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 co-morbid 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.

For those who seek an overview of the literature identifying the circumstances in which differing anti-depressant modalities have established efficacy, this is a useful book, important in demonstrating the limited reference literature that underpins much of our clinical decision making. The literature review is refreshingly up-to-date, and the authors are generally circumspect in their conclusions. A useful overview of a topic with high clinical salience.

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Addiction Psychiatry: Current Diagnosis and Treatment. By NORMAN S. MILLER. New York: Wiley-Liss. 1995. 300 pp. £42.50.

The author is a clinician, teacher and researcher in the field of addiction psychiatry. His book aims to further knowledge and understanding of this area.

The information provided and the challenges raised to the development of politically correct language in the field are fascinating. However, the layout of the book can only be described as chaotic. The book is divided into seven sections looking at all aspects of the relationship between addictive disorders and psychiatric disorders.

The first section traces the history of addictions' nomenclature. It covers the changes in the DSM criteria while attempting to explain the rationale behind them. The author challenges the revisions saying 'the intent to divest the nomenclature from old attitudes actually divorced it from its rich clinical and research traditions' and 'Perhaps the most serious mistake is that "abuse" is a pejorative term'.

The book then considers issues little explored in other texts, such as the self-medication hypothesis, hedonism and correlation of withdrawal with addiction. There are two chapters looking at laboratory diagnosis; one covers clinical indications for testing and the second, methodology and guidelines for testing.

There is a thought-provoking discussion of the relationship between addictions and psychiatric symptoms/syndromes which is well referenced. Co-morbidity is viewed from the perspectives of both addiction psychiatry and general psychiatry and this allows a deeper understanding of the infinitely complex interplay between the two.

The author states that 'Prospective studies are needed to understand that addiction is not the result of an unhappy childhood, familial discord and personality disorder'. He suspects that retrospective accounts are unreliable, in that the history given may be a rationalisation in order to explain the addict's arrival at their current situation.

The later chapters cover treatment approaches and the book ends with a chapter on Prevention. Despite the seemingly chaotic layout of the text, I have no doubt that it is a stimulating book for anyone in the field and well worth reading.

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Autoimmune Neurological Disease. By MICHAEL P. PENDER and PAMELA A. McCOMBE. Cambridge: Cambridge University Press. 1995. 377 pp. Price not available (hb).

The brain, long thought exempt from immune surveillance, is now known to benefit from immuno-protective mechanisms similar to those of other organs. However, protection by the immune system brings with it the risk of autoimmune disease. This book provides a comprehensive review of the molecular immunology of the major autoimmune diseases of the human central and peripheral nervous systems. It is timely, concise, well-structured, exhaustively referenced and up-to-date (though likely to age rapidly, given the rate of scientific progress in this field).

The volume, one in the Cambridge Reviews in Clinical Immunology Series, is primarily intended for general physicians, neurologists, neuroscientists and immunologists. It certainly contains much to interest them and would probably suggest several new avenues for future research. It also contains much of interest to psychiatrists.

Multiple sclerosis and systemic lupus erythematosus are the only autoimmune disorders that a general psychiatrist is likely to come across with any frequency as both have well recognised neuropsychiatric symptoms. The chapters on these diseases, as well as providing extensive reviews of the autoimmune mechanisms thought to be implicated in their pathophysiology, also provide excellent coverage of the clinical aspects, genetics, pathology, neuroimaging and therapeutics (including the expanding field of immunotherapeutics) of each disorder, and could usefully be read by any psychiatrist. In addition, neuropsychiatrists and well read general psychiatrists might wish to read the introduction to neuroimmunology in the second chapter, especially in view of the increasing evidence that immune abnormalities occur in patients suffering from stress, depression, schizophrenia and anorexia nervosa. Similarly, liaison psychiatrists would almost certainly find the succinct descriptions of the more common autoimmune neurological disorders in the chapter on neurological complications of the connective tissue diseases and the vasculitides of use. Finally, and bearing in mind that the first conference on the neuroimmunology and neurovirology of schizophrenia and bipolar disorder was held in Baltimore in 1995, the growing number of psychiatrists undertaking immunological research on psychiatric disorders would find this book an excellent single source for all the