History of Psychiatry


Reviewer Rating: Good

Review by Sean P Beingessner, PhD, Ottawa, Ontario

Although this is a history book, it still has relevance to those who practise psychiatry today. It covers a period that could be considered the beginning or the root of modern treatment of mental disorders, and although one can appreciate the beauty of a tree without seeing its roots, one cannot know how a tree works without understanding the function of those roots.

The book covers a period when induced vomiting and bloodletting were the cure-all for most ailments—mental and physical—and covers a time when replacing chains and shackles with a straightjacket was considered a revolution in the humane treatment of mentally ill persons. Today, we would consider these doctors savages and barbarians. However, many of the events depicted in the book still resonate in world events today. One example includes the case of Margaret Nicholson, who felt so aggrieved by life that she believed she was the true Queen of England and attempted to assassinate King George III. A second case, the rich and powerful Earl of Ferrers, felt he was above the law and became surprised when society was offended that he had committed murder. Then, as now, “Mad-Doctors” had to deal with the difference between the deeply religious believer and the insane religious fanatic. All these have their echo in cases today.

The book focuses on Dr John Monro and his part in these cases, as well as on his public debate with Dr William Battie about the treatment of individuals with mental illness. It is an example of the age-old debate between the conservative believer, who follows in the good old tried-and-true treatments and the upstart who introduces new, unproved techniques. Even so, the details of this debate are important; during the 18th century, rudimentary scientific methods were beginning to be applied to ever-widening spheres of human activity. Did Dr Battie begin a revolutionary application of scientific principles to the field of psychiatry, or was he merely drifting on the winds of change to argue with a former and future colleague?

The book has been scrupulously researched and documented. The authors worked hard to present an even-handed treatment of both Monro’s and Battie’s positions. Still, one cannot help but feel that, deep down, the authors have come to view Dr Monro as a family friend, a man they have conversed with by the fire on winter nights, while Dr Battie is the upstart stranger. Their detailed research of Dr Monro has led to an overfamiliarity with his subject, but the insight it brings to the book more than compensates for any potential lack of objectivity. From section to section, a change in the rhythm of the book occurs, a rhythm that may reflect differences in style between the 2 authors. There are also situations wherein treating both sides of an issue with increased academic rigour ironically suggests an insecurity in the authors’ convictions—but these are minor points.

In conclusion, this book is an interesting and worthwhile read, but better value as a paperback.

General Psychiatry


Reviewer Rating: Excellent

Review by: Michael F Myers, MD Vancouver, British Columbia

This slim volume holds the reader’s attention from the prologue to the epilogue. Dr Rynearson, a psychiatrist at the Virginia Mason Medical Centre in Seattle, Washington, is a published authority in the field of bereavement associated with violent death. His work is particularly evocative because he merges his own story—his wife Julie’s death by suicide—and his clinical research with patients who have lost loved ones suddenly and violently. His premise is simple: individuals are changed forever by the violent death of a loved one, whether they die by accident, suicide, or homicide. There are no discrete stages, no precise
answers, and no “substituting a bright fantasy of recovery for the dark reality of death” (p xv). Dr Rynearson argues that the search for coherence in violent death is futile and that repeated questioning is exhausting and empty. What he offers is restorative retelling.

In the first few pages, we are told about Julie’s severe postpartum depression, magnified by the sudden death of their new baby from a brain hemorrhage. Overcome by guilt and unrelenting self-blame, Julie dies by drowning (leaping from a ferry on the way to a visit with her psychiatrist). Her body is never found. Dr Rynearson is left a widower with 2 young children. We are left emotionally shaken and transfixed by this young psychiatrist’s pain.

Retelling Violent Death is divided into two sections: “Coherent Retelling” and “Clinical Intervention.” This form works well. In Part 1, we learn much more about Julie’s life and death and about the author’s journey of healing. Restorative retelling cannot begin until distancing from the chaos is in place and resilience is regained. One of the chapters nicely illustrates and explains the challenges to coherent retelling: narrative, social, biological, and psychological. Other chapters include several stories from Dr Rynearson’s practice and the unique experiences of children and adolescents, with guidance for parents and caregivers. Part 2 is clinically rich. We are given a model for restorative retelling, strategies with individuals and with groups. This section also reviews the work of the “greats”: Janet, Freud, Adler, Lindemann (the 1942 Cocoanut Grove fire in Boston), Frankl, Lipton, and others. The remaining chapters address violence as a major public health problem in our society, the author’s thoughts about the popular term “closure,” and wise recommendations about prevention.

