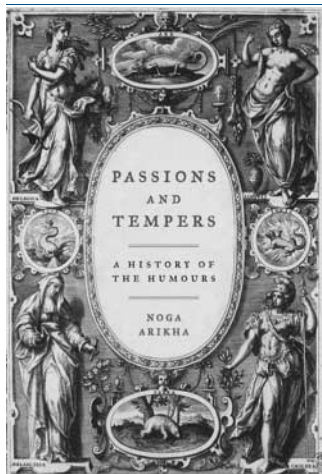


Book reviews

Edited by Sidney Crown, Femi Oyeboode
and Rosalind Ramsay



Passions and Tempers: A History of the Humours

By Noga Arikha.
Ecco (Harper Collins). 2007.
376pp. US\$27.95 (hb).
ISBN 9780060731168

The 'theory of the humours', says this author, 'remained an inexact but powerful tool for centuries, surviving scientific changes and offering clarity to physicians'. Whether that clarity ever led to real understanding, though, is a question to which there is still no simple answer. Dr Arikha, an historian with polymathic interests, is described here as intertwining 'the histories of medicine, science, psychology, and philosophy' – which seems a good way of starting this exploration.

The story is important to psychiatrists because, as Arikha well describes, for well over 2000 years, humoral theory was used to portray most aspects of a person's character, psychology, medical history, tastes, appearance, and behaviour. Though Harvey's discovery of the circulation of the blood is said to have started undermining the theoretical credibility of the humours in the 17th century, some medical manuals were still recommending treatments on this basis in the early 1900s. If one extends the concept, it is suggested here, today's hormones, neurotransmitters and other particles can be seen as multiplications of the humours, though losing the overall simplicity of the four originals.

Successive sections of the book deal with antiquity (from Hippocrates and Galen), the Eastern middle ages, the Western (with apothecaries and alchemists), the Renaissance, the first scientific revolution, early modernity (including the birth of psychiatry) and from the early 20th century to today. There are 30 illustrations, not all of high quality, as well as primary and secondary references for each chapter and a reasonable number of explanatory endnotes. Psychiatrists will no doubt find more interest in the later chapters, though a longer historical view seems enough to encourage medical humility: 'it was not much more comfortable to fall ill [in the later 18th century] than it had been in the fifteenth'.

Hippocrates had been the first to set out a 'regimen for health', based on the principle of humoral balance, whose advice on diet, purging, bathing, bleeding, alcohol and sexual relations was to remain influential for immense periods ahead. It can still be seen in the programmes of expensive health resorts.

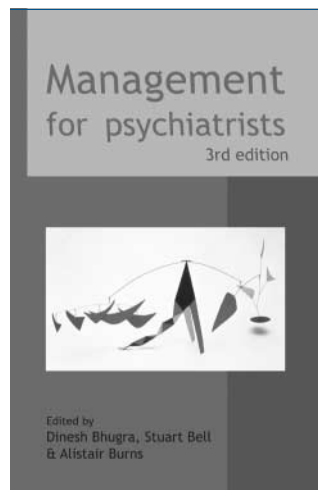
It is admitted that a history of the humours 'is not a history of the modern neurosciences', but the author claims that recent psychiatry was borne on the back of concepts strongly influenced by humoral theory, notably the melancholic and phlegmatic

temperaments, which reappeared in Eysenck's dimensions of personality. Arikha sees neurotic depression as the 'closest modern incarnation of the natural sort of melancholy described by Burton' in his classic work. She identifies a 'constancy in the structure of intuitive explanation', whereby the way people represent health and illness to themselves still shows evidence of humoral thinking.

Not every reader, though, will be fully convinced that there has been as much consistency as this view of medical history promotes. There are also some simplistic judgements which some would wish to qualify. The book's most useful place is as a companion to more systematic treatments of the history of psychiatry.

