

Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

The Antidepressant Era

By David Healy. 1997. Cambridge, MA and London: Harvard University Press. 317 pp. £26.50 (hb). ISBN 0-674-03957-2

At most major psychopharmacology meetings in recent years Dr Healy has been a familiar sight, pursuing with tape recorder an interview with an elderly person. This has been arranged in advance, with much tactful persistence and willingness of the interviewer to travel a long distance for the purpose. By background himself a psychopharmacologist, Dr Healy has found his vocation as the unofficial oral historian of psychopharmacology. He has published two books of interviews with psychopharmacologists.

Here he sets out not to present interviews, but to describe and set in context the development of the antidepressants. He starts early, rather too broadly, with Greek concepts of disease, and their 19th-century evolution. He gets into his stride with an enlightening account of the origins of the modern pharmaceutical industry. He describes in detail the early and initially quite uncertain work with the first modern antidepressants, imipramine and iproniazid, dwelling on the people involved and putting in the picture many more of them than usual, drawing from his fund of interviews. This makes lively reading and, prone to partiality though it may often be, is necessary given the age of the key figures. He moves to the introduction of controlled trials in psychopharmacology and in depression, including the battle between the enthusiastic pioneers and the sceptical methodologists as to their place, to the evolution of neuropharmacology of the monoamines which the antidepressants fuelled, and on to the newer drugs. He then moves more widely to DSM-III, issues of psychotherapy, behaviour therapy and the obligation to use available effective treatments.

Dr Healy tells a good story and the book is well written. He is a sceptic and tends to side with the sceptics, and he sets the scene too broadly in places, such as in matters of disease concepts, going over old

ground. Some aspects, such as the rise of long-term treatment (quite a story in itself), are largely missing. Best are the accounts of individuals, which have the feel of actuality. His sympathy is with the unsung underdog in the chancy game of attribution of credit.

When reading this book I felt like Molière's M. Jourdain, who learned that he had always spoken prose. I have lived history. I started training in psychiatry in 1962, just a few years into the antidepressant era. As a young researcher in the USA in the later 1960s I met many of the people in the book, and I have a small role in it myself. By and large Dr Healy has got the history right, although there are some places where the urge to follow a theme has led his interpretations astray. I can recommend this book, both to the nostalgic older reader and to the younger one who wants to understand how we got to where we are today.

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From Cradle to Grave: Fifty Years of the NHS

By Geoffrey Rivett. 1997. London: King's Fund. 506 pp. £25. ISBN 1-85717-148-9

The powerful face of Aneurin Bevan in his prime looks out from the cover of this historical panorama of his greatest achievement, the National Health Service (NHS). Revisionist historians who take nothing for granted, now dispute that it was national wartime solidarity which lay behind the genesis of a free, universal service. Well, they would, wouldn't they?

This long and comprehensive work finds a prominent place for developments in mental health services during the half-century. This is not surprising, since at the inception of the NHS in 1948, some 44% of beds were in mental or mental deficiency

hospitals. Rivett, who was first a general practitioner and then a medical civil servant, points out that the decision to give each of these hospitals a management committee of its own, rather than combining them in a group with general hospitals, helped to prolong their isolation and peculiar culture. It was not until the 1974 reorganisation, which deserves a better press than it has had, that this administrative separation was ended.

Landmarks such as the Mental Health Act 1995, the 1962 Hospital Plan, and the scandals in long-stay hospitals (leading to the Hospital Advisory Service) all receive appropriate mention. Rivett skilfully weaves into the political and administrative story evidence of the importance of therapeutic and technical advances, as they occur. For psychiatry, these include successive psychopharmacological discoveries, starting with neuroleptics in the early 1950s, the evolution of brain imaging, and the first direct effects of new genetic knowledge. Mental health services have almost certainly changed more than those of any other branch of medicine since 1948, most particularly in terms of the environments in which they are practised. Over 150 000 mental hospital beds in the early years of the NHS have fallen drastically in number, and have largely been redistributed into general hospitals and other settings. Rivett shows appropriate caution in passing judgement on this transformation.

The style is clear and straightforward, to an extent that the ideologically minded might regard as Whiggish, but, as a doctor rather than a historian, the author has seen the benefits which both the NHS and scientific advances have brought to ordinary people. From the 1980s, though, the story becomes much more complex in political terms as the substantial degree of common ground which had existed for decades is rudely shattered. Rivett avoids taking sides so far as he can, but worrying concerns about the effects of 'reforms' cannot altogether be hidden. One conclusion which might be drawn is that the efforts that have gone over the 50 years into committees, working parties, inquiries, and now 'focus groups' might have been drastically curtailed. Few of them have led to any practical or helpful action, yet at this moment, yet another inquiry is going on into the provision of health services for London.

While acknowledging what has been achieved, Rivett is cautious about the

immediate outlook. For staff delivering care to patients, he believes that “the cumulative effect on morale of management has been detrimental” while “The purchaser/provider division owes as much to dogma as to logic”. He adds that the systematic structure of the NHS (described by Daniel Fox as “hierarchical regionalism”) is being lost and that “whether a new and better service will emerge is far from certain”. He can say that again.

