
This is the second, revised edition of a most useful and reasonably priced short textbook of psychiatry. It is an expose of the approach of the Washington University Department of Psychiatry at St Louis. The St Louis group have always stressed the importance of diagnosis and of reliable diagnostic criteria in psychiatry. Their methods include careful clinical description of patients, long-term follow-up and detailed investigation of family history.

The book contains twelve sections, each dealing with one of the psychiatric syndromes recognised as independent disorders by the St Louis group. A great deal of “hard” information is presented briefly and lucidly, with very extensive reference to the literature. There is very little on psychodynamic or other theories of causation, although key references are provided. There are, in the case of each syndrome, brief sections on clinical management, again with extensive citations of the literature. An appendix contains a vigorous defence of the concept of disease in psychiatry together with research diagnostic criteria for all of the syndromes described in the book.

This little book provides an introduction to the main psychiatric disorders and it is an excellent source of references to the research literature. There is very little theorising, there is no room for detailed discussion of contentious issues (such as the classification of depression) and some important topics (such as parasuicide) are not considered at all. But within its own limitations the book can be warmly recommended.

JL GIBBONS


The author is a distinguished clinician who somehow found the time to write a standard textbook of neurology, now in its 7th edition, harry a reluctant Sigmund Freud into taking him into analysis, and submit a treatise on war neurosis before embarking on a long career in academic psychiatry. After the war he helped set up the new psychiatric and psychosomatic institute at Michael Reese and later became first editor of the Archives of General Psychiatry.

Who better then to comment on the evolution of American psychiatry during the last 50 years? The early chapters are mainly autobiographical and provide a lively account of psychiatry in the immediate post-war years. The later chapters consist of essays on clinical topics and on the broader aspects of psychiatric research and education. The quality is uneven. The political infighting among the Chicago analysts and the emergence of Alexander as the doyen of the psychosomatic school is described with a vividness that comes from first-hand experience.

The clinical chapters are the least edifying. The writing is lax and repetitive and the subject matter poorly organised. The virtues of empiricism are repeatedly emphasised and the analysts are castigated for their lack of science; but when drawn into clinical topics the author’s own reliance on analytical concepts keeps breaking through.

The book ends on a gloomy note. Federal and State financial support is diminishing, medical bureaucracy is increasing; the author is out of sympathy with the reductionists who spend too much time “developing little pieces of information.”

Book reviews

Parts of this book contain historical information which may be of interest to the specialised reader, but the non-psychiatrist will look in vain for any useful clarification of contemporary clinical and research issues.

BK TOONE


This interesting little book can be looked at in two ways. As a compendium of recognised biological markers of malignant disease it is a useful guide for the clinician and a source of references. Many will find it more interesting as the attempt of a distinguished physician to bring some order into the many clinical phenomena related to cancer. Professor Waldenström has been a prolific describer of new syndromes because his ingenious conceptual models have made him alert for the interesting but rare (“not statistically significant”) associations of disease syndromes which lead to new discoveries. The unifying hypothesis of the present work is that the production of active polypeptides by tumour tissues can be interpreted as the result of de-repression of dormant genomes: the cancer cell is a random producer of a number of active and also of inactive polypeptides. Naturally some tumours, as myeloma, synthesise monoclonal immunoglobulin and so have immunological presentations rather than hormonal. To the neurologist, the book is recommended for its introductory chapters which must fascinate all readers. The section on nervous system and muscle disorders related to cancer are not so satisfying.

JA SIMPSON
Paraneoplasia. Biological Signs in the Diagnosis of Cancer

JA Simpson

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