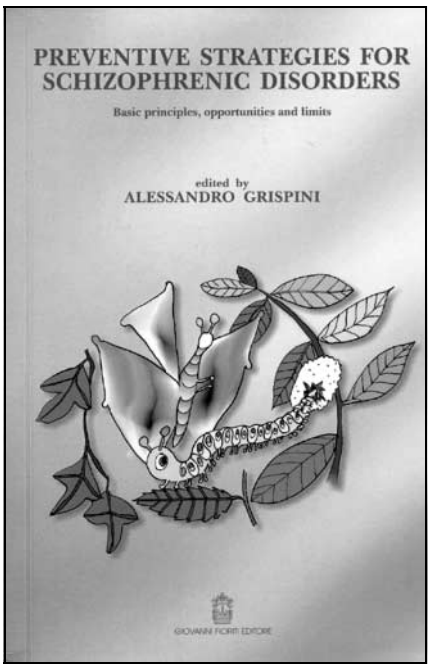
Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Prevention Strategies for Schizophrenic Disorders: Basic Principles, Opportunities and Limits

Edited by Allessandro Grispini.
Rome: Giovanni Fioriti. 2003. 369 pp. £50 (pb). ISBN 88 87319 42 1



A prevention for schizophrenia is still a holy grail and whether it exists at all is the $64 000 question. This grail is no closer and answers to the big question are no clearer after reading this multi-author collection of essays.

Prevention is classically divided into primary, secondary and tertiary, although the second and third are concerned with treatment and management in the health service. Primary prevention of new cases of disorder is quite different and often relies on population-based methods and changes in policy. Thus, primary prevention of cardiovascular disease includes limiting tobacco advertising and improving food labelling. Primary prevention of sudden infant death syndrome has involved public education programmes to encourage parents to lie their babies on their backs.

What are the likely public health interventions that might reduce the incidence of schizophrenia? First we must ask what causes schizophrenia. A number of chapters in this book give excellent reviews of the literature considering this question, although many are tailored to this book only by the insertion of a beginning and ending paragraph on prevention. Some of the risk factors, such as being brought up in an urban environment, seem to give little hope for prevention unless cities are done away with. Genetic risk factors can, at present, be used only to counsel those with affected relatives. Obstetric difficulties may be a causal factor, but services are in any case trying to reduce these and there would seem to be little scope for further action.

So what is the conclusion about the prevention of schizophrenia? Many limits and not many opportunities: further research is needed.

Glyn Lewis Professor of Psychiatric Epidemiology, University of Bristol, Cotham House, Cotham Hill, Bristol BS6 6JL, UK.
E-mail: Glyn.lewis@bristol.ac.uk

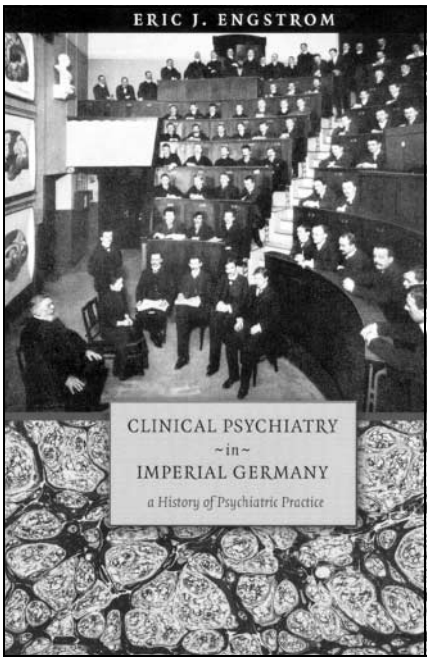
Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice

By Eric J. Engstrom. Ithica & London: Cornell University Press. 2004. 295 pp. £29.95 (hb). ISBN 0 8014 4195 1

Eric Engstrom is a bilingual historian who has already published scholarly works in both English and German, focusing on the 19th century. This time, he has examined the evolution of the psychiatric profession in Germany, from just before national unification to the outbreak of the First World War. In this story, he finds the outstanding process to be the rise of university psychiatric clinics, providing a contrast with the established culture of the asylum.