This book is reader-friendly, with short chapters, bold headings, a comprehensive list of references, a useful appendix with screening tools and intervention agendas, and a reasonable price. Clinicians eager to enhance their empathic understanding of violent bereavement and to improve their diagnostic and therapeutic skills will gain much from this fine book.

### Chronic Fatigue Syndrome

#### Chronic Fatigue Syndrome: A Biological Approach


**Reviewer rating: Good**

*Review by Ellie Stein, MD, FRCPC, Calgary, Alberta*

This small hardcover volume is a landmark publication on the topic of chronic fatigue syndrome (CFS). In a field where speculation and unproven hypotheses have run rampant, this book offers a welcome reprieve. Every argument is extensively referenced with original research. The evidence-based molecular model of CFS, which is argued in this book, will provide information that could radically change attitudes toward and treatment of this serious but controversial disorder.

The editors, Patrick Englebienne, PhD, and Kenny De Meirleir, MD, PhD, from the Free University of Brussels and RED Laboratories, head the world’s leading research group in the field of molecular biology of CFS. The authors are gathered from several independent research groups: the editors’ own group, Lebleu and others from France, Suhadolnik and others and Nicolson and others from the US, and McGregor and others from Australia. Despite different authorship in each chapter, the book is tightly edited and reads smoothly. One drawback, however, is that several figures require additional explanation to ease understanding. In addition, the book is filled with abbreviations for various molecules and receptors that are difficult to remember without more frequent reference to the full text. Reader beware! This volume is a technical book, requiring moderate knowledge of biochemistry and molecular genetics.

The core argument, to which the first 6 chapters are dedicated, is that dysregulation of the antiviral RNase-L pathway plays a central role in CFS etiology and symptom development. RNase-L is a phylogenetically preserved molecule that, when activated, degrades single- and double-stranded RNA of both viral and cellular origin. It is central to the control of viral replication and apoptosis (programmed cell death). Usually, RNase-L activation is tightly controlled by a series of regulating molecules. However, in patients with CFS, the native 83 KDa human RNase-L molecule is degraded to a 37 KDa molecule that, because of conformational changes, can escape the influence of RNase-L inhibitor (RLI) and other regulators of the antiviral pathway. Disinhibition results in cleavage of vital intracellular proteins such as G-actin.

Further, RLI is a member of the ATP-binding cassette (ABC) protein-channel superfamily. Other members of this family include drug and toxin transporters, the sulfonlurea receptor, the cystic fibrosis regulator, monoamine transporters, and proteins controlling antigen presentation. When the RNase-L is degraded to the 37 KDa form, fragments that interfere with the function of RLI and other ABC family members are released. This interference with ABC functions is posited to explain many of the physiological abnormalities and clinical symptoms found in patients with CFS: specifically, electrolyte imbalance and thyroid-receptor resistance.

The second portion of the book attempts to integrate the basic research presented in the first portion with clinical findings. Chapter 7 summarizes the findings from a factor analysis of a group of over 1500 Belgian patients who are studied in detail by Dr De Becker and Dr De Meirleir. The analysis shows that there are in fact 4 major symptom groupings in CFS: general infective symptoms, neurocognitive symptoms, musculoskeletal symptoms, and mood and psychiatric symptoms. The first 3 of these subjective symptom groups correlate strongly with various biochemical markers, including the ratio between concentrations of 37 KDa and 83 KDa RNase-L. The psychiatric symptom group shows far less correlation, suggesting that it is not a
core feature of CFS. By analyzing the correlational patterns between infective, immune, biochemical, and clinical measures, Dr Neil McGregor hypothesizes which CFS symptom clusters are due to acute infectious comorbidity, which correlate with host defense mechanisms, and which are secondary illness, caused by the accumulation or depletion of nutrients and pathway intermediates. Although many of these hypotheses have yet to be proven, they provide a new and exciting framework for understanding CFS and perhaps other chronic, ill-defined syndromes.

Chapter 8 reviews the evidence for and against the involvement of various individual pathogens in CFS, with specific mention of the role of chronic intracellular infection (viral, Mycoplasma spp, and Chlamydia spp) in an environment of impaired cellular toxicity (Th1-to-Th2 immune shift) and impaired apoptosis.

Chapter 9 provides a brief but comprehensive summary of clinical treatment trials in CFS, including several substances not often reported in reviews, such as dehydroepiandrosterone (DHEA), transfer factor, and Kutaressin. The largest section is devoted to the 4 clinical trials of the controversial drug Ampligen, a synthetic, mismatched, double-stranded RNA. Ampligen acts directly on the RNase-L pathway and has been shown to inhibit a wide variety of viruses in vivo. Phase 3 trials are ongoing worldwide.

