

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

work was followed by research in physiology, at a time, the author says, when respiratory failure was scarcely recognised. He became an expert on breathlessness, leading to the Foundation Chair of Medicine at McMaster and, as is not uncommon in the vulnerable, achievement of a major ambition was then followed by severe depression, and in turn by mania.

Piling Pelion on Ossa, another manic episode was the cause of a severe road accident, in which his wife suffered particularly badly. This time in the relative's role, Professor Campbell makes trenchant criticisms of the culture of intensive care units, finding that whatever their technological sophistication, no one doctor would assume overall responsibility for the patient and no one told him what was happening to her. Mania stepped in again, when he was invited to return to London but became psychotic at the critical time.

Latter parts of the book were written while he was actually experiencing manic episodes and offer some insights into the upside-down logic that provokes their characteristic behaviour. Reading such an account, the armchair clinician should resist the temptation to believe that he could have done better than his colleagues on the job, yet when the author says of his condition that "drugs have not worked", it is hard to escape a feeling that perhaps they did not get a proper chance—difficult as he must have been as a patient.

This very frank story brings home the havoc that can still be wreaked on an individual and his family by severe affective illness. At the same time, the author is able to describe two cases in which his own determined efforts and clinical nous saved the lives of patients who had been given up by luminaries of the profession. That is not a bad record for any medical career.

HUGH FREEMAN, *Editor, British Journal of Psychiatry*

The Medical Evaluation of Psychiatric Patients. By RANDOLPH SCHIFFER, ROBERT F. KLINE and ROGER C. SIDER. New York & London: Plenum. 1989. 247 pp. \$35.00.

Psychiatrists in most branches of the profession should find this book very useful. Rather than evaluate the psychopathology of organic disorders directly, it deals in a very practical way with the differential diagnosis and investigation of potential organic causes of common psychiatric conditions.

Doubts over the diagnosis of atypical cases of, for example, anxiety, depression or mania, are often not fully relieved by available textbooks. How many of us could name 46 causes of secondary mania? What is the detailed differential diagnosis of organic causes of paranoid psychoses or of physical fatigue? How should hypoparathyroidism be detected? It is for extensive answers to those kinds of questions, applied in a psychiatric context, that this book is valuable.

The authors impart a strong sense of practicality and experience to the text. Discussion of the causes of a wide variety of psychiatric symptoms, the description of numerous procedures and investigations, the provision of clinical examples, evident good judgement and plentiful references make it enjoyable to read and create a sense of diagnostic sufficiency.

The only section which may seem a little odd to clinicians trained to eclectic psychiatric practice with an organic flavour is the first chapter where the case for examining and investigating patients is pleaded with an almost desperate air. Breaking psychoanalytic taboos by palpating the patient's body or taking blood is still evidently difficult in some quarters despite the implications of negligence.

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The Future of Mental Health Services Research. Edited by CARL A. TAUBE, DAVID MECHANIC and ANN A. HOHMAN. Washington: US Government Printing Office. 1989. 324 pp.

This volume consists of papers presented at a conference on the future of mental health services research held in Florida in February 1987. The main themes were the structure and organisation of systems providing mental health services; costs, financing, reimbursement and regulation; determinants and patterns of service use; outcome of service use; and the definition, classification and measurement of mental illness and services.

Two ideas immediately came to mind as I began to read. First, how refreshing it is to hear research managers in the United States being so up-beat about the possibilities for mental health research and funding. Secondly, the telling words of a former colleague: health service research is intellectual death.

In the event, the Americans discussed a range of issues important enough to stimulate and encourage even European observers. Perhaps of particular current interest to British psychiatrists are articles on the pursuit of quality services and the effectiveness of services for people with severe mental illness. Professor Morrissey with the final word, identified four specific topics as future research priorities: conceptualisation and measurement of severity of illness; content of services; measurement and analysis of service packages; and system of care as a unit of analysis.

We have a long way to go to match the approach taken by the NIMH in these matters. Regrettably, this valuable resource may be difficult to get hold of, but it is "for sale by the Superintendent of Documents, US Government Printing Office, Washington DC 20402".

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