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Chronic Fatigue and its Syndromes

By Simon Wessely, Matthew Hotopf & Michael Sharpe. 1998. Oxford: Oxford University Press. 416 pp. £65 (hb). ISBN 0-19-262181-5

Chronic fatigue, as a symptom or syndrome, highlights the difficulty and, ultimately, the futility of a dualistic approach to the classification of disease. In clinical practice it occupies the hinterland between psychiatry and various medical specialities, of which neurology is the most relevant. Virologists, immunologists, food allergists and a veritable army of alternative medical practitioners all claim to have something to say about the condition. Few conditions in medicine polarise opinion more than chronic fatigue.

The treatments which have been shown to be effective all have psychological effects. Cognitive therapy is becoming the mainstay of treatment, supplemented by a programme of graded exercise. Antidepressant drug therapy, used by many doctors for this condition, has proved disappointing when evaluated by controlled trials but there is some evidence that monoamine oxidase inhibitors have a contribution to make and will be the drugs of choice if antidepressants are to be used.

The authors have written a sober and comprehensive review of a fascinating condition. Unlike many commentators on this subject they do not appear to have a particular axe to grind. Their approach is methodical and inquisitive, relying heavily on scientific proof, or lack of it, before evaluating aetiological theories and treatment options. They regard chronic fatigue syndrome as a heterogeneous condition and speculate that a number of different

aetiological factors play a part; the identification of these factors will in turn lead to a sub-classification of chronic fatigue syndrome.

Throughout the text frequent reference is made to the historical roots of the condition. The authors are keen to point out that chronic fatigue, under different epithets, has been recognised by several generations of doctors. The concept of old wine in new bottles has become an over-worked metaphor; the point is well made that there is nothing new under the sun. Neurasthenia, a diagnosis introduced by George Beard in the 1860s, became a concept merely of historical interest until resurrected and given respectability by an official ICD-10 category. This must be one of the greatest come-backs in the nosological business.

All three authors have made significant contributions to the management of people with chronic fatigue. They have written a useful book, which is by far the most balanced review of the topic currently available. The editing could have been tightened up and I suspect that any one of the authors could, single-handedly, have written a more digestible book. But a fractured style is the inevitable consequence of multiple authorship.

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Alcohol Misuse – A European Perspective

Edited by T. J. Peters. 1996. Amsterdam: Harwood Academic. 200 pp. £16/US\$27 (pb). £41/US\$68 (hb). ISBN 3-7186-5869-0 (pb). 3-7186-5814-3 (hb)

This a very odd book and it requires some scrutiny to discover its purpose. Its title is misleading and its content unbalanced. One would have thought from the title that this was a book looking at problems related to alcohol use from a pan-European perspective. Indeed, there are contributions from a number of European countries: Finland (2), France (3), Germany (2), Spain (3) and the UK (8). Yet however much one fantasises about the importance of Britain in Europe, or indeed about the map of Europe after a century or two, Europe will not be that shape.

The two Finnish authors, Jussi Simpura and Esa Osterberg, do present Europe-wide data on consumption and problems in the first and penultimate chapters. In between there are contributions on such topics as alcohol and nutrition, alcohol and the liver, alcohol and malignancies, muscles, pancreas, skin, HIV . . . all sorts. Only a few of those (Sherman *et al*, McManus & Weatherburn, Tuyns) include international comparative data, extending outside Europe. There is one chapter, by Agarwal, on racial/ethnic and gender differences in alcohol use and misuse which gets as far as Papua New Guinea, and another, by Higgins, where the claim to a European perspective seems to be a brief review of studies undertaken in Europe on psoriasis, but US studies are also included.

If we look at the book as a collection of review articles about physical damage related to alcohol consumption, how does it shape up? There is some material of interest here. Higgins' chapter on dermatology and alcohol brings together information not in the mainstream for alcohol specialists; similarly, the chapters on musculoskeletal disorders (Urbano-Marquez & Fernandez-Zola) and pancreatic disorders (Sarles, Bernard & Johnson). The data from Sherman *et al* about the proportion of the total number of liver transplants performed for alcoholic cirrhosis across Europe are interesting (Spain 18%, Finland 1.4%). The rest of the material is familiar and has been more eruditely expressed elsewhere.

Perhaps the book's intent lies in the fact that all chapters conclude with a list of proposals for future research. At the end of their 'Conclusion', Griffith Edwards and Tim Peters state:

“There is a need for a NIAAA [the American National Institute on Alcohol Abuse and Alcoholism] equivalent in Europe. Training in research methods, spanning the biomedical and psychosocial disciplines is an area that the EC could profitably target funds, accompanied by a parallel development of basic research programmes.”

While that aim is obviously entirely laudable, if this book represents an early example of the kind of products such an institute would manufacture, EU funders would be well-advised to broaden the base of such an institute by looking to other, more socio-psychologically oriented aggregations of European alcohol researchers.

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