The final chapter is the reader’s digest version of the most comprehensive hypothesis of CFS etiology and symptom formation published to date. Based on this hypothesis, the authors suggest a multilevel workup for CFS patients, including history, physical exam, and laboratory tests. Time and further research will reveal whether the treatments this elegant hypothesis hints at will change the currently bleak outlook for long-term CFS sufferers.

The research presented in this book is compelling, is well referenced, and is already changing attitudes toward CFS diagnosis and treatment. The book is especially recommended to those who have been looking for some solid evidence of biological abnormalities in CFS and are willing to wade through 170 pages of detailed molecular biochemistry. This book, though groundbreaking, is not a panacea. The editors have aptly titled the book “a biological approach.” They outline their biological theory of CFS exclusively and do not include commentary on the history, natural history, epidemiology, or psychosocial aspects of CFS. Nor do they fully examine evidence that does not support their hypothesis. A recent publication by Gow and others is evidence of ongoing debate, not addressed in this volume (1). The price tag, US$99.95 (Amazon.com price), is high, and despite the importance of the material, some readers may prefer to wait for the clinical implications to be more fully elaborated.

References

Geriatric Psychiatry


Reviewer Rating: Good

Review by Matt Robillard, MD, FRCPC, Toronto, Ontario

This textbook provides a comprehensive review of geriatric psychiatry in 5 sections: basic science, clinical practice, psychiatric services, specific disorders and sexuality, ethics and medicolegal issues. This third edition maintains a fresh slant on the various topics reviewed in earlier editions and allows opportunities for new authors to describe the important aspects of geriatric care. All chapters by contributing authors of the second edition have been revised and updated. This book reflects the development of geriatric psychiatry over the last 5 years (1997 to 2001). Fascinating to read was that a Russian translation of this series’ second edition is almost complete and will be published and distributed free of charge in Russian-speaking countries.

Drawn from all specialties and disciplines, 43 authors wrote this book. It was hoped that having multiple authors would allow for diverse style and perspective.

The cover of the book, however, did not impress me in that the colours did seem drab and unexciting. The book displays a drawing of an elderly couple sitting on what appears to be a firm sofa, and some of the joints in their hands and fingers are visibly large and deformed. Because there are no watches on the wrists of these individuals, I wonder whether time was at all important to them. Further, it is unclear how much energy, drive, mobility, or ability these people possessed to enjoy pleasurable pursuits. A memo stuck on the wall behind the sofa may represent some sort of reminder or memory aid for this couple. I imagine that either one or both of these people were living with some type of cognitive impairment. The expression on their faces seems somewhat distant, conveying a lack of life or passion. Certainly, there are patients such as these in all our practices. I would have preferred a sketch of livelier people with abundant energy, good spirits, and joy of life. Nevertheless, the book’s content makes up for this portrayal of the elderly; the authors’
energy and interest convey that the field of geriatric psychiatry is flourishing.

The basic science section includes chapters on the following subjects: biological aspects of human aging, the sociology of aging, cognitive change in old age, epidemiology, neuropathology, neurochemical pathology of neurodegenerative disorders in old age, molecular genetics and molecular biology of dementia, and the economics of health care provision for elderly people with dementia.

The clinical practice section comprises the following subjects: psychiatric and clinical cognitive assessment, physical assessment of older patients, psychological assessment and treatment, neuroimaging in the elderly, psychopharmacology, social work, psychometric assessment, dynamic therapy, family therapy with aging families, primary care, and consultation-liaison old-age psychiatry in the general hospital.

The psychiatric services section includes the following chapters: “Principles of Service provision,” “Carers’ Lives,” and “Expect More: Making a Place for People with Dementia.”

The specific disorders sections include chapters on the following subjects: dementia, delirium, depressive disorders, suicide, manic syndromes, neurotic disorders, psychiatric aspects of personality in later life, late-onset schizophrenia, very late-onset schizophrenic-like psychosis, “graduates” (the term applied to people who entered mental hospitals as nonelderly patients and stayed on in the institution, “graduating” to elderly status), and substance abuse.

The final section includes the following topics: sexuality, ethics, elder maltreatment, psychiatric aspects of crime, testamentary capacity, competence, managing the financial affairs of mentally incapacitated persons in the UK and Ireland, and driving and psychiatric illness in later life.

