

training or standards (only two are forensic psychiatrists) but rather as evidence that these six misunderstand women offenders.

The book fails as a clear case study. More importantly, its methodological shortcomings mean that it fails in its expressed aim.

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**Modern Perspectives in the Psychiatry of the Affective Disorders (Modern Perspectives in Psychiatry, Number 13).** Edited by JOHN G. HOWELLS. USA: Brunner/Mazel Publishers. 1989. 440 pp. \$60.00.

Of all the topics chosen for the *Modern Perspectives in Psychiatry* series, affective disorder should provide the most rapidly ripening harvest. Each of the 38 contributors, chosen as experts in their field, offer much fact and theory, with a wide variation in depth of approach, theoretical framework and perspective. There is also a variety of tone which includes political worldliness, personal research and practical clinical wisdom.

The three section headings are "General topics", "Clinical syndromes" and "Management". The opening chapter on epidemiology of depression is fully comprehensive and concentrates on recent possible factors. Neurochemistry is covered in an excellent essay, giving realistic conclusions, but making a distinction between circadian rhythm disturbance and dysregulation as aetiological pathways. Important new areas are explored including the link between immunity and depression, and the role of thyroid function in the illness. Social psychiatry is reviewed broadly, concluding with an ideal for future psychiatric potential. The pronouncement of DSM-III-R seemed to cause as much concern as the status quo before this. No less than three chapters cover nosology, diagnosis and DSM-III in relation to affective states.

The clinical section focuses on the 'difficult' aspects such as schizoaffective states, atypical depression, post-natal depression and suicide in children and in adults, while mania, involuntional melancholia and bipolar affective disorder bring one back to more familiar clinical experiences. This section closes with an approach to prevention. Primary, secondary and tertiary levels are clearly described, but the wide range of possible interventions based on aetiology is not expanded here.

The management section includes firm practical advice on drug treatment and, separately, on psychotherapy including its limitations and the importance of assessing physical factors as well. A review of the association between tardive dyskinesia and affective disorder deals with important risk factors which should be widely noted. A chapter on the use of electroconvulsive therapy (ECT) is excellently summarised, the techniques being

particularly well described. Its practical value is enhanced by the inclusion of drug interactions often overlooked. The concluding chapter is a welcome 'hands on' guide to enhancing the therapeutic effect of antidepressants with the addition of lithium.

This work includes most of psychiatry's many disciplines. Consequently, perspective and focus must be adjusted periodically, although movement through the chapters remains smooth. This gives the book a distinct advantage – even when read straight through, it never loses its capacity to appeal, to stimulate or to 'update'.

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**Familial Alzheimer's Disease – Molecular Genetics and Clinical Perspectives.** Edited by GARY D. MILNER, RALPH RICHTER, JOHN P. BLASS, JIMMIE L. VALENTINE and LINDA A. WINTERS-MINER. New York & Basel: Marcel Dekker Inc. 1989. 444 pp. \$150.00.

The origin of this book is not made clear in the preface, although there is a suggestion that it is part of the proceedings of the first international symposium on familial Alzheimer's disease held in Tulsa in 1987. If the book is the product of this meeting, it is better than the usual conference proceedings. The papers are of a high standard and are sufficiently long to provide some background, explain advances in technique, and discuss methodological problems in a particularly clear way. Most of the papers review the work of others as well as giving original data, and they include an extensive bibliography.

The book is divided into four parts: background of familial Alzheimer's disease and clinical perspective; molecular genetics of Alzheimer's disease; promising new avenues of research; and overview and directions for the future.

The first two parts of the book, which deal with genetics and molecular pathology, are particularly good and are concerned with familial Alzheimer's disease alone. The chapter on genetic heterogeneity is especially good. In part three there is less emphasis on familial Alzheimer's disease, and a number of chapters refer instead to senile dementia of the non-familial type (e.g. the chapter on methionine-enkephalin). Part four contains a fascinating account of the complex organisation set up by a Canadian multidisciplinary team to establish a register of Alzheimer's disease in a defined area. It details the steps taken to identify possible cases as well as documenting their investigation and follow-up up to and including post-mortem.

The book concludes with an appendix containing a research bibliography of familial Alzheimer's disease. This shows the expansion in publications from 1907 to 1988 and belies Khachaturian's statement, in his chapter on "New challenges in Alzheimer's disease

and dementia research", that the systematic study of Alzheimer's disease "began only in the last decade".