Engstrom describes the mental hospitals of the mid-century as 'institutions of discipline and care, expressions of both bourgeois moralism and solicitude. Their directors were patriarchs . . . their exacting house rules effected a certain bedlamic order' ('bedlamic' is a new adjective to me). In this they resembled institutions elsewhere in Europe and in the USA, but in Germany the system was more efficient and even more rigid. Nevertheless, by the end of the century 'entirely different institutions had come to represent the epitome of professional power and knowledge'. These were the university psychiatric clinics, which were significantly smaller, centrally situated and headed by doctors who were not only clinicians and administrators but natural scientists. In Engstrom's view, they were nationally conceived to try to solve the troublesome 'social problem' of insanity. British readers will then wonder why nothing like this existed in the UK until the late 1930s – an enigma that awaits an historically satisfying answer.

One factor here may be the more intrusive power of the state in Wilhelmine Germany, which made professional practices inherently 'political'. From the other direction, psychiatrists are said to have 'mobilised much of the cultural machinery needed to expand the profession's influence across civil society'. Anticipating the 1960s, Engstrom identifies a movement of 'anti-psychiatry' in this period, but regards fear of confinement in an asylum as indicating a

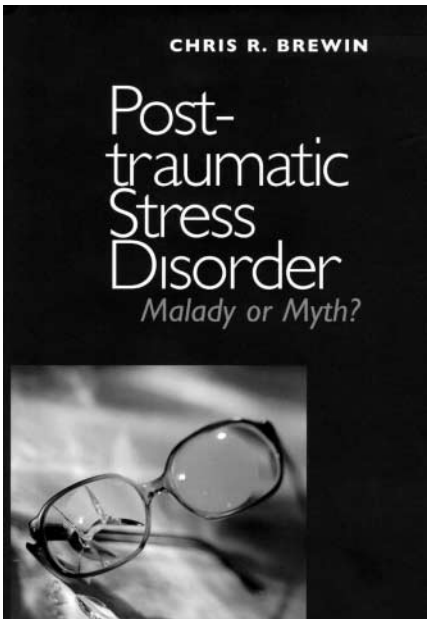


https://doi.org/10.1192/bjp.185.6.523-a Published online by Cambridge University Press

'heightened sensitivity for liberal and democratic values'. There were even calls from some German psychiatrists for a move to community-based care, revealing an active response to the social questions of the day.

This is an exhaustively referenced work, and one that makes a significant contribution to the psychiatric history of the period. What would be fascinating would be an examination of how these trends influenced the German response to the mass psychiatric casualties of the First World War.

Hugh Freeman Honorary Visiting Fellow, Green College, Oxford OX2 6HG, UK



Post-Traumatic Stress Disorder: Malady or Myth?

By Chris R. Brewin.
New Haven, CT: Yale University Press. 2003.
272 pp. £25 (hb).
ISBN 0 300 09984 3

Chris Brewin is the Professor of Psychology at University College London and is an expert in both post-traumatic stress disorder (PTSD) and memory. This volume is from the Current Perspectives in Psychology Series.

As the title might lead one to expect, Professor Brewin initially explores the topic in an adversarial way, presenting the argument for and against the concept of PTSD and the relative aetiological importance of exposure to a traumatic event compared with premorbid vulnerability. This is well-travelled ground and those whose special interest is PTSD will not find anything particularly new or startling in the first third of the book. However, it is a good overview of the area and with an international rather than purely North American perspective. Less predictable, and arguably more interesting, Brewin then reviews the evidence and explores possible theories that explain the laying down of traumatic memories and how this process might shed light on the core symptoms of the disorder. This forms a substantial part of the book and it is not something that one could readily deduce from the title, which is a pity as there are few reviews of this subject in the PTSD literature.

The author covers a wide range of issues related to memory, including concepts of repression, the recovered memory debate and how this relates to Freudian theory. He criticises both sides of the debate for failing to distinguish between observations and theoretical explanation. He then presents some of his own research on memory inhibition and argues for the concepts of a visual accessible memory (VAM) and a situational accessible memory (SAM), which form part of the dual representation theory for PTSD. This provides a feasible explanation for the phenomena of repression and dissociation.

One chapter covers the prevention and treatment of PTSD, including the controversial area of psychological debriefing. Finally, there is a summing up and a look to the future.

Overall, this is a well-written volume with excellent and comprehensive references (although I would have preferred a title that was more indicative of the content). It would be of value both to a relative newcomer to the subject and to an expert.

Martin Baggaley Consultant Psychiatrist, South London and Maudsley NHS Trust, Ladywell Mental Health Unit, Lewisham Hospital, Lewisham High Street, London SE13 6LW, UK

https://doi.org/10.1192/bjp.185.6.523-a Published online by Cambridge University Press