

and psychotherapies, with the threat that rationalism poses to our sense of identity.

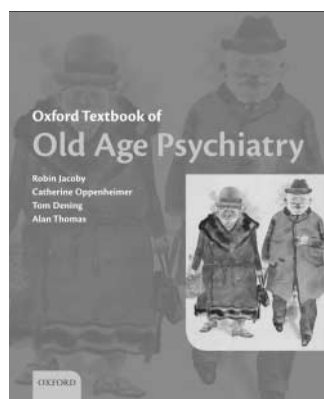
The scientific approach was first widely used in an attempt to elucidate the nature and causes of serious mental illnesses such as Alzheimer's disease and schizophrenia. The scientific techniques are now being applied to understanding normal psychology and to areas that have historically been within the province of non-scientific disciplines such as moral philosophy. There is an intuitive fear that rationalism is potentially all-consuming and that the things that give value and purpose to our lives, such as morality, emotions and free will, may be diminished or even negated by scientific scrutiny. Some, including Donald Mender in this volume, hope that quantum theory may offer a scientifically respectable haven from deterministic causation and that this will allow 'existential authenticity' to be reconciled with science. This is a highly problematical position as it is difficult to see how quantum indeterminacy offers anything other than randomness.

A concern frequently expressed in this book is that science and rationalism are potentially dehumanising. The paradox is that rational thinking is the characteristic that distinguishes us, more than any other, from other creatures and therefore makes us distinctively human. There is a fear that there is something undignified and demeaning about taking a reductionistic approach to human problems. This is a real, but avoidable, risk. In one of the essays in this book, Karen Iseminger and Dale Theobald describe how computer-aided monitoring of symptoms in patients with cancer can be sensitively combined with qualitative, face-to-face assessment.

The application of the scientific model to psychology and psychiatry is growing rapidly and will create new and challenging moral dilemmas. Anyone who is interested in this area (and that should include all mental health professionals) will enjoy and learn much from this book.

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Oxford Textbook of Old Age Psychiatry

By Robin Jacoby, Catherine Oppenheimer, Tom Denning & Alan Thomas. Oxford University Press, 2008. £59.95 (pb). 640pp. ISBN: 9780199298105

After working as an old age psychiatrist for 30 years, I have experienced a change in old age psychiatry from a psychiatric subspecialty, dominated by a close band of charismatic pioneers, to a faculty with close links to many other clinical and non-clinical disciplines. The wide-ranging and topical nature of the subject is clear in this book which was 'highly commended' in the BMA

Medical Book Awards 2008 – an accolade that is well deserved. This is the 4th edition, albeit under another name, of an indispensable textbook *Psychiatry in the Elderly*. Earlier editions have been well-thumbed aids to my daily practice, but this new volume is completely revised with additional editors and it offers an even richer range of topics and authors, so that practitioners will definitely wish to add it to their personal bookshelves.

The book is divided into five sections. The first concentrates on the basic sciences underpinning the practice of old age psychiatry. These well-referenced and scholarly chapters contain some surprising topics, such as a fascinating account of brain development, as well as more standard themes.

The section on clinical practice includes wider discussion of different psychological treatments of older adults than is the case in previous editions. In particular, Jane Garner provides a welcome review of psychodynamic theory and practice from Freud, Jung and Erikson onwards, challenging the orthodox utilitarian view that older people are too rigid or impaired to be suitable for psychotherapy. Other chapters offer excellent introductions to cognitive, interpersonal and family therapies. These chapters are complemented by a timely discussion of non-pharmacological intervention in care homes. Work in this area is complex as the residents are among the most frail and vulnerable patients, staff are often undervalued in pay and training, and pharmacological treatments are of limited benefit and increase morbidity. Professor Dawn Brooker in a chapter on person-centred care approaches with clarity this often misused concept, stimulating reassessment of traditional practice.

Psychiatric services are explored in section three, ranging from underlying principles to service developments such as memory clinics and liaison old age psychiatry; the chapter on building design has been rewritten. Services are evolving fast and textbooks are a long time in gestation. So, for example, the next edition might need to take into account the impact of the National Dementia Strategy on memory services. Also, more evidence may have accumulated to justify a chapter dedicated to the effectiveness of assistive technology in individuals with dementia.

Specific disorders are well covered in the next section, with reviews of a wide range of topics, including moving personal accounts of the experience of being diagnosed with dementia or experiencing an episode of psychotic depression. The subtypes of dementia are explored and there are excellent chapters on the functional disorders. I found the chapter on alcohol and substance misuse in the elderly very informative. The breadth of cover is illustrated by the inclusion of Tony Holland's contribution on older people with intellectual difficulties and by the instructive chapter on sleep disorders.

The last section of the book deals with sexuality, ethics and medico-legal issues. The writing is clear and authoritative, making this section a valuable resource for clinicians. I will also use the chapters on testamentary capacity and driving as an educational aid for trainees in psychiatry. It would be useful in future editions to include a chapter focusing on the impact of the Bournewood and subsequent judgements on mental health law.

This new edition remains an indispensable resource for practitioners. On a minor point, I do retain affection for the thicker paper and more manageable feel of the 2nd edition, but perhaps that reflects my own stage of life!

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