

toward approachable neurotic patients rather than the insane. This changed in the 1980s and 1990s with the burgeoning influence of biological psychiatry, which, despite earlier advocates in academic circles, had been largely decried in the 1970s, mainly as a result of the continued effect of critical anti-psychiatry. The founder of bio-psychiatry in the Netherlands, H M van Praag, left in the early 1980s for the United States, only to return after some ten years. The quick rise of biological psychiatry did not mean the end of psychological and social approaches, which continued to have a strong presence. The critical voices of psychotherapists and social psychiatrists could still be heard and even leading proponents of biological psychiatry warned against its one-sidedness and biological reductionism. If the emphasis in Dutch university psychiatry had shifted in a medical-biological direction, its heterogeneous tradition remained in place.

All these developments are addressed in this accessible and very readable study by De Waardt. Unfortunately, however, his account largely concentrates on the centrally located universities of Amsterdam, Utrecht, and Leiden, while other universities receive but slight attention. This leads to a rather unbalanced picture of Dutch academic psychiatry. Thematically, too, De Waardt's study is somewhat one-sided: while psychoanalysis and child psychiatry are given ample space, the reader searches in vain for accounts of the significance of, for example, social psychiatry, epidemiology, or forensic psychiatry in academic psychiatric practice. A complete overview of all psychiatry chairs and sub-specialties is absent (with many factual data randomly scattered through footnotes), while also the information provided on curricula and scientific research, based for instance on dissertations, leaves much to be desired.

As an angle for his account of the history of Dutch university psychiatry, De Waardt puts much emphasis on personal elements: the actual experiences of leading professors and their views on the field. Such an approach can certainly be justified inasmuch as it applies to the period until the 1960s, in which university psychiatry was

still quite small-scale and few professors had much influence on the field's content. This same perspective, however, seems less suitable for mapping the past four decades, during which the number of chairs and academic staff strongly increased, psychiatry and neurology each went their own ways (a topic the author does not address systematically), and academic psychiatry became differentiated in sub-specialties. This comes to light in particular in the final chapter that concentrates on bio-psychiatry. Although De Waardt stresses that it did not marginalize social psychiatry and psychotherapy, he subsequently ignores recent developments and changes in the content of these two areas.

De Waardt sets aside much space for conflicts and skirmishes, affairs and scandals, as well as for mutual rivalry and envy among professors. Such focus may well provide a basis for a systematic analysis of the content of academic psychiatry and the social field of force in which it developed. Especially in the first chapters, the author does indeed succeed in realizing this, but more than once anecