individuals with developmental disorders. Although the cohort is small in number, the quality and validity of the data collection has stood the test of time. The research questions that are asked at the commencement of a longitudinal project may no longer be relevant 30 years later, however, the outcome of this study has a great relevance to both clinicians and researchers in the present. Each chapter provides a longitudinal perspective relating childhood data to adult data.

This particular cohort have done well over time and one of the criticisms of the study may be that the author was the main investigator keeping close contact with the families. Longitudinal research is not for the faint hearted. The perseverance and motivation shown by Janet Carr is remarkable. I would recommend this book as a necessary part of any library collection in research and training institutions working for individuals with life long developmental disorders.

JANE MCCARTHY, *Learning Disability Service, Hinchingbrooke Health Care, Cambridgeshire PE18 6SE*

Troublesome Children. By JALAL SHAMSIE. Etobicoke, Ontario: Institute for the Study of Anti-social Behaviour in Youth. 1995. 55 pp. Price not available.

This short booklet is devoted to the description of three disorders defined by the DSM-IV classification system: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Conduct Disorder. The aim is to describe the three supposed disorders in a brief form that will be accessible to the wide variety of very busy professionals who are likely to encounter children with these conditions. The text reads like a concise medical textbook, with these three entities taking on the role of well described and

defined medical syndromes. This extends even to the statement: "there is a great deal of comorbidity" (page vii). Wouldn't it be accurate to say that the disorders may merge into each other, the jury is still out and that the entities do not have the defining characteristics of physical diagnosis?

The sections on treatment are equally cut and dried and very prescriptive. There is little guidance on the management of children in general, or of ways one might understand their distress or even how one might pull together the special needs of an individual child in a given situation. The medical diagnostic approach has many uses in adolescent work. This is not one of them.

A. R. NICOL, *Department of Psychiatry, University of Leicester, Leicester LE3 0GU*

Community Psychiatry in Action: Analysis and Prospects. Edited by PETER TYRER and FRANCIS CREED. Cambridge: Cambridge University Press. 1995. 167 pp. £27.95 (hb). ISBN 0-512-47427-2.

This short but important book contains the essence of a symposium held in 1993 between the main researchers in UK Community Psychiatric care – i.e. since National Health Service reforms began.

Nine senior authors contribute to the debate. Peter Tyrer begins the book with a useful overview of the essential components of Community Psychiatry and identifies and compares pieces of relevant research. He finishes the book with a thought provoking chapter on future research strategies – a must for all would-be grant applicants.

Francis Creed provides a comparative overview of UK evaluation studies in Community Psychiatry, a chapter which should be recommended by the College as mandatory reading for psychiatric trainees. Each of the main UK research studies in Community Psychiatry is studied in depth, describing the research design and outcome, and with useful discussions of problems faced and implications for the future.

The importance of this book lies in the fact that all researchers/discussants are practising clinicians with a wealth of experience in service delivery. Isaac Marks provides a synopsis of the Daily Living Programme for the seriously mentally ill (London), Christine Dean describes the evaluation of a complete community service (Birmingham), Peter Tyrer describes early intervention studies in psychiatric emergencies (London), Brian Ferguson describes evaluation of psychiatric services – The Merits of Regular Review (Nottingham) and Tom Burns describes a home-based assessment study (south London).

I particularly liked Burns' catalogue of reasons why conventional clinical staff found the ideas of community psychiatry and working in multidisciplinary teams something of a threat. His chapter should be essential reading for would be psychiatrists, psychologists and psychiatric nurses.

Frank Holloway discusses the wider implications of home treatment as an alternative to admission, a chapter of use to mental health managers as well as clinicians. Til Wykes produces an acerbic chapter provocatively titled "Toxicity of community care" which challenges the notion of treatment research into community care suggesting that confusion exists between specific treatments offered and the specific organisation of care in which treatment is provided. He suggests a central register of key elements in community service and frequent reports of failures and successes.

The penultimate chapter is an in-depth analysis "towards an understanding of cost effectiveness" by Martin Knapp. This suggests that costs should be measured comprehensively, taking into account variation between service users, facilities and areas of country, comparing like with like and urging integration with information on user and other outcomes to ensure we move to cost effectiveness. His mathematics lost me on the way but his debate provides a chilling reminder of what the National Health reforms are about.

This book is essential for those engaged in the restructuring of psychiatric service delivery – not an easy read – but an important one.

JUDY GREENWOOD, *Edinburgh Healthcare NHS Trust*

150 Years of British Psychiatry 1841–1991. Volume II, The Aftermath. Edited by Hugh Freeman & German Berrios. 630 pp. £45 (hb). London: Athlone Press. ISBN: 0485-11506-9.

On first looking into Freeman & Berrios Part 2

'O what can all thee, Shrink-at-large,
So haggard and so woe-begone?
The squirrel's granary is full
And the harvest's done.'

'I met a Lady by the Thames,
Formidable, a grocer's child;
Her hair was blonde, her handbag hard,
And her eyes were wild.

'She promised me a Great Reform,
Of changes which would never stop,

A busy market, selling health
Like her father's shop.

The handbag swung. I fell. I dreamt
Of falsehood, secrecy and crap,
And wailing Fundholders, who cried
Ah beware the trap!

'And then I woke. You found me here.'
'Cheer up,' I said. 'A nice hot bath
Will put you right – and read this book
Called *THE AFTERMATH*.'

It was the subtitle which set me into doggerel mode, with its intimations of a misty, declining autumn. Part I was indeed a deliciously full squirrel's granary. An aftermath, a second mowing, might indicate a deterioration – historical gleanings, or even silage. But not a bit of it. It is full of good things, even though it does, in many articles, get very close to the unhistorical present day. For instance, in David Healy's article on 'The History of British Psychopharmacology', we reach the 1930s by the fourth paragraph. His account has the autumnal gusto of the hunt, with hares and cubs and a pack of very young hounds baying loudly at each new scent. He discusses one current development, the marketing of nosological entities in tandem with a drug – encouraged by DSM-III and IV, the biggest marketing enterprise in psychiatry – 'atypical depression and MAOIs', 'clomipramine and OCD' for instance. He omits a modern worm in the bud, scientific fraud, by no means confined to psychopharmacology: but it is no accident that one of the two authors of the main British book on the subject was, for many years, the Medical Director of the Association of the British Pharmaceutical Industry. In contrast, the Parry Jones's scholarly review of eating disorders is based on 360 cases covering the years 1500–1936. I learn that 'bulimia' was described in the 17th century, and that two disorders: *mercyism* (rumination) described by Harvey's Paduan teacher, and *malacia* (*Pica*), described by Hippocrates, remain to be rediscovered and raised to a higher profile.

The 29 chapters – all informative and well written – are grouped under three headings: 'Clinical practice'; 'Professions, areas and institutions', and 'People' – but these are arbitrary and not particularly enlightening. Another approach might be 'national': there are good accounts of developments in Ireland and Scotland, and another on the contributions of immigrant German psychiatrists in the 1930s. A persistent theme is the effect of war, and particularly the two great European wars, on every aspect of psychiatry and its related professions, such as psychology and nursing. The contributions on this theme all make for fascinating reading, none more so than Ben Shephard's account of the