

and neuropathological research, with the Northwick Park functional psychosis studies providing the database for much of the discussion. The second half deals with long term follow-up studies, including the national child development study. Genetic, viral, social and functional imaging studies in schizophrenia get only a brief mention, under the title of "additional fashionable themes". The last chapter touches upon non-biological issues such as care-delivery systems and the controversies surrounding community care. The author admits that biological research has not necessarily led to an improvement in the care of people with schizophrenia and describes the areas she feels are most useful for future research.

The book is both an autobiographical narrative and an academic document. The author takes the reader through the process of enquiry in a way that makes research seem both clinically rewarding and intellectually satisfying. The interweaving of personal impressions, research data and scientific interpretation allows an easy assimilation of information. Trainee psychiatrists and those beginning research in psychiatry would find this aspect of the narrative particularly useful. Non-clinicians may find the biological emphasis of the book a bit one-sided, especially the omission of findings from psychosocial research. The book makes a convincing case for the author's view of the aetiology of schizophrenia. It should make a useful contribution to any postgraduate psychiatric library.

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Cambridge Medical Reviews: Neurobiology and Psychiatry. Volume 3: Neuroimaging. Edited by ROBERT KERWIN, DAVID DAWBARN, JAMES McCULLOCH *et al.* Cambridge: Cambridge University Press. 1995. 178 pp. £50.00 (hb).

Kerwin and colleagues have slightly changed the format of Volumes 1 and 2 for their third volume of *Neurobiology and Psychiatry*, and have produced a series of reviews around a single theme – neuroimaging. As before they have allowed younger writers to contribute. The intention is that those still very much hands-on in their field should inform us of the relevant issues. This editorial policy works; not only are the contributors up-to-date but they are also sufficiently in command of their relevant fields that they are able, and keen, to convey the important concepts to the reader. For example the two chapters by Woodruff and Howard & David, on structural and functional MRI respectively, go carefully through the principles of the physics relevant to magnetic resonance imaging.

The volume addresses the full range of neuroimaging techniques, though perhaps unsurprisingly

CT brain scanning gets rather little coverage. The techniques described are up-to-date and should help any reader faced with interpreting the latest papers.

The two chapters by Seibyl and by Busatto & Pilowsky overlap with respect to their review of neuroreceptor imaging with SPET. It is not clear whether this was editorial policy but in fact the slight duplication turns out to be useful. The methods underlying *in vivo* imaging of neuroreceptors are complex; it helps to have them described twice from rather different points of view.

The last chapter by Harrison on *in situ* hybridisation histochemistry is a delightfully clear introduction to this technique which is, I suspect, poorly understood by most psychiatrists. Whether or not it is something they need to know about, time will tell. In the meantime for those who are naturally curious, I recommend it.

The index is not entirely thorough; for example there was no reference to functional connectivity, or the meaning of blood flow changes in relation to poor performance, although these issues are in fact tackled in Liddle's excellent chapter on PET studies of cerebral function in schizophrenia.

The volume is well presented though not inexpensive. This series is proving to be a useful resource and £50 every 2 years seems to be a good investment.

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Myth and Madness: The Psychodynamics of Anti-Semitism. By MORTIMER OSTOW. New Brunswick: Transaction Press. 1996. 191 pp. £32.95 (hb).

This book reports the findings of a 9 year interdisciplinary project (psychoanalysts and historians) under the auspices of the psychoanalytic Research and Development Fund. Its hope was to find some 'constants in the psychodynamics of anti-semitism'. The psychodynamic thesis will not compress easily into the confines of a brief review.

Ostow's argument is that in the pre-Christian era the suspicion to be expected between neighbours or visitors and host communities, but which was not necessarily specific to Jews as a race, became culturally institutionalised with the advent of Christianity and the rivalry between Christians who had originally been Jews, on the one hand, and Gentile groups that had been converted to Christianity on the other. Those aspects of Christianity that are problematic become split off on to the Jews, so that for instance the murder implicit in the cannibalistic act of the Eucharist is attributed to the Jews, whose Old Testament prophets condemn them for the sins of old Israel while they are excluded from the promise of salvation in the New Testament. Ostow argues that they thereby become associated with blood

libel in the Middle Ages, whereby the disappearance and murder of children who were probably eliminated out of economic expedience in times of hardship, was attributed to Jews.

