

Book reviews

The Antidepressant Era. By D. Healy. (Pp. 317; £26.50.) Harvard University Press: Cambridge, MA. 1997.

Antidepressant Therapy at the Dawn of the Third Millennium. Edited by M. Briley and S. A. Montgomery. (Pp. 350; £39.95.) Martin Dunitz: London. 1998.

In *The Antidepressant Era* David Healy charts the history of antidepressant drugs with an emphasis on the personalities involved and social factors. He describes present views about depression and its treatment in the light of the development of antidepressants and raises questions, not only about the role of pharmacological specificity in the treatment of psychiatric disorders, but also about the status of diagnosis itself. He is arguably one of the best placed people to tackle this task given his own experience in psychopharmacology and his wide range of interviews with pioneering psychopharmacologists.

There is a fascinating story to be told and he has a unique insight into the drama behind the dry bones of the authorized version that appears in standard psychopharmacology textbooks. Although the title implies a focus on the last 50 years of drug treatment, Healy paints on a much broader canvas taking what might be called the 'pre-history' of psychopharmacology and putting this into the wider social and medical context including the development of Psychiatry as a discipline in the twentieth century. There is a complex interweaving of themes in the book, which include the development of current concepts of illness and disease, the emergence of the idea of organ-specific disease and targeted treatment ('magic bullets'), the history of Pharmaceutical Companies with their roots in patent medicines and organic chemistry, government regulations increasingly moulding the direction of research, the rise in neuroscience, the development of current diagnostic systems and research methodology and, last but not least, medico-legal pressures.

Central to the story of antidepressants was the

marketing of depression itself so that we now consider it a major health priority. It is truly astonishing today to have pointed out that 'depression' was a rare condition in the 1950s with initial doubt about the commercial sense in putting money into developing a treatment so unlikely to pay back the investment. Was depression manufactured or discovered? What do we make of the proliferation of diagnoses from 180 in DSM-II to over 350 in DSM-IV? These questions are relevant to understanding the present psychiatric market place with the 'discovery' that previously overlooked disorders (e.g. social phobia) are really very common and require doctors to be more active in their identification and treatment. Posing this question naturally leads to polarized answers. On the one hand it is argued that now we have specific treatments for carefully identified disorders it is negligent to withhold treatment proven to be effective (see the discussion of the Osheroff case in the book). On the other hand, many outside the orthodoxy of medicine believe in a commercially driven conspiracy to develop markets for new drugs (aided and abetted by Regulatory Authorities) leading to a medicalization of distress, which ultimately results in more problems and unhappiness than it solves.

Healy walks a line between the extremes. He makes the vital point that the development of antidepressants in particular, and psychotropic drugs in general, must be viewed in parallel with changes in society and cannot simply be seen as a story of disinterested scientific progress. In the end, however, we are left a little uncertain as to his own position on the matter; indeed whether the issue is capable of any straightforward resolution is very much in doubt. As he points out, if the story of psychopharmacology had been different we could be surveying a very different psychiatric landscape, but not necessarily a better one.

The value of this book then is more in the questions it raises rather than the answers it provides. There will be many who do not accept aspects of his formulation (for example that

many current antidepressants may be better considered as psychenergizers or 'tonics' or his solution (deregulating medicines, partially or fully, and empowering people). I cannot do justice to the scope of his book in this review but that very scope also leads to an interpenetration of themes that left me confused at times. There were also the inevitable minor irritations including an unsettling wavering between a European and United States perspective and some minor factual inaccuracies (e.g. fluvoxamine is not the most potent 5-HT reuptake inhibitor).

Overall, I would highly recommend this book, which should be required reading for those involved in researching, developing, prescribing or regulating psychotropic drugs.

In contrast *Antidepressant Therapy at the Dawn of the Third Millennium*, edited by Mike Briley and Stuart Montgomery, is very much a statement of orthodox thinking that 'sets out to present an overview of the current and near future advances in antidepressant therapy'. It is a multi-author book that follows the familiar format of a series of independent chapters written by experts who, in general, outline their own research on a particular topic.

