outer space. His recollection of this period is of mental exhaustion with an increasingly powerful understanding of a secret world unknown to others.

Twelve years ensued with involuntary admissions to psychiatric hospitals. Guilt, the need for penitence and dread became more prominent; voices argued within his head. Insulin coma and tranquillisers were given. Drug treatment conferred major benefits, renewing creativity, but he discontinued medication for a reason not usually proffered to psychiatrists: "If I take the drugs I stop hearing voices." Eventually he was accepted home by his wife and allowed to attend Princeton informally.

During his 40s and 50s Nash and others noticed a gradual weakening of his psychosis. He still experiences abnormal thoughts and voices, though with minimal intensity. He now recognises their unnaturalness and rejects them, or wards them off by avoiding reflection on subjects, such as politics, that have provided a focus for psychotic beliefs.

What trick of genes or environment cruelly ensured that a son of Nash developed schizophrenia when 13 years younger than his father had been? Or determined that an illegitimate son, who spent his early years in a succession of foster homes, escaped the illness? More hopeful is the reminder that schizophrenia can substantially and spontaneously improve, even while untreated. Also reassuring is the success of medication, while it was taken, in dispelling both positive and negative symptoms and restoring talent. Credit should be given to his wife and to Princeton. Their tolerance and understanding are patently the opposite of strong expressions of emotion.

The biographer portrays mathematicians as usually remote or odd, citing examples that include the mental illnesses of Newton and Gödel. Yet her case is not proven; indeed she describes several practical and well balanced colleagues of Nash. With this minor reservation I recommend her sensitive account for professional and lay readers alike.

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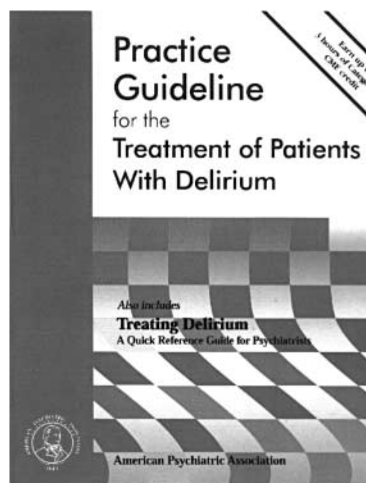
## Practice Guideline for the Treatment of Patients with Delirium. Also includes Treating Delirium: A Quick Reference for Psychiatrists

By the American Psychiatric Association. Washington, DC: American Psychiatric Association. 1999. 64 pp. $22.50 ISBN 0-89042-313-X

This is the tenth in a series of practice guidelines published by the American Psychiatric Association and has been produced by consensus forming among experts in the field of delirium. I think the guidelines are excellent, providing a useable and welcome review of the management of delirium, as well as showing the direction developments in the management of this condition are likely to take us. They are well written, as well as up to date with the latest trends in our understanding of the outcome of delirium.

The guidelines discuss and outline the causes, investigation and management of delirium from the medical, psychiatric and environmental perspective. They are backed up by a quality review of the evidence base in the literature. The guidelines cover almost all the key areas of importance in delirium and give advice on the choice of therapeutic agents and other interventions. My only disappointment is that they do not really mention the differentiation of delirium from dementia, which is an important problem in the management of both conditions (Macdonald & Treloar, 1996). Topics even included a discussion of electroconvulsive therapy and delirium (only possibly indicated in the neuroleptic malignant syndrome). In addition, as is so often the case the guidelines highlight some of the differences between US and European psychiatry. Here is discussion of the use of restraints; interestingly, they are considered particularly safe for elderly people because of the lack of drug interactions, but it is admitted that fractures are a special risk in this group. More importantly, even though a solid evidence base for newer drugs is awaited, the guidelines show that we are now moving towards the use of physostigmine and other cholinesterase inhibitors in the acute management of delirium. In many ways the management of delirium has always been one of passively containing the problem until it either goes away or progresses to dementia. Now, we can see the beginnings of the active management of delirium with, hopefully, improved outcomes as a result.




I think this work is the best review I have seen of delirium and would recommend it for all libraries that postgraduate psychiatrists and physicians use. It would be a very useful standard resource for old age psychiatrists as well. As ever, we will need to help our medical colleagues find out more about delirium, and this book may well be helpful in this respect.

Finally, there is a useful *Patient and Family Guide for Delirium* included. I know of many families who would like to have such a document while they watch their relatives struggle through a delirious process.

## Reference

MACDONALD, A. J. D. & TRELOAR, A. (1996) Delirium and dementia: Are they distinct? *Journal of the American Geriatric Society*, **44**, 1001–1002.

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## Clinical Research in Psychiatry. A Practical Guide

Edited by Stephan Curran & Christopher Williams. Oxford: Butterworth-Heinemann. 1999. 156 pp. £17.99 (pb). ISBN 0-7506-4073-1

Less than a third of specialist registrars make full use of the research time allocated to them during the four years of their higher training, and this book could have been dedicated to the other two-thirds who do not. A sentiment of 'no excuse will really do' weaves its way persuasively through the text. Each contributor works hard to promote the benefits and personal rewards of research on the one hand, while tackling head-on those commonly encountered obstacles which can transform the most enthusiastic, even euphoric researcher gripped with inspiration to answer a question which really interests them, into a frustrated and weary one disillusioned by the inevitable problems and pitfalls which will befall even the most carefully conceived projects.

Practical, task-focused and concise chapters describe many of the separate components of a research project from its conception to conclusion, including designing and undertaking a literature search, planning and writing a study protocol, identifying collaborators, assembling a project team, obtaining grants and disseminating results. The reader will understand that these authors are just as familiar with the challenges of research work as they are with its pleasures. One message comes across loud and clear: challenges are there, and will



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