

tends to be used to fit each case. This seems at odds with the rigid framework of the book.

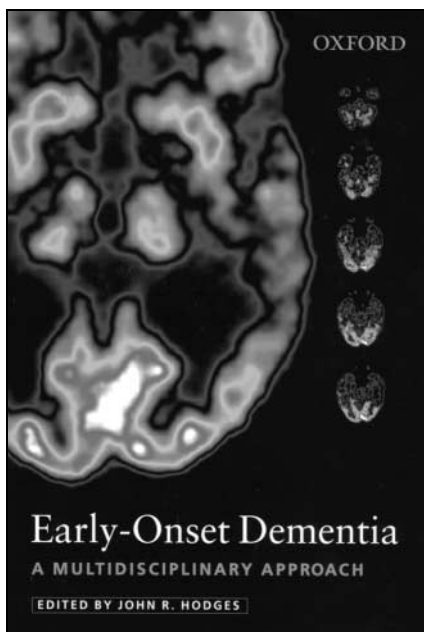
I liked the chapter on quality assurance and the need to allow for innovation and imagination and to not be imprisoned by treatment protocols.

This is a very inclusive book and not easy to read. It could be useful as an overview of treatments in child psychiatry or as a reference for reading up on possible actions in certain situations. Although there is an extensive bibliography, it is almost all in German. My preference would be for a more straightforward textbook and a range of specialist texts for the detail.

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### Early-Onset Dementia: A Multidisciplinary Approach

Edited by John R. Hodges. Oxford: Oxford University Press. 2001. 478 pp. £75.00 (hb). ISBN 0 19 263034 2



Early-onset dementia is an important area for clinical practice and research and tests the mettle and resources of both old age and general adult psychiatrists. The impact of early-onset dementia on sufferers and their families can be devastating. All the more reason to be practised and knowledgeable in approaching its diagnosis and treatment.

John Hodges's book consists of 20 multi-authored chapters on different aspects of early-onset dementia, from epidemiology through assessment and diagnosis to management. Each chapter ends with a number of key points. A comprehensive synthesis of clinical and basic aspects of early-onset dementia is presented. The reference list is comprehensive in relation to early-onset dementia as contrasted with Alzheimer's disease or dementia in general. The text is amply augmented by tables, images and illustrations. The chapter on clinical assessment and bedside tests is particularly useful. Other outstanding chapters are on neuropsychological assessment and neuroimaging.

The book does have some gaps. An area that I would like to have seen covered is the clinic model and how it works in a truly multi-disciplinary fashion. In this regard, Hodges refers us to another textbook but a critical appraisal of the Cambridge model and alternatives could have pointed providers setting up early-onset dementia clinics in the right direction. Also, a chapter on service provision beyond the memory clinic model and how we should be moving forward in this direction would have been helpful in informing opinion in this much neglected area. Carer burden can be extreme in early-onset dementia and some consideration of this topic and advice on management from a multi-disciplinary perspective would also have added to the value of the book.

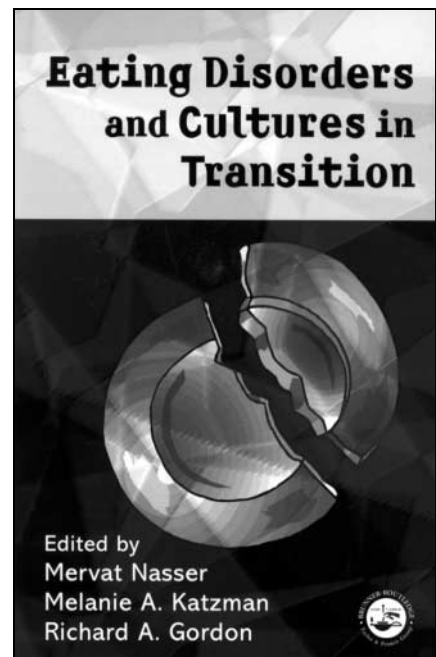
However, this is a book that I expect to use regularly and profitably. I would recommend it to anyone with an interest in dementia and to those of us who work in memory clinics and continue to be challenged by our early-onset dementia cases.

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### Eating Disorders and Cultures in Transition

Edited by Mervat Nasser, Melanie A. Katzman & Richard A. Gordon. Hove: Brunner Routledge. 2001. 201 pp. £30.00 (hb). ISBN 0 415 22859 X

The three editors of this interesting book are authorities on eating disorders and each



has wide experience of sociocultural issues. They bring together authors and perspectives from around the world to provide the cutting edge of opinion.

The book is organised into nine main chapters, each answering a different question. Each chapter is followed by two commentaries, one written by a clinician and the other by an expert from fields such as sociology, economics and anthropology. The purpose is to create debate about each of the questions posed. As none of the chapter authors had seen the responses before the book went to press, the views expressed in the chapters have not been influenced or altered by the commentaries. The use of commentators from widely differing disciplines is very thought-provoking and fosters involvement in the debate.

The questions posed are diverse. Topics include the notion of eating disorders as culture-bound syndromes, the recent emergence of eating disorders in Black South African women, the meaning of self-starvation in China, as well as the possible political and economic meanings of the pursuit of thinness in Argentina. The identity struggle of women in changing societies is a recurring theme and is proposed as a possible factor in the increase in the incidence of eating disorders. However, there is little robust evidence with which to compare current levels of eating disorders, as most epidemiological studies on eating disorders are relatively recent.

