

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.

C. Q. MOUNTJOY, *Consultant Psychiatrist,  
St Andrew's Hospital, Northampton*

**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.

HENRY R. ROLLIN, *Emeritus Consultant, Horton Hospital, Epsom*

**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