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Management for Psychiatrists (3rd edn)

Edited by Dinesh Bhugra,
Stuart Bell and Alistair Burns.
Royal College of Psychiatrists. 2007.
438pp. £30.00 (hb).
ISBN 9781904671497

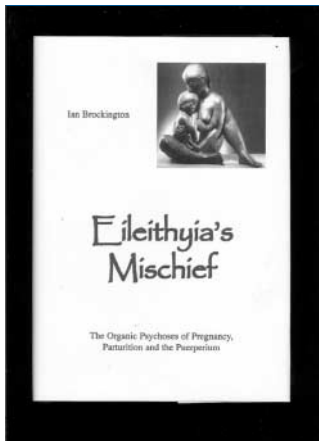
This is an ambitious book that tries to cover both the theory and practice of management. The target audience is psychiatrists, psychiatrists in training and other mental health professionals who wish to learn more about management, and managers who want to learn more about the interface with clinicians. Reaching a third edition is testimony to its usefulness. The gap between the second and third editions is, however, long and has seen massive (and continuing) change in the way in which the National Health Service is managed. This change inevitably causes major problems for any book seeking to deal with the details of health service management and, appropriately, a whole section of the book (Part II) is devoted to 'Changes and conflicts'. In fact, the first part of the book ('Theoretical overview') also contains a great deal about change, for example the chapters devoted to planning the medical workforce and the National Service Framework for Mental Health.

The entire book is (potentially, at least) useful, some of it is interesting, and several chapters are stimulating and even entertaining. Outstanding in this respect is Mark Salter's sometimes contentious but always lively advice on 'Surviving as a junior consultant'. I also found the chapters on planning for the medical workforce (Sally Pidd) and managing the psychiatrist's performance (David Roy) particularly interesting. Least readable was the chapter on developing community care policies, the second part of which consists largely of a list of documents and websites that would have been better relegated to an appendix.

The book attempts to be fairly comprehensive, even including chapters on special issues in England, Northern Ireland, Scotland and Wales. References vary from chapter to chapter and sources are not always acknowledged; in the case of Sir John Whitmore's 'GROW' model this is a shame because the original work is such a gem. Another issue with respect to comprehensiveness (despite Alistair Burns as co-editor) is its over-emphasis on working age adult (general) psychiatry as compared with old age or child and adolescent work. A little more on the major specialties would have been welcome. Minor criticisms aside, this is a useful work. I can think of no other introduction to management for psychiatrists that is so wide in its scope. Inevitably, in a multi-author book dealing with such a complex and fast-changing situation, it is patchy. Nevertheless, for the final-year trainee, the consultant new to management or the 'old hand' wanting to brush up on areas that have changed in the past few years, it is a welcome and useful 'bench-book'.

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doi: 10.1192/bjp.bp.107.047084



**Eileithyia's Mischief:
The Organic Psychoses
of Pregnancy, Parturition
and the Puerperium**

By Ian Brockington. Eyr. 2006.
£100.00 (hb). 329pp.
ISBN 9780954063320

Before reading this book I had not heard of Eileithyia, divine midwife of the Greeks, never mind her mischief. This may be an indictment of the comprehensive school system but it is not just in relation to the Greek Gods that it provides an important education.

Professor Brockington takes as his subject a group of conditions that, although now rare in the West, represent a major source of morbidity in many parts of the world – the organic psychoses of pregnancy and childbirth. His dedication is to those mothers in Africa, Asia, South and Central America and the Middle East who still suffer from these forgotten diseases.

It is a limited edition of just 100 copies, beautifully hand-bound, self-published and, to borrow a phrase from the lager advert, 'reassuringly expensive'. It is unlikely, therefore, to be a book you will read or even stumble across in your medical bookshop or library. This, I believe, is a shame, as despite the specialised subject area and weight of scholarship it is a surprisingly good read. In addition to chapters considering expected conditions such as infective and eclamptic psychoses, within its covers are fascinating accounts of women with the unusual and sometimes bizarre – unconscious labour, parturient rage and even delivery after death (*Sarggeburt* – coffin birth).

