

## Book Reviews

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**Handbook of Affective Disorders.** Edited by E. S. PAYKEL. Edinburgh: Churchill Livingstone. 1981. Pp 458. £25.00.

Handbooks were a German and are now an American specialty and a British based one is rare. Professor Paykel's is to be welcomed, first because of its distinctive style, and second because the considerable progress made with manic-depressive disorders in the last twenty years requires summarizing. Some handbooks are multi-volume encyclopaedias, others are really advanced textbooks and can actually be held in the hand, yet others are collections of review articles with a bias towards facts rather than theorizing, looking backwards rather than ahead. The present book is of a convenient size and price and has many of the attributes of a textbook. The 33 chapters (contributed by no less than 47 authors, mostly British or American with a Scandinavian or German or two) are grouped in five sections—phenomenology, classification and diagnostic distinctions; physical and psychological pathology; physical treatments; psychotherapies; and special aspects—with separate chapters on bereavement, suicide, depression and childbirth, depression in childhood and adolescence, and so on.

The design is balanced, wide, appealing; and so is the mix of authors, with a fair sprinkling of well-known names—Max Hamilton, Martin Roth, Peter Tyrer, Alec Coppen, Felix Post and Brice Pitt among the British; Gershon, Sachar, Arieti, Klerman, Clayton and Andreasen from the US. One looks forward to reading the reviews on 'life events and early environment' (Paykel himself), 'psychodynamics of depression' (Mendelson), 'the amine hypothesis' (Zis and Goodwin), 'endocrine abnormalities in depression' (Sachar), 'personality and affective disorders' (Von Zerssen) in the section on causation. One expects help from 'group therapy' (Stein), 'family and marital therapy' (Byng-Hall and Whiffen), 'behavioural and cognitive approaches' (Lewinsohn and Hoberman) and 'social and community approaches' (Douglas Bennett) in the section on non-physical treatments.

How this works out in practice is another matter. It is a very severe test of an editor whether he can impose a common standard of quality and a degree of common outlook on his contributors. As the conductor of the orchestra he has to rehearse them, harmonize them, and sometimes have the courage and

strength to throw out the odd player who strikes wrong notes or insists on playing his own tune. Where many chapters are to be short (ten pages or so of text) the treatment cannot hope to be comprehensive, and the selection of what is to go in becomes very important, as well as what further reading is advised to fill out knowledge and understanding. I wish authors had been asked to give a list of two or three monographs or reviews to consult after each chapter and stopped from giving references to unpublished papers and lectures which are inaccessible.

On the whole the editor of this book has managed to keep control, and has been well supported by his players, but there are inevitably some "buts". Suicide is a very important subject, and a chapter which does not mention Sainsbury, Barraclough, Kreitman, Stengel or any British work but gives a major place to the ideas of Durkheim seems to me idiosyncratic and unhelpful. Even if society is falling apart, the psychiatrist is concerned with why only some individuals are particularly vulnerable: he has to identify them and find ways of strengthening them for the future, and discussion of altruistic or anomic suicide, or "an excessive preoccupation with intellectual pursuits" as an aspect of egoistic suicide is beside the point.

The chapter on the 'amine hypothesis' gives quite a good and extended discussion on the many difficulties in interpreting CSF, plasma, or urine concentrations of some amines and their metabolites but says nothing about acetylcholine in manic-depression, and almost nothing about serotonin, while the old noradrenaline depletion hypothesis is more or less assumed, without mention of modern distinctions between alpha and beta receptors. This would be acceptable if the title of the chapter were different, and there was some other chapter dealing with the biopharmacological investigation of affective illnesses, but there are only a few scattered mentions in other places, under genetics for instance, or in the chapters on drug treatments. Monoamine oxidase inhibitors are reviewed at length, somewhat chaotically and repetitiously, with more emphasis on laboratory biochemistry than clinical practice, while the chapter on lithium is brief, practical and eschews the flights of research into mechanisms. The review on tricyclics is balanced, that on ECT workmanlike (but why no mention of ECT in mania?), and that on leucotomy a delight because it is the

rescue of a field of disparaged knowledge. But the impression left by some of these chapters is of wobbling standards or aims, or the fatigue of well-known workers churning out yet one more article in a too-familiar field.