Although many of the clinical accounts focus on local issues, they are surprisingly

easy to read, and this is indicative of the similarities in clinical thinking around the globe. The commentaries by the non-clinicians raise many more questions. For example, Penny Van Esterik introduces the different perspective taken by anthropologists. She states that anthropologists 'look at eating disorders from a holistic comparative perspective, placing them in the context of food systems, gender systems and kinship systems'. She also proposes that anthropologists become involved with psychologists to examine eating disorders further.

The arguments in this relatively small volume are weighty and the debate is scholarly. They illustrate the fascination of sociocultural models of eating disorders and provide an excellent source of references for further study and research. Although it does not make light reading material, I would recommend this volume to anyone interested in sociocultural aspects of mental disorders.

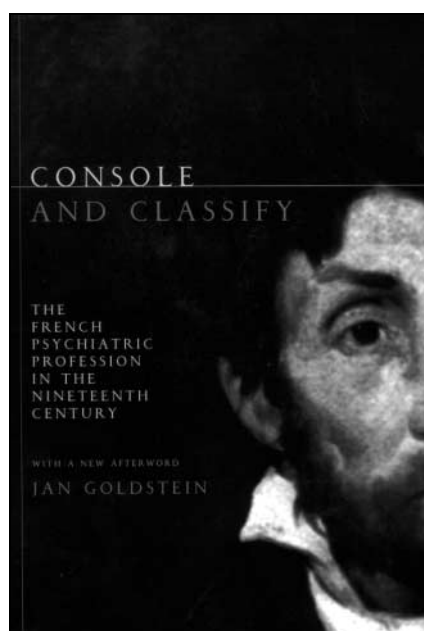
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### **Console and Classify: The French Psychiatric Profession in the Nineteenth Century**

By Jan Goldstein. Chicago, IL: University of Chicago Press. 2001. 432 pp. US\$50.00 (hb), US\$20.00 (pb). ISBN 0 226 30160 5 (hb), ISBN 0 226 30161 3 (pb)

This book is a reprint of a classic work of historical scholarship, which examines key figures and events in the history of French psychiatry. Although the names of Pinel, Esquirol and Charcot are well known, this volume provides a detailed picture of their intellectual, political and cultural background. It begins with the birth pangs of French psychiatry in the early days of the Revolution, when Pinel was writing his ground-breaking *Traité Médico-Philosophique*, and goes on to consider the rise and fall of the concept of monomania. It describes the Law of 1838, which ushered in a nation-wide asylum system, and concludes with the glory days of Charcot and his clinical demonstrations of hysteria at the Salpêtrière. This was an era when French psychiatry was pre-eminent and students came from all over Europe and America to study in Paris. The title, *Console and*



*Classify*, reflects the twin origins of French psychiatry in religion and medical diagnostics. From Catholic pastoral care, clinicians adopted the concept of offering consolation and reassurance to the patient. In parallel, they also strived to develop a satisfactory classification of insanity.

The figure of Philippe Pinel is sympathetically discussed and the passages dealing with his treatment of patients are probably the most interesting in the book. Pinel's *Traité* of 1801 introduced a fundamental psychiatric innovation; moral treatment. In contrast to the prevailing reliance on physical measures, he emphasised methods that engaged the intellect and emotions. Pinel did not claim to be original – the English physician Francis Willis had used such methods in his treatment of King George III – but he did claim that he was the first to explain in detail the practicalities of moral treatment. Pinel's *Traité* was composed of 'little stories' or clinical anecdotes, which provided 'shared examples of successful treatment'.

Although historians have warned against anachronistic readings of the past, many of Pinel's techniques will strike the modern clinician as very familiar. For example, he held that the 'lunatic' was not absolutely deprived of reason and was amenable to psychological interventions. He advocated the use of diversion and distraction in the 'combating of delirious ideas'. Elsewhere, he used more theatrical methods, which he dubbed 'medicine of the imagination'. He described the case of a guilt-ridden tailor who believed that he was

condemned to death. Pinel staged a mock trial and 'acquitted' the patient, who improved, but, alas, only briefly.

Pinel's pupil, Esquirol, championed the concept of monomania, and its spectacular adoption and subsequent rejection by the psychiatric community illustrate the role of social and political factors in diagnostic fashions. Some of the stormiest debates about its validity took place in the courtroom, where it was being advanced as an insanity defence, a line particularly pushed by one of Esquirol's followers, Georget. Critics responded sceptically that it merely provided a pseudo-scientific excuse for criminal behaviour. The latter part of the 19th century saw another change in nosological fashion with the re-emergence of hysteria, a diagnosis which was increasingly applied to women admitted to the Salpêtrière during the 1880s.

The book shows how psychiatric ideas seeped into general culture, for example, in the writings of Balzac, Zola and Flaubert, whose *Madame Bovary* was popularly perceived as the portrait of a hysteric. Partly in response to what he saw as the secular and positivist claims of psychiatry, Huysmans wrote his occult novel, *Là-Bas*.

Although written in the rather dry academic style favoured by many professional historians, *Console and Classify* deals with a crucial period in the development of psychiatry and is of great interest, both in its depiction of iconic figures from psychiatry's past and in its demonstration that many of our current ideas about mental illness were being discussed 200 years ago.

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### **Handbook of Cultural Psychiatry**

By Wen-Shing Tseng.  
San Diego, CA: Academic Press. 2001. 855 pp.  
US\$149.95 (hb). ISBN 0 12 701632 5

Culture can be conceived of as a complex construct of socially transmitted ideas, feelings and attitudes that shape behaviour, organise perceptions and label experiences. Culture affects various aspects of mental health – the conception of personal identity, communication styles, gender and family roles and beliefs and rituals. It also influences