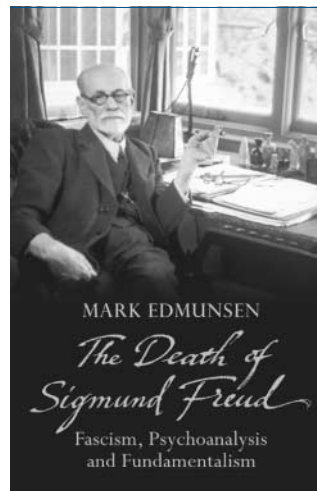
What is most impressive about this book is the depth of research. The author visited 20 countries across 4 continents to consult literature from the past 300 years. On a number of occasions he was the first to cut the pages of important historical publications – one example from 250 years ago. This approach to scholarship has become unusual in the age of internet searches and online publication. It serves as a reminder that 'the literature' is more than what has been published in English in the past dozen years, and of what can still be learnt from carefully documented clinical observations, whenever published.

A vital message is the large number of causes of unusual symptoms or behaviour occurring in relation to childbirth, and the importance of not automatically labelling them as psychological or psychiatric. This lesson is particularly true for those with a psychiatric history and is reinforced by the confidential enquiries into maternal deaths that described a number of deaths where serious medical problems following labour were misdiagnosed as psychiatric problems. It reminds us that, as doctors, a primary task is to make accurate diagnoses.

The author subscribes to the view of M. Paul Bar (1904) whom he quotes in the introduction: 'puerperal mental disorders must be rigorously classified if they are to be studied effectively'. Nosological confusion has led to serious problems in perinatal psychiatry research and must be a priority for the field to address with ICD-11 and DSM-V currently under consideration. Detailed scholarship, such as that evidenced here, can only help us along that road and I look forward to the author's forthcoming book on the puerperal psychoses.

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doi: 10.1192/bjp.bp.107.042838



**The Death
of Sigmund Freud:
Fascism, Psychoanalysis
and Fundamentalism**

Mark Edmunsen. Bloomsbury.
2007. 276pp. £18.99 (hb).
ISBN 9870747586074

When Freud died in September 1939 from a tremendous 20-year battle with cancer and with more than a little help from his family doctor's generous injections of morphine, Londoners were busy preparing for the bombing that would inevitably follow the recent declaration of war with Germany. It is interesting that Mark Edmunsen chooses to highlight Freud's contemporary relevance through a narrative of his death, when so many commentators and psychologists today would gladly have left him buried.

The book is divided in two, telling the story of Freud and Hitler in Vienna in 1938, and then focusing on Freud's last days in exile in London in 1939. Edmunsen's central premise, that

Freud understood clearly how human beings come to abdicate pleasure, freedom and love, and willingly, happily, deliriously subordinate ourselves to authority and power, is intriguingly, even sometimes powerfully, presented, but there is little new in *The Death of Sigmund Freud* for a reader already familiar with Freud and with psychoanalysis.

Edmunsen is particularly compelling when discussing the reluctant importance that being a Jew played in Freud's life, writings and ideology, and when describing how Freud's desire to live and write conflicted with his cancer and weakness for big fat cigars. It is, in short, when Edmunsen humanises Freud that this work is most effective, as a very personal biography, of a particular man marching towards death.

In 'Vienna', Edmunsen shows Freud and Hitler in the same world, walking the same streets, circling one another, but only to show them as completely alien to one another, rather than illustrating the more remarkable case that these were, in fact, two men who did inhabit the same world and walk the same streets. For Freud, the Nazis were not a 'special invention of the Germans' (p. 83), but a particular manifestation of an inevitable human drive. What Edmunsen could have made more apparent is that while they were not a special invention of the Germans, the Nazis were an invention, a technology that was, like the radio or the automobile or the theory of relativity or psychoanalysis itself, particular to a certain culture and point in time. Freud was not surprised that the Nazis came to be a force in Europe because he understood human nature, and also because he understood his age.