On the other hand Max Hamilton writes beautifully as always in presenting the clinical picture of depressive illness, Paykel's review of the importance of life events is first-class, Watts on depression in general practice is still fresh, and there are many other gems in the collection. The book is best at clinical analysis and pathology, not quite so good on treatment, although a final chapter by Klerman makes a valiant attempt to remedy earlier deficiencies (I have just discovered a reference to ECT in mania there). It is best on primary affective disorders, and says little about secondary affective illness, or illness associated with physical disorders, encountered for instance in liaison psychiatry. There is nothing about anorexia nervosa or obesity and affective illness, or premenstrual tension or affective disturbance in renal dialysis patients, or Cushing's syndrome (except the name itself). Unemployment is not indexed, but is mentioned in at least two chapters. Yes, the index: the publisher should commit hara-kiri for shame. How can a book be used for reference without a proper index? How can a book by 47 authors be given unity? Does it mention sleep deprivation, circadian rhythms, body temperature or weight loss in depression and mania, diabetes mellitus, multiple sclerosis, all topics one might reasonably want to look up?

So it is a book with good things in it, it should be available in every hospital library, many practitioners will benefit from reading sections of it. But I can't help wishing Professor Paykel had written the whole book himself, perhaps with the support of a friend or two. It would have taken more of his time, but avoided the superhuman demands of controlling 47 authors, and the end result might have been a classic.

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**Knowing Right from Wrong. The Insanity Defense of Daniel McNaughtan.**<sup>1</sup> RICHARD MORAN. New York: The Free Press. 1981. Pp 234. \$15.95.

Richard Moran holds a Ph.D. in sociology from the University of Pennsylvania. When he sticks to his own last as a sociologist, or to be more precise, as a social historian, he does a fine job. Thus, in the early chapters of his book, he very deftly paints a picture of the troubled, indeed perilous times that obtained when the hapless Edward Drummond, private secretary to

the Prime Minister, Sir Robert Peel, was slain by the mad Daniel McNaughton.

In proclaiming McNaughton unequivocally mad it behoves me at this point to declare my interest. Dr Moran on page 4 states:—"In the only actual attempt to assess McNaughton's mental condition by examining the trial transcript and his hospital record Henry R. Rollin in "McNaughton's Madness"<sup>2</sup> unabashedly concluded that 'there can be no doubt that McNaughton was - - - suffering from schizophrenia'." I remain unabashed and in support of my diagnosis, I would humbly ask any interested reader, and for that matter, Dr Moran himself, to study the said chapter in which I have been at pains to examine all the available clinical evidence. Dr Moran's obvious doubts as to the correctness of my views lies in his belief that McNaughton might well have been persecuted by the Tories and that if he were he was not, therefore, deluded. Even if I were to concede that McNaughton had been harassed by the Tories, or the Jesuits, or by any other body whose hand he felt was against him (there is very often more than a grain of truth at the heart of paranoid delusions), there is still evidence and to spare of his deep-seated psychosis. And is it conceivable that all nine doctors, some of them of the first rank, who gave evidence at the trial, and who were unanimous that McNaughton was mad, were to a man conned; or even worse, that they were all party to a gigantic conspiracy inspired by the unscrupulous Tories? Again, what is so patently incompatible with Dr Moran's thesis is that the verdict of "not guilty by reason of insanity" and McNaughton's committal to Bethlem, produced howls of protest from the public in which Queen Victoria herself joined. The verdict and the disposal must have been acutely embarrassing and politically damaging to the Tories, and yet, so we are led to believe, they were the architects of their own undoing. And what throws Dr Moran's thesis further into confusion is that it was not the Crown's case but that of the defence that McNaughton was insane.

My disagreement with Dr Moran as to whether McNaughton was, or was not, mad, or whether the assassination of Drummond can only be explained in the context of the politics of the day is, after all, largely of academic importance. What is, however, of enormous importance and of the utmost gravity is the proposition to be found in Dr Moran's last chapter. Using the McNaughton case as a springboard, he makes a plea "to incorporate into the criminal law a political defence for crime", a defence, that is, for crimes, including political assassination, or to call a spade a spade, murder. This would mean, as I understand it, that any member of the I.R.A., the Red Brigade, the Angry Brigade, the P.L.O., the Klu Klux