

anticonvulsant drugs pop up all over the place, most attesting to the superiority of carbamazepine over other competitors. This is not an easy area to research, even less to read about and for those readers who do not have epilepsy clinics, the account provided in Ossetin's chapter may provide a more than adequate summary. There is an excellent section on epilepsy in childhood. This is a book that can be recommended without reserve to those who spend a fair proportion of their professional lives dealing with epileptic patients. Others (and these will include the majority of psychiatrists) should encourage their local library to make copies available.

BRIAN TOONE, *Consultant Psychiatrist,
Department of Psychological Medicine,
King's College Hospital, London*

Current Topics in Neuroendocrinology. Edited by D. GANTEN and D. PFAFF. Berlin: Springer Verlag. 1988. 335 pp. DM 175.

This is an excellent review of the neuroendocrinology of depression, written in a form that will be accessible to someone who is developing an interest in biological psychiatry.

The first chapter, by Frixe, describes the genomic and non-genomic actions of oestrogen, glucocorticoids and thyroxine. I found these extremely interesting, and they could well be relevant to puerperal psychosis and the psychoses associated with Cushing's syndrome and myxoedema. There follows a fairly standard chapter on CRF and depression, which includes the hypothesis that CRF overproduction may cause depression. I don't believe this hypothesis, since CRF overproduction seems to be present also in non-depressed patients with agoraphobia and anorexia nervosa, but the argument is interesting and the clinical effects of CRF antagonists will be of great interest.

Mendlewicz & Linkowski give a scholarly and appropriately cautious review of hormonal rhythms in depression. Other highlights include a thorough review of adrenoceptor function in depression by Matussek, Metzger on 5HT and hormones in depression, Janowsky on acetyl choline and hormones in depression, Post on kindling, Ferrier & Crow on CCK in schizophrenia, and quite a bit else.

I strongly recommend this book.

STUART CHECKLEY, *Consultant Psychiatrist,
The Maudsley Hospital, London*

Can We Prevent Suicide? By DAVID LESTER. New York: AMS Press. 1989. \$34.50.

David Lester is a well-known figure in suicide research. During his distinguished career he has published numerous papers on suicide, counselling, and related

issues. This short book comprises twelve essays or papers on subjects related to suicide, much of which has been published elsewhere, but none of the papers are direct copies of previous work. It is a fascinating and valuable volume; fascinating because the reader can follow the evolution of the author's views over a period of years and see that it has been profoundly influenced by his acquisition of knowledge about his subject, and valuable because it explores the subject broadly and critically relates suicide to other aspects of the human condition.

It is difficult to pick out any one particular part of the book for special attention. The chapters addressing the question of whether we should prevent suicide are particularly interesting and challenging, and have a relevance that goes beyond suicide and attempted suicide. There are two chapters (or essays) on telephone counselling; these too raise important issues with wider implications than the overall title of the book would suggest. The section on the possibility of suicide prevention starts with a somewhat pessimistic chapter, and ends with a more optimistic view. In his introduction Lester explains that the earlier chapter was written before he had assimilated the data on the effects of gun control laws on the incidence of suicide. His opinion was changed by those data. He says, "The impact of strict handgun control statutes on suicide rates have convinced me that restricting the methods available for suicide will have an impact on the suicide rates". Interestingly, this view is similar to that held by William Farr, who wrote in 1863, "In certain states the mind appears to be fascinated . . . by the presence of a fatal instrument . . . and the withdrawal of the means of deaths suffices to save the life!"

Lester's new book deserves to be read, studied, and discussed. It is an important contribution to the literature.

R. D. T. FARMER, *Professor of Community Medicine,
Charing Cross and Westminster Medical School, London*

Life's Preservative Against Self-Killing. By JOHN SYM. Routledge: London. 395 pp. 1989. £29.95.

In the space of seven years, between 1974 and 1981, Ida Macalpine and her son Richard Hunter, the orb and sceptre of British psychiatric historians, vanished from the scene. They left behind them a vast storehouse of knowledge, including a series of reprints of psychiatric monographs. All of them are of prime importance in that they resurrected seminal works which, because of their rarity and costliness, are unavailable to the ordinary reader, or, indeed, to the general run of psychiatric libraries. The book under review follows this honourable tradition, and the scholarship of Michael MacDonald, Professor of History at the University of Michigan, who writes the introduction, compares very favourably with these written by his august forerunners.

John Sym (?1581–1637) was a minister of religion at Leigh in Essex. He was thus an exact contemporary of Robert Burton (1577–1640), who was also in Holy Orders, but whereas Burton's *Anatomy of Melancholy* is perhaps the most famous and most frequently reprinted of antiquarian psychiatric texts, Sym's treatise seems to have dropped out of history.