Ten of the 19 chapters discuss biological mechanisms involved in depression and its treatment, of which seven explore preclinical aspects. Reflecting current thinking, the emphasis is on interactions between neurotransmitters, on autoreceptor functioning (particularly 5-HT_{1B} receptors) and the growing area of neurotrophic factors. For example, there is a thoughtful attempt to provide a model that integrates 5-HT, noradrenaline and dopamine function in the treatment of depression from Tassin *et al.*, who posit increased 5-HT₂ function as having a pivotal role in the action of antidepressants (although it would have been useful to discuss how antidepressants acting as 5-HT₂ antagonists fit in). Most interesting in this section are chapters that go beyond the monoamine hypothesis. Rossby and Sulser explore post-synaptic events and gene expression although readers may be wary about the recycling of the circadian rhythm theory of depression. Grahame-Smith provides an expansive discussion of mood disorders as a reflection of abnormal neuronal adaptation in response to stress with synaptic homeostasis as a

central feature. The three chapters that explore the human biological aspects are likely to be recognized by many readers, Delgado *et al.* and monoamine depletion, Linnoila *et al.* and 5-HT and impulsivity, Cowen and 5-HT challenge tests. These chapters provide brief up-to-date summaries of the authors' studies. The remaining nine chapters include fairly standard reviews ranging from the epidemiology of depression (Angst) to treating resistant depression (van Knorring & Bingefors) via adjunctive treatment (Blier *et al.*) and suicide prevention (Mequies *et al.*). I was interested in non-pharmacological physical treatments (Kasper & Neumeister) but disappointed that neither ECT nor transcranial magnetic stimulation were discussed.

How to sum up the book? There is much useful information between the covers but I was left uncertain as to its ultimate purpose and focus. Overlap between chapters occurs, but is not excessive, and a good flavour of some of the main current issues and directions of research is imparted. In the end, however, it is not comprehensive or rounded enough for the general psychiatric reader, or yet novel or detailed enough for the expert. It is a useful source for summaries of prevalent theories, and I have no doubt that I will use it as such, but I hesitate to give it a general recommendation for the psychiatric library shelf.

IAN ANDERSON

The Health Services Since the War. Volume II. Government and Health Care: The British National Health Service 1958-1979. (Pp. 988.) The Stationery Office: London. 1996.

Although it is some time since this magisterial study was first published, it is appropriate to review it in the 50th anniversary year of the National Health Service. In his first volume, Charles Webster emphasized the ethical basis of the NHS, which aimed to universalize the best through being free and comprehensive – words that sound like distant echoes in the post-Thatcher era. But in 1948, the collective provision of services and pooling of risks through public finance were non-controversial; implicit in this agreement, as Webster pointed out, was a shared optimism about progress through the

application of medicine. After 10 years of the NHS, though, it was clear that the task was a good deal more complex than had first appeared, not least through the consequences of these technical advances in medicine. This review will be concerned primarily with Webster's account of the mental health services, though clearly what happened to these was part of a more general picture.

While this was an officially commissioned work, Webster makes no attempt to avoid the political aspects of the story; indeed, he makes it very clear that very often, politics is the key to understanding what happened. From 1950, when housing and local government were taken out of the Ministry of Health, until 1968, when the DHSS was established under Crossman, the Ministry was a political and administrative backwater. This meant that it counted little in the Whitehall struggle for resources, particularly as Ministers came and went with bewildering rapidity. Those who have puzzled over the failure to develop community care after the 1959 Mental Health Act will find the answer in the evidence Webster has unearthed of the Treasury's bitter opposition to any provision for this purpose. This was part of the culture, initiated by the Treasury and eagerly taken up later by the political Right, that the NHS was inefficient and wasteful – a view that 'assumed the status of an ineradicable myth'. One might conclude that for many years, the community care policy was little more than a sham. Webster's verdict is that 'Although in the political rhetoric (it) was a high priority, in practice it was treated as an expendable luxury'.

The expansion of community care also depended on initiative and enthusiasm from local health authorities, but these 'became one of the less attractive branches of local government responsibility', while most Medical Officers of Health 'pursued their responsibilities in the pedantic and restrictive spirit inherited from the Depression period'. This has usually been blamed on the local authorities' loss of their hospitals (including mental hospitals) in 1948, but the rapid advances that were occurring at this time in clinical medicine also made conventional public health increasingly unattractive. It received little stimulus or penalization from the Ministry of Health, which followed its traditional path of *laissez-faire*. I was fortunate

to have worked with an enthusiastic and innovative Medical Officer of Health, but they were very thin on the ground.

In 1962, Enoch Powell introduced the Hospital Plan, which for all its faults – which were many – was the first attempt to introduce any coherence into a chaotic system, controlled only by the lack of capital. This plan embodied the concept of the District General Hospital (DGH), a landmark for psychiatry, which for the first time became one of the core specialties. Like many aspects of the service as a whole, the DGH principle emerged rather suddenly and without much exploration, though it turned out to be broadly right. There had, however, been some precedent in the general hospital psychiatric units of the Manchester Region. Webster mentioned these briefly in his first volume, but they probably deserved a large place in this story, even if the London medical establishment remained mostly unaware of them.