That Freud's ideas are relevant today should also not come as a surprise to anyone, and really should hardly need restating, since Freud's world is our world too: a world of fascism and fundamentalism. We flatter ourselves if we think that our world, our problems, our fascists and fundamentalists are so different from his. That all of this is not made immediately apparent in *The Death of Sigmund Freud* is, I think, at least in some part due to the Freud with which Edmunsen presents us. In any biography the subject is reconstructed by the author, though this is truer for no-one more than Sigmund Freud. Edmunsen's chosen Freud is the romantic hero, the man who often stands apart and rebels against the petty restrictions and regulations of his culture. Since Freud, or at least a part of Freud, liked to see himself in this way, Edmunsen's portrayal is not unjust, and it is certainly a character with whom we have become familiar over the century of Freudian scholarship. It is just that this portrayal of Freud somewhat clouds our understanding of the historical Freud, and an appreciation of how his ideas work, then and now. Further danger of indulging too much in the romantic view of Freud is that it opens the door to exactly the sort of tyranny that Freud warns us to avoid, and which Edmunsen otherwise intelligently addresses: the overinvestment in the hero and the abandonment of ambivalence for the easy comforts of authority.

Edmunsen's conclusion is somewhat confused, mirroring too often I think Freud's naïve and vain belief in Enlightened 'civilisation' with Edmunsen's own naïve and vain belief in 'democracy', and I suppose that it is unfair to expect Edmunsen to provide a thorough consideration of the socio-economic bases for modern fundamentalism, but his conclusion offers narrow views of some more potentially difficult and complex issues.

I would dearly have liked to have loved this book, but I do not because it does not sufficiently challenge my understanding of Freud, psychoanalysis, a certain historical moment or the modern world. However, as an introduction to Freud, Freudian theory and Freudian thinking on group behaviour, it is exceptional: clear, accessible and intriguing. This book about the death of Sigmund Freud will make Freud come alive, and provide a good launching

point to go and then read Fromm and Winnicott. Or, even better, to go and read more Freud.

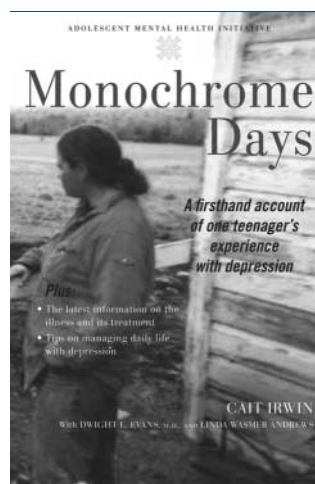
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doi: 10.1192/bjp.bp.107.047746



Trouble in My Head: A Young Girl's Fight with Depression

By Mathilde Monaque.
Vermillion. 2007. 176pp. £7.99 (pb).
ISBN 9780091917239



Monochrome Days: A Firsthand Account of One Teenager's Experience with Depression

By Cait Irwin with Dwight L. Evans
& Linda Wasmer Andrews.
Oxford University Press. 2007.
184pp. £17.99 (hb).
ISBN 9780195310047

Autobiographical accounts of illnesses and disorders have enjoyed huge popularity in the past decade. There has been a glut of publications of every sort; on every conceivable condition, from the points of view by every conceivable person concerned with the disorder. There have been numerous reasons advanced for why a person would share in print, experiences that have caused them considerable distress. Cait Irwin in *Monochrome Days* candidly admits to using it as personal therapy whereas Mathilde Monaque is at some pains to stress her altruistic credentials in ensuring the redemption of her readers. The differences do not end there.

Irwin's tone is measured and her prose lucid. She does not need to take refuge in hyperbole or a sensationalistic need to 'shock' her audience into awareness and acceptance. Her account is reinforced throughout by sound evidence base from a psychiatrist done in a very naturalistic fashion within the text. The use of a journalist to investigate and report on male depression is intriguing but understated.