What Sym's work brings out so well is the unrelenting condemnation of suicide at the time when he lived and wrote. It was considered a species of murder, condemned by the law, by religion, and by folklore. It was a sin, "most hainous and most to be abhorred in humane society". It was diabolical. Those posthumously found guilty by a coroner's jury of *felo de se* were savagely punished. They were denied the customary rites of Christian burial, and instead were buried face down at night in a public highway and pinioned with a wooden stake. Their properties and worldly goods were forfeited to the crown.

Sym was a militant puritan, and ostensibly subscribed to the universal abhorrence of self-killing. And yet, paradoxically perhaps, he acknowledged that self-destruction was not uniformly determined, but had a variety of causes, including melancholy – that is, mental illness. His long personal experience in giving what help he could to potential suicides had led him to believe that suicide may be prevented "not so much by arguments against the fact . . . as the discovery and removal of the motives and the causes" – a singularly enlightened approach and one far in advance of his time. Furthermore, it would appear that he was in practice much more tolerant of self-killing than the majority of his contemporaries, both clerical and secular.

This is a book to be warmly welcomed, not only for its intrinsic scholarship, but because it succeeds in finding room for Sym in the pantheon of early observers of the human condition alongside, for example, Robert Burton and Timothy Bright whose work, incidentally, he complements.

HENRY R. ROLLIN, *Emeritus Consultant,
Horton Hospital, Epsom, Surrey*

Problem-Solving Therapy for Depression: Theory, Research and Clinical Guidelines. By ARTHUR M. NEZU, CHRISTINE M. NEZU and MICHAEL G. PERRI. Chichester: John Wiley. 1989. 274 pp. £19.15.

This book provides a valuable addition to the existing literature on the therapy of depression, and discusses a new model of treatment for this important disorder. Divided into two parts, it deals first with the existing behavioural and cognitive models of treatment and asks the pertinent question "Why another theory of depression?" It then proposes the problem-solving model as a multifactorial approach which can link and incorporate key features of other models, outlines its theoretical background, and shows how it can be applied to the treatment of depressive symptomatology.

The role of social and life events, biological and genetic factors, previous history and learning experiences, and the problem-solving process itself are used to show how clinical depression may be caused by a variety of factors, and to support the new treatment model put forward. The chapter dealing with the step by step processes of the problem-solving approach is particularly clear and useful.

The second half of the book concentrates on the ways in which problem-solving concepts can be applied to clinical practice, and is well illustrated by examples, including dialogue. A short section on "Pitfalls to avoid" is helpful, even for the more experienced therapist. I particularly liked the clear definitions of terms used throughout the book, and the summaries at the end of each chapter. For example, 'Brainstorming' is a much-used word nowadays, and my understanding of it has been clarified and extended.

All in all, this is a well-presented volume which integrates theory and practice effectively, although it is slightly marred for me by the somewhat tortuous sentence construction. Reasonably priced, it deserves to be read by all those concerned with the care of depressed people.

RHINEDD TOMS, *Consultant Psychiatrist,
Severalls Hospital, Colchester*

The Mind Observed: The Mental State Examination. By ASHLEY BUSH. Melbourne: University of Melbourne. 1989. 55 minutes. $\frac{3}{4}$ " U-MATIC, \$90.00; $\frac{1}{2}$ " VHS, \$65.00.

The examiner feels a mass in the right hypochondrium, and without needing to cup open the abdomen he can be fairly certain that the mass is a liver. "A similar philosophical mechanism is in operation in the Mental State Examination", begins this videotape. Philosophy apart, what follows is a good lecture delivered at a cracking pace by a personable Australian psychiatrist on the Mental State Examination. However, it is illustrated by a series of doctor/patient interviews which have the sound turned down very low. As the lecturer pauses for breath, one can occasionally make out what is being said, but often it is not relevant to the commentary.

In the last few minutes of the video we can get to hear as well as see the interviews, and titles appear, identifying the phenomena as they flash by. Unfortunately, the effect is often humorous. For instance, a lady says that she feels lonely and a title appears saying THEMES OF LONELINESS. She says she wants counselling, and the title says INSIGHT: GOOD. Sometimes the titles prejudice the issues, as when FLATTENED AFFECT appears after a few seconds of an interview, and sometimes they are hard to follow, e.g. AFFECT UNREACTIVE (NARROW).

The video is of good technical quality, and the acting is very convincing. Features that make it of limited use