Although this volume starts generally in 1958, Webster uses it to discuss at length the Royal Commission established in 1954 and the subsequent Mental Health Act. He shows that one of the obstacles to the development of comprehensive mental health services was the disparity between hospitals, for which the Treasury paid 100% of capital costs, and community facilities, for which it paid only a proportion. This dilemma was never resolved. Having failed to obtain more than minimal resources for community care, 'the Ministry of Health fell back on exhortation, giving publicity to hopeful initiatives'. In fact, it did very little for the next 10 years, and in spite of Enoch Powell's threats of destruction to the mental hospitals in his 'Watertower' speech of 1961, they actually had a new lease of life. Crossman recognized this reality, and advised Health Regions to concentrate on improving conditions in existing hospitals.

The blueprint for a future pattern of mental health services – *Better Services for the Mentally Ill* – did not appear until 1975, although preparations for it had begun several years earlier (Department of Health and Social Security, 1975). By then, economic conditions had deteriorated to such an extent that no firm promises were made as to when any specific targets might be met. Webster is critical of the document, seeing it as 'commendable for its pious ex-

pressions, but deficient in practical content'. Yet it was a coherent, comprehensive, and in some respects sophisticated programme; few other countries or other specialities have produced anything comparable, as far as I know. One should not forget that it was drawn up nearly 25 years ago. Webster is also dismissive of the 1974 NHS reorganization, which he believes 'reduced still further the place of the mental sector in the health service hierarchy'. In my experience, that was not generally so, though the changes involved a fundamental mistake in having one tier of management too many.

Next came the Royal Commission on the NHS, which made a strong plea for the retention of most of the mental hospitals. This fell on deaf ears, particularly after the change of government in 1979. Although it had always been axiomatic that none of these hospitals would be closed until a complete alternative service was in place, this principle began to be steadily eroded in the period after this Volume concludes. Unfortunately, it involved running two services at the same time while the change-over occurred, and the financial implications of this were never solved. Nevertheless, psychiatry in 1979 had changed out of all recognition since 1958. From now on, though, it was to be downhill all the way.

HUGH FREEMAN

REFERENCE

Department of Health and Social Security (1975). *Better Services for the Mentally Ill*. Cmnd. 6233. HMSO: London.

Chronic Fatigue and its Syndromes. By S. Wessely, M. Hotoph and M. Sharpe. (Pp. 416) Oxford University Press: Oxford. 1998.

This book is a comprehensive and well written review of the history and current status of chronic fatigue syndrome (CFS). It differs from other authoritative books on the subject of CFS which are multi-authored and provide a number of differing opinions, some of which are completely in disagreement, by providing a synthesis of the literature from a more uniform perspective. But CFS is a complicated problem, being the final common pathway for a heterogeneous disorder, which can have multiple triggers and different manifestations in different

individuals, and therefore CFS will be perceived differently by different clinicians and patients. The reader of the this book should find it easier to understand the perspective of the authors in this well-organized edition than in other multi-authored review but, as noted by the authors, this book will not please everyone, particularly patients who refuse to accept that psychological factors have an impact on CFS.

It is increasingly apparent that many illnesses are either precipitated by or exacerbated by stress and while there are many patients with CFS who have no evidence of psychological difficulties, CFS is considered a psychiatric disorder by some physicians and insurance companies. This book clearly documents that CFS can occur after glandular fever (infectious mononucleosis) and in settings where psychological aspects make a small or negligible contribution to the problem, but it is also important to note that CFS is one of those disorders where the interaction of the brain and the endocrine and neurological systems play an important role in the pathogenesis.

This book has an extensive and up-to-date bibliography that will be useful to any reader wishing to undertake an evaluation of CFS or any of its components. Because of the complexity of this disorder, however, it is impossible for any book to cover all of the relevant issues completely and to everyone's satisfaction. This reviewer has some concerns that do not detract from an overall appreciation of the book's value. First, the importance of infection in the pathogenesis of CFS may play a greater role than accepted by the authors. While they acknowledge that CFS can follow infectious mononucleosis, as originally suggested by Jones and Straus (1987), they do not evaluate sufficiently the clusters of 'epidemic neuromyasthenia', which contain significant numbers of CFS cases. Other minor concerns include statements that are of considerable potential importance but not well documented, such as the data for the allegation that NSAIDS are responsible for immune dysfunction.

PAUL LEVINE

REFERENCE

Jones, J. F. & Straus, S. E. (1987). Chronic Epstein-Barr virus infection. *Annual Reviews in Medicine* **38**, 195-209.

Child Homicide. By A. Wilczynski. (Pp. 278; £45.00.) Greenwich Medical Media: London. 1998.