In a monotheistic system where the source of evil cannot be attributed to the godhead, the Jews become the embodiment of the cruelty of chance and misfortune and therefore the cause of Christian suffering: the embodiment of evil. They are seen as hostile intermediaries, rivalrous and dangerous siblings, the first-born and chosen, who usurp the Christian's rightful place and therefore obstruct their relationship with a beneficent God. The apocalypse therefore becomes a purificatory process whereby evil (in the form of the anti-Christ, the Jew) is expunged in a death before re-birth without the impurity represented by the Jews. Ostow shows how these prejudices become institutionalised and mythologised throughout Christendom in such a way as to create a racial prejudice which is not merely one based casually on difference or otherness. He further shows how this systematised mythology contributes to "pogrom mentality" and especially to the Nazi holocaust.

I am not sure, however, that Ostow does not weaken his argument by attributing all anti-Semitism, including for instance that in Islam, to the influence of this politically motivated Christian mythology. It does not explain, for instance, the fluctuating fortunes of the Sephardim in Moorish Spain. He also focuses exclusively on the Jews as the target of Nazi racial purification, which was also in fact aimed at various other 'degenerate elements' such as gypsies (wanderers like the old testament Jews who fail to conform to the laws and customs of the host community), communists and the mentally ill. Finally, I am not sure that all political criticism of the state of Israel can be attributed to anti-Semitism.

Nonetheless, this is a fascinating book for a general readership. It would be sad if its readership were to be confined to Jewish psychoanalysts. An accessible summary by the same author is available in the *International Journal of Psychoanalysis* (Volume 77 1996, pages 15–31).

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Predictors of Treatment Response in Mood Disorders.

Edited by PAUL J. GOODNICK. Washington, DC: American Psychiatric Press. 1996. 232 pp. \$29.00 (pb).

The title is deceptive. Rather than examine characteristics of the mood disorders that predict treatment response (an orientation adopted only by Dunner in the final chapter), the authors of each chapter focus on specific treatments (i.e. antidepressant drugs, mood stabilisers, ECT), and review factors associated (or unassociated) with their efficacy.

Thus, in the initial chapter examining tricyclic antidepressant (TCA) drugs, the authors examine demographic and personality factors, the relevance of precipitant-induced episodes, severity, symptoms, clinical sub-type influences, the relevance of several comorbid conditions, dosage issues, psychophysiological measures, as well as a range of biological predictors. The latter include response to psychostimulants, measures of monoamine metabolism and neuroendocrine challenges. The utility of a useful review emerges from clarifying what is not known as much as aggregating what can be reasonably regarded as established. Despite the TCA drugs being with us since the 1950s, the authors establish few predictors that were not nominated in the review by Bielski & Friedel in the mid 70s. They conclude that, despite there being "no consensus regarding predictors of response . . . the TCAs are not dead". Nor should they be buried, conclude the authors, arguing for research that identifies circumstances in which they may be superior to the newer antidepressants.

Subsequent chapters examine the MAOIs (focusing on their suggested utility in atypical depression and social phobia, as well as examining the arguments for the comparative advantages of the RIMAs), as well as the newer antidepressants (where some of the recommendations about the comparative advantages of one SSRI over another or another antidepressant drug type would benefit from replication or a larger database).

In examining the mood stabilisers, Jefferson produces a model chapter in dissecting positive and negative predictors of response, as well as clarifying reasons for its suggested decreased effectiveness in more recent studies. He concludes with a list of explicit predictors (clinical features rather than biological variables) and an implicit "maintain the faith" message. Bowden similarly produces an astringent and stringent review of carbamazepine, noting its limited testing prior to clinical acceptance and identifying two circumstances for its likely utility (i.e. bipolar patients unresponsive to lithium and as a combination therapy). Valproate, despite its recent clinical use in psychiatry, has been sufficiently studied to allow the authors to synthesise a relatively lengthy list of suggested positive predictors. The literature in relation to the neuroleptics and clozapine is, despite their potential clinical importance, less amenable to conclusive statements – reflecting the paucity of studies using such drugs alone and their general testing as 'last resort' therapies.

Nobler & Sackheim present an incisive chapter on ECT, effectively challenging or watering down some of the 'accepted' positive predictors chanted in clinical units, by identifying some of the confounding and higher-order variables that distort treatment prediction. Their concluding comments focus more on predictors of a poor or desultory outcome. As they note, once a diagnosis of melancholic sub-type has been made, influential independent predictors are somewhat resistant to identification.