It is not unusual for a clinician to first look at sections on psychopharmacology, depressive disorders, manic syndromes, and clinical aspects of dementia when scanning a geriatric psychiatry textbook for the first time. In fact, I took this approach. The chapters differ with respect to current data and overall approach. However, some of the important work in geriatric psychopharmacology was not included. For example, there is a discussion about tardive dyskinesia, but there is no mention of the work done by Dr. Jeste, UCLA. Similarly, work done by Dr. Flint at the University of Toronto on lithium augmentation was not listed. I imagine that the ideas and contents of each chapter will be reviewed and revised with each new edition. I also wonder why some of what I consider important clinical practice patterns were not included. For instance, when the author describes the use of tricyclic antidepressants, no emphasis is placed on agent selection. It is fair to say that nortriptyline and desipramine are preferentially used and that doxepin, amitriptyline, and maprotiline (which is listed in one of the tables) are rarely used, at least in North America. I wish discussion had transpired on some of the more pressing clinical concerns, such as how to select the initial antidepressant, what to do if there is no response to one medicine, and the relative advantages and disadvantages of antidepressant augmentation, compared with substitution. I was interested to read that chloral hydrate is still used as a hypnotic, considering that it has been difficult, if not impossible, to obtain.

The chapter on psychopharmacology briefly describes the use of anticonvulsants—sodium valproate and carbamazepine—with little, if any, mention, of some of the newer anticonvulsants, such as lamotrigine, topirimate, and gabapentin. The chapter includes a description of amphetamines, stating they have an extremely restricted use in the elderly since they have the potential to induce addictive and psychotic states, but occasional use under strict supervision has been advocated to activate and enhance mood (Clarke 1978).

This shows that there is no universal agreement on this opinion and on the attitude toward psycho-stimulants.

I thoroughly enjoyed the chapters on depression and manic syndromes. I was impressed with the clarity and organization of Dr. Shulman’s and Dr. Herrmann’s writing on the manic syndromes. The material is easy to read, to the point, and written in a concise manner.

The chapters on clinical aspects of dementia are thorough and span 91 pages. Interesting discussions emerged on the advances of molecular biology and on our understanding of the pathogenesis of the dementias. The authors comment that, over the past 5 years or so, the search for a cure for Alzheimer’s dementia has become passionate, comparable with the search for a cancer cure.

The chapter covering sexuality, an important subject, impressed me. Dr. Oppenheim took the time and effort to describe the lives and mental health issues of some gay and lesbian older adults. Bravo!

In summary, this is a comprehensive 991-page book. The book should be used to review topics at length, but avoid using it as a quick reference guide.

**Psychiatrie générale**

**Vocabulaire de sciences cognitives**


Reviewer Rating: Excellent

Review by: Pierre Doucet, MD

Ce livre s’inscrit dans une collection prestigieuse comprenant des dizaines d’ouvrages reconnus dont le plus célèbre en psychiatrie est sans doute le Vocabulaire de la psychanalyse de Laplanche et
Il faut maintenant saisir le substratum, le sens profond de la démarche des auteurs du *Vocabulaire de sciences cognitives*. Rappelons-nous qu’en psychiatrie moderne nous sommes souvent confrontés au passage du psychisme au physique et vice versa. Nous sommes désireux de saisir le mécanisme concret de cette interaction. C’est le défi que les auteurs du vocabulaire tentent de relever. Ils réussissent à nous donner un aperçu de la question et à poser des jalons afin d’atteindre ce but.

C’est sûrement un pas dans la bonne direction et, pour nous des sciences de la santé mentale, ce livre devient donc un ouvrage de référence sans pareil. Pour vous donner des exemples concrets de la démarche des auteurs du vocabulaire, voici quelques-uns des termes qui nous touchent le plus et qui sont présentés et définis rigoureusement. Je les ai choisis dans notre sphère psychiatrique propre mais en tenant compte des extensions sémantiques modernes que nous devons explorer.

Ainsi : analyse computationnelle, autisme, cognition du bébé, créativité, émotion, épistémique, imagerie mentale, localisation céphalique, métacognition, modularité, psychophysique, robotique, système dynamique, vie artificielle, vieillissement.

La réalisation d’un tel vocabulaire n’est jamais facile, mais écrire ou créer un vocabulaire dans un domaine pluridisciplinaire, de surcroit jeune, est une tâche encore plus complexe. Paraphrasant les auteurs, j’ajoute que cette tentative remplit les promesses ou les propositions qu’ils nous offrent, à savoir qu’il est tout de même possible pour le lecteur de dégager un sens des sciences cognitives, ne serait-ce que l’esquisse de leur architecture, en prenant connaissance de la combinaison de textes hétérogènes qui découle de la rédaction collective. Ceci peut se faire malgré l’incohérence ici de l’ordre alphabétique imposé nécessairement par la formule choisie d’un vocabulaire.

Je recommande donc l’achat de ce volume qui, au prix de soixante-deux dollars, est très abordable pour un écrit de cette qualité, d’autant qu’il est publié en France par une maison d’édition dont la réputation, particulièrement dans le domaine de la psychiatrie, est solidement établie.