There are valuable pen pictures of the internal landscapes of depression as befits an artist and author. She describes a

particularly moving account of her own and her mother's thoughts prior to her first appointment with a psychiatrist. It is a salutary lesson for any mental health professional on how many unspoken hopes and fears hinge on that first contact.

There are useful lists of further reading, frequently asked questions and bibliography presented in a very non-intrusive fashion. At no point is there a feeling of sterile facts blandly laid out in the manner of regulation health promotion fact sheets.

The only minor irritant was the grey sidebars of information about males with depression that interrupt the text. Even in acknowledging the need for the material, I found their content distracting me from the thrust of the main material and wished it had been done differently.

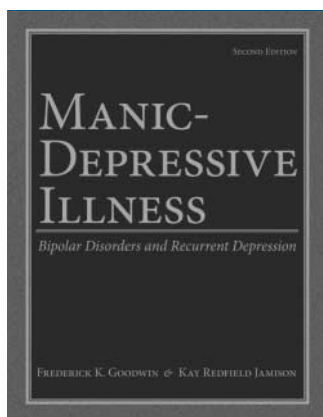
Very different were both the style and content of Monaque's account of her 'fight' against depression. Even accounting for an average adolescent's self-absorption it is difficult to escape the feeling that this book is a self-indulgent rant. Her tone alternates between being condescending and contemptuous. The egocentric account leaves the reader with very little information on depression but with a great deal of extraneous information on what it is like to be Mathilde Monaque. The pathos of the account is purely unconscious: that of a young person surrounded by a prickly hedge of defences and rationalisation, afraid to connect with her audience. The discovery of her being a 'gifted' adolescent goes some way towards explaining her alienation but does not explain the anger that runs through her narrative. The subtext of an eating disorder further muddies the waters.

It is difficult to assess how this book would be read by its presumed adolescent audience but I would have some misgivings in recommending it, given the little value it places on the treatment process. The best of this book is the very sincere afterword by her psychologist which gives a succinct account of adolescent depression and is a reflection of a relationship of trust between a troubled adolescent and a concerned adult which is probably the cornerstone of all successful therapy.

I could not have been asked to review two books on the same topic that approached the subject matter more differently – one I would readily use for psychoeducation but the other is what I suspect an adolescent would actually read and empathise with.

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doi: 10.1192/bjp.bp.107.046417



**Manic-Depressive Illness:
Bipolar Disorders
and Recurrent Depression
(2nd edn)**

Frederick K. Goodwin
& Kay Redfield Jamison.
Oxford University Press. 2007.
£60.00 (hb). 1288pp.
ISBN 9780195135794

The first edition of this book appeared in 1990 and it rapidly became the standard work on bipolar disorder. Some of the tables are still very useful as reviews of specific topics. However, since

1990 there have been changes and advances, including broadening of the clinical concept into a spectrum, accumulating neuro-psychological studies, use of functional imaging, emerging molecular genetic findings, much expansion in clinical use of anticonvulsant mood stabilisers accompanied by better evidence, and a recent burgeoning of randomised controlled trials of psychological treatment approaches. There have also been those sure signs of specialisation – a journal and a scientific association. A second edition is therefore timely.

Now part-way to being multi-authored, fifteen collaborators wrote first drafts of chapters which were then revised by the two authors. The collaborators are not attributed to specific chapters, although you can sometimes guess, and I believe it would have been better to know explicitly. The general approach is still consistent and unified.

The authors declare a Kraepelinian orientation, regarding severe recurrent unipolar disorder as closely linked to bipolar, and decrying the widening of unipolar disorder to the milder non-recurrent disorders now included in most diagnostic schemes. In truth, nevertheless, this is a book about bipolar disorder. The attempts to include unipolar disorders tend to be desultory and inconsistent, in contrast to the excellence of the bipolar material. There is, for instance, no chapter on depression in the elderly, although some of the studies of vascular depression are mentioned elsewhere. The book is generous to the newer spectrum of bipolar disorders, dismissive of the unipolar one. This is not a book that would be of use to the general practitioner to guide understanding and management for the milder cases of major depressions seen in the surgery every week.