A scientific review of an act that is in itself rare but attracts such a high level of public interest and associated rhetoric rather than facts, is to be welcomed. Throughout the text the author stresses the limitations of both previous and her own research, at times dwelling on this to the extent that the reader is discouraged from reaching the essential parts of each chapter, which do increase factual knowledge, understanding of and effective multisystem approaches to prevention of child homicide.

The focus of the book is on experience and data in England drawn from 65 case files from the Director of Public Prosecutions and two Australian studies, the first The Child Protection Council Study, the second the Judicial Commission Study. Evidence is adduced from the American literature but there is little reference made to the history of child killing through the ages and the impact of different cultures and belief systems.

In describing the phenomena of filicide, the author highlights the likely under-estimation of child homicide assessing that the true incidence of child homicide is some three to seven times higher than recorded by official statistics. Classification based on motivation covers the previously well trodden ground of retaliation, discipline, unwanted child, secondary altruism psychosis and jealousy but also increasing understanding through an analysis of the dynamics of power, gender and social roles within the family exploring the different meaning for male and female perpetrators. Although not advocating the replacement of individualized assessment of a family and its needs the author draws upon the increasing use of risk assessment and the practical use of risk factors, in both the field of child protection and the wider field of forensic assessments.

Emphasis of the Criminal Justice response on the use of a psychiatric plea and the 'good mother', the differential response to males and females is extended to look at differential responses to women who do and do not conform to gender stereotypes. The author calls for the medical principles on which the Infanticide Act 1938 are based to be further reviewed and

questions the validity of its use as we move towards a new century. Similarly, the author stresses the differential response of the courts and public to the killing of children outside the family unit, which presents as in recent cases in the UK, as the greatest threat to our social fabric.

The author gives a clear and useful review of Child Death Reviews Teams and their role in pinpointing flaws in the system and, importantly, as providing prevention services. In keeping with the recent *Consultation Paper England and Wales 1998, Working Together to Safeguard the Child* the author emphasizes the role all agencies have in Child Protection, including the medical, psychiatric services, drug and alcohol agencies, in order to avoid the ultimate failure of any social system – a child homicide.

Anna Wilczyviski has achieved with this text a comprehensive review of a difficult subject matter and has drawn from it with a useful reference section and bibliography, broader implications for all of us whose day-to-day work touches the field of child protection, risk assessment and effective risk management.

SUSAN BAILEY

The Management of Depression. Edited by S. Checkley (Pp. 476; £60.00.) Blackwell Science: Oxford. 1998.

Depression, like most common mental disorders, is widely written about by psychiatrists. Unfortunately, on many occasions the psychiatrists who write have little idea about what most patients with the condition they are writing about are actually like. They generalize from their own experience of highly atypical cases, and in consequence give inappropriate advice to those who actually see the majority of more 'typical' cases. The primary–secondary care interface has often seemed a battleground over the past 30 years, with psychiatrists asserting that general practitioners 'miss' a large proportion of depressed 'cases', and under-treat those they do recognize, in the absence of any convincing evidence base for clinical guidance.

It therefore comes as something of a relief to find a work, written and edited almost entirely by psychiatrists and mental health professionals,

which largely avoids this pitfall. Like a well-known DIY product, this large and handsomely produced volume does what it says on the cover. The editor and his contributors have made an ambitious attempt to synthesize the current knowledge-base for the topic, and they have clearly worked to a tight timescale to produce a book that is both up-to-date and comprehensive.

The book opens with discussion of the epidemiology of depressive illness, and current aetiological theories are reviewed, before the extensive coverage of treatment approaches begins. Optimal methods of delivering treatments are discussed, and the work closes with discussion of special groups such as the elderly and the physically ill. There is slight overlap between the chapter contents, but in the main this is avoided, largely one suspects because the majority of the contributors work (or have worked) in the same institution. Cronyism is now widely condemned, but there are still occasions when it may have value!

What are the highlights? The most striking remark in the book is that of David Goldberg, discussing drug treatment in the primary care context (p. 35), where he states that: '(the use of) a placebo is a matter of personal preference; what is important is that potentially dangerous drugs are not used for what is, in fact, a placebo response'. Tirril Harris gives a welcome review of the current state of life events research, and Hotopf and Wessely, in one of the more systematic chapters, review depression in the physically ill.

This is a long and expensive book that succeeds in its aim of collecting the available knowledge about its topic in early 1998, and it thus deserves to be widely read by psychiatrists, ideally as soon as possible. My only reservations are that it contains rather less to inform the 'front-line troops' who see most of the patients with this illness, and that its sell-by date is not clearly marked on the jacket.

ROBERT PEVELER