The book is well produced and the figures are all of a high quality. Because of its price it is most likely to be purchased by libraries, where it will provide a useful account for all those interested in Alzheimer's disease and its rarer familial form.

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**Royal Rebel. A Psychological Portrait of Crown Prince Rudolf of Austria-Hungary.** By JOHN T. SALVENDY. New York & London: University Press of America. 1988. 255 pp. £25.85 (hb), £13.75 (pb).

"Tis strange – but true; for truth is always strange: stranger than fiction." This quotation from Byron's *Don Juan* is singularly apropos in the context of the appalling tragedy that was enacted in the hunting lodge at Mayerling on 30 January 1889. In the morning of that day the bodies of the 17-year-old countess Mary Vetsara and the 30-year-old Crown Prince Rudolf of Austria-Hungary were found, the former murdered, the latter dead by his own hand – or so it seemed.

In the ensuing century this evergreen scenario has been endlessly exploited by the media, yielding many different interpretations of the events. By far the most popular is the romantic version in which the prince and his young mistress are portrayed as star-crossed lovers, doomed to separation this side of eternity by impassable barriers. Their union could only be achieved in the hereafter: hence the suicide pact.

According to Salvendy in his exciting and well researched book, this version has no substance in fact. He makes an excellent case, based largely on psychiatric considerations, overlaid with more than a modicum of psychoanalytic theory, that Rudolf was doom-laden from the moment of his conception. His heredity was tainted, and the environment in which he was brought up only served to aggravate the flaws. He was thwarted at every turn by a despotic, insensitive father and an uncaring and, for the most part, absent mother. There were no surrogates, emotionally speaking. His marriage to a dull, unsophisticated young girl was predictably disastrous. He resorted to extra-marital affairs, in the pursuit of one of which he contracted gonorrhoea of a most virulent variety which rendered him and his wife, whom he in turn infected, sterile.

He became an irrelevance. He had not sired, and now could never sire, a male heir. There was no hope of him succeeding to the imperial throne in the foreseeable future. There was no outlet for his literary or political propensities. He was in constant discomfort or frank pain from the sequelae of his chronic venereal infection. He lived his life in the abyss. That he became depressed is not surprising and in his despair it is understandable that he took to drink, morphine – and women.

Salvendy maintains that Rudolf had planned his suicide months before the event. He was not emotionally involved with Mary Vetsara, although she, an *ingenue*, was flattered by a relationship with someone as exalted as a Crown Prince. Rudolf needed her co-operation, however, in the suicide pact in order to strengthen his own resolve. He shot her, and some hours later, after writing a series of farewell letters, destroyed himself. Or did he?

One theory, to which Salvendy apparently gives no credence, is that the killings were the result of a deep-laid plot set in motion by reactionary noblemen in order to eliminate a rebellious, liberally minded, nonconformist heir-apparent.

How much then of this spine-chilling saga is truth; how much fiction? In the final analysis, you pay your money and you make your choice.

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**Not Always on the Level.** By E. J. MORON CAMPBELL. London: British Medical Journal. 1988. 246 pp. £14.95.

The *Memoir Club* is a series of handsomely produced volumes by medical authors, written at a sufficiently non-technical level to interest the general reader. This particular one is by a professor of medicine, who suffers from bipolar affective disorder – the bad fairy at his birth which he describes with such graphic imagery that few psychiatrists will fail to learn from the account. Professor Campbell says the condition had dominated his life for the previous 18 years, although he coped pretty well with a weekly cycle of mood swings during the first eight of them. The next seven years, though, were a 'sort of existence' in which he was mostly depressed, between short bursts of hypomania which caused his admission on three occasions. A couple of nights with less than two hours sleep would indicate that trouble was coming. Looking back, he realises that he already showed cyclothymia by the age of 20 and that this should have been clearly apparent by the time he was 40; however, until middle-age, his only disability was the occasional spell of depression or insomnia.

The author is right that the everyday life of a country doctor in the 1930s (which his father was) and that of a medical student, houseman and clinical scientist in the 1940s (which he was himself) ought to be described before their memory vanishes, as things have since changed so utterly. Today's student would be unlikely to tolerate a freezing bedroom, filthy kitchen, sheets changed about once a term and – not surprisingly – persistent bed-bugs. Nor would today's houseman accept from his boss that "I expect you to remain in the hospital at all times. You have no off-duty". This rather unedifying start to clinical