This is a single large volume, about a third longer than the first edition, which most readers will use as a reference work. The chapter list is extensive. There are many references and summary tables of research. The references are listed by chapter in a large section at the end of the book losing the advantage of easy finding with the relevant chapter, without gaining the alternative advantages of a single unified list. For a British readership, although the references are comprehensive and international, there are some gaps. The self-help resources listed are all American, and the chapter on follow-up studies omits the two classic papers from the same issue of the *British Journal of Psychiatry*, by Lee & Murray and Kiloh *et al*, which established the high recurrence rates shown by many cases of severe, hospital-treated unipolar depression. The index is fairly large, but it is so indispensable for anyone who wishes to look up specific topics and studies that the authors might consider one day making a searchable CD-ROM of the text available.

The chapters are spacious and sometimes discursive, usually prefaced by a quotation from a patient or a classical figure, with following sections on history and methodology. Much of the material is research-oriented, with detailed summary tables of studies. In the earlier chapters I found particular highlights in those on epidemiology, genetics, assessment scales, and neuropsychology. The treatment chapters are more practical in approach, with less summary of the evidence base than in the first edition. The chapter on neurobiology is the longest, at 140 pages, and is particularly comprehensive and detailed. I would guess it to have been authored by Frederick Goodwin with Huseini Manji, a listed collaborator, since their combined credentials to look over the field are excellent. Sadly, and no fault of the authors, the field it exposes is still confused and inconclusive. A particular masterpiece is the chapter on creativity, which bears the hallmarks of having been written by Kay Jamison. Herself a person of remarkable creativity and with manic-depression, she has written most movingly elsewhere on her personal experiences, has made large scientific and educational contributions to the field, and is also

an altruist whose royalties from this book go to a foundation for public education in bipolar disorder. Her touch is also evident in the chapter on psychotherapy which is full of detailed material about the reactions to illness which the therapist needs to handle, but also manages to be current (up to 2006) in summarising the controlled trials of psychoeducation, family approaches, cognitive-behavioural therapy and interpersonal and social rhythms therapy. This chapter also gives a welcome psychosocial element to what is mainly a biological and psychopharmacological book.

Like the first edition, this is destined to be a standard reference work on bipolar disorder. There are some lesser cavils but, overall, it is a tour de force. It should again be good for 15 years, the rapidity of modern advances notwithstanding.

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Seminars in General Adult Psychiatry (2nd edn)

Edited by George Stein & Greg Wilkinson. Gaskell. 2007. 834pp. £65.00 (hb). ISBN 9781904671442

Seminars in General Adult Psychiatry as a title is slightly misleading. The Oxford English Dictionary definition of a seminar describes, 'a class that meets for systematic study under the direction of a teacher'. The key elements of seminars are groups of, usually, more advanced students actively participating in a discursive learning process. Clearly, the written word will always fall short of this definition. That being said, Stein & Wilkinson, in their preface to this second edition, try to provide direction. This large textbook (the second edition now comes in a single volume despite containing more than the combination of the two volumes of the first) is aimed at those in training for Membership of the Royal College of Psychiatrists. Daunting at first glance, the editors' guidance gives a route in, highlighting where to start reading for the novice trainee. They also give permission to skip some of the heavier, more theoretical parts of these early readings, saving them for later when they will be less overwhelming as the trainee's knowledge and experience grows.

