mise. The authors do not deal with some of the knotty realities of ECT, such as the substantial cost, particularly given the necessity to have an anesthesiologist present. They also do not deal with the issue of whether ECT may be associated with higher costs because patients may be hospitalized at the beginning of a course of ECT, when they would otherwise not need to be admitted to a hospital. Also, the writing itself at times is verbose, uncritical, and repetitive. All of these factors conspire to make reading the book a little tedious.

Despite these inelegant features, however, I can strongly recommend this book. The content is worthy and informative and will serve us well as we contemplate a future that is likely to contain increasing use of brain stimulation in the treatment of mental illness.

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SCHIZOPHRENIA

Schizophrenia in Late Life: Aging Effects on Symptoms and Course of Illness, *by Philip D. Harvey, Ph.D. Washington, D.C., American Psychological Association, 2004, 208 pp., $49.95.*

It is fully appropriate that as the elderly proportion of our population increases, we should have a book that addresses the elderly person with psychosis. *Schizophrenia in Late Life* is an excellent reference book. Dr. Harvey is a psychologist by training and has excellent experience in the study of chronic mental illness. The book is well written and highly informative.

Older people with schizophrenia are an often neglected group. The author describes the history of these patients and gives detailed information about their condition over the past 15 years. For example, elderly people with psychosis have long been shuffled into poorhouses, county farms, and nursing homes. This has made the study of this group difficult. As the asylums expanded into state hospitals, the accounting of elderly people with schizophrenia continued to be difficult, due to overcrowding and poor diagnostic techniques. Only in the last 20 years has operational study of the elderly subgroup of chronically mentally ill people been possible.

We have learned a fair amount about this condition. We see that these people are poorly equipped for the problems of later life. They have seldom been employed as young people and hence have no savings to "retire" on. Similarly, the condition of chronic psychosis usually means that no retirement contributions have been made to government programs by these individuals. As a result, the elderly person with schizophrenia is at the mercy of the least expensive care available, which sometimes results in no care at all.

Cognitive decline is often seen in schizophrenia. This is a common diagnostic problem once the person has become elderly. Many older people have dementia. This can be very difficult to sort out in the elderly person with schizophrenia if the history is unavailable. The cohabitation of demented elders and cognitively impaired elders with psychosis is commonly seen in nursing homes. In this setting, misdiagnosis and the subsequent incorrect treatment of elderly patients causes a multitude of problems.

Even before coming to old age, the elderly person with schizophrenia has had a number of treatments not shared by elderly people without chronic mental illness. Neuroleptic use (with possible tardive dyskinesia) is common, and ECT and even psychosurgery occur often in the histories of elderly patients with schizophrenia. Many former treatments lead to complications in the assessment of cognitive decline. As these people come into treatment settings, triage and care must be provided.

This is a complex group of patients. They bring histories of unemployment, family chaos, and serious medical problems. They need treatment, housing, and care, but they have limited resources of their own. The huge cohort of elderly mentally ill is growing and will do so for several decades. They produce a challenge for the geriatrician and for society in general. Dr. Harvey articulates this topic very well. This is quite a good book and we recommend it.

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Dopamine in the Pathophysiology and Treatment of Schizophrenia: New Findings, *edited by Shitij Kapur and Ives Lecrubier. London, Martin Dunitz (Independence, Ky., Taylor & Francis, distributor), 2003, 260 pp., $59.95 (paper).*

Few paradigms in psychiatry have shown the resilience of the dopamine hypothesis of schizophrenia. Thirty years after the demonstration that the blockade of dopamine receptors is the common denominator underlying the effects of antipsychotic drugs, this neurotransmitter system remains at the heart of current research. In 2002, on the 50th anniversary of the introduction of antipsychotics, a meeting was held in Montreal, gathering European and North American leaders in the field of dopamine and schizophrenia research, who shared and updated current knowledge on the subject. The results of this enterprise are embodied in pages of this attractive yet dense book.

The 12 chapters, each by different authors, offer a comprehensive picture of the present state of research. A number of different topics and points of view are brought up, sometimes stirring controversy between the authors. This book provides, among other material, a summary of the historical background of the dopamine hypothesis and its successive formulations, showing that we are a long way from the first formulations, which implied, somewhat naively, that schizophrenia can be reduced to dopamine mesolimbic hypersecretion. The chapter authors caution against such a monolithic view, and the content of the book reflects this concern.

Plausible models of interaction between dopamine and glutamatergic systems are described in chapters 1 and 2, and the importance of other neurotransmitter systems and receptors, especially serotonin, is detailed in chapter 9. Abi-Dargham reviews the recent evidence from brain imaging studies pointing toward a dopamine imbalance at a limbic level and once more confirming the role of dopamine in schizophrenia. As one would expect, the current hypotheses about the neurobiological basis of atypicality are explored, especially the apparent paradox of amisulpride, which has a