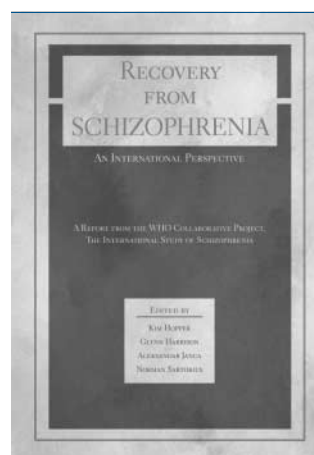
Soundly rooted in clinical psychiatry, the chapters dealing with the disorders and therapies do so in a fairly traditional style. Evidence behind therapeutic approaches is appropriately emphasised and set in a clinical context with evidence for non-drug therapies being included in this edition. It is clear from the therapeutics chapters, and also those on service provision, that this is very much a UK textbook. The references to National Institute for Health and Clinical Excellence (NICE) guidelines, mental

health legislation and the care programme approach locate it more particularly in England. That being said, NICE guidelines are not mentioned in isolation; those of the American Psychiatric Association are referenced too. These points are not highlighted as a criticism. For some, perhaps overseas trainees aiming to sit the MRCPsych, it may be an added bonus in preparing for the exam.

So does this book justify its price? There is no doubt that as a textbook for the specialism of general adult psychiatry it serves its purpose well. For trainees proceeding to the MRCPsych in particular it is a worthwhile purchase. But, like all such books, it is worth perusing a copy to see whether its style matches your learning and reading preferences. My review copy, it's worth noting, has gone straight from my desk to my trainee's as he prepares for his exams.

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doi: 10.1192/bjp.bp.107.039719



Recovery from Schizophrenia: An International Perspective

Edited by Kim Hooper, Glyn Harrison, Aleksander Janca & Norman Sartorius. Oxford University Press. 2007. 392 pp. £49.00 (hb). ISBN 9780195313673

This book is a long overdue account of a research tour de force led by the World Health Organization (WHO) between 1991 and 1996, which made a crucial addition to the contemporaneous research challenging the early Kraepelinian view that the long-term prognosis for schizophrenia was almost uniformly poor. Enormous difficulties arise when comparisons are made across multiple studies in different countries, using different sample frames, sampling criteria, periods of follow up and assessment measures, and this provided the rationale for a series of well-designed WHO multi-country studies using uniform methodology. However, such studies raise enormous problems of their own, not least the difficulties in negotiation, coordination, implementation to attain their goal and, especially in this case, publication, since this particular book had to face unprecedented challenges in finally reaching the light of day.

The International Study of Schizophrenia was a transcultural investigation coordinated by WHO in 18 centres in 14 countries, and was designed to examine patterns of long-term course and outcome of severe mental disorders in different cultures, develop better methods for studying characteristics of mental disorders in different settings and to strengthen the scientific base for future international research on schizophrenia from a public health perspective. Cohorts or participants assessed in a number of earlier WHO studies, and also local studies at three other centres, were followed up for between 12 and 26 years.

Recovery from Schizophrenia reports the combined findings and the separate findings from each centre. The central message from the study is that schizophrenia is largely an episodic disorder, with rather favourable outcome for a significant proportion of those afflicted, and that the long-term outcome for over half was quite good. Prognosis for these cohorts was better in low- and middle-income countries. Poor early course of illness was the best predictor of subsequent poor outcome, but even so a fifth with poor early course subsequently recovered. The linkage of the data to differences in local cultures, kinship networks, social support systems, local family and community beliefs, expectations and practices, health systems, and rapidly changing economies and urbanisation has raised more questions than have yet been answered. A key concern for the reader is how comparable were the original participants, given that they were drawn from a variety of studies of treatment populations 15–30 years ago rather

than from community samples. (Certainly people with chronic schizophrenia are commonly seen in low- and middle-income countries, finally abandoned by exhausted and impoverished families, and they are the one patient group with which the traditional healers I have met make no claim to have any success, in contrast to first-episode illness. The comparable effect of early and sustained support to the families of people with severe schizophrenia would seem to be well worth investigating.)

This book is a fascinating read for researchers and mental health professionals containing much to interest, educate and intrigue, and is a classic for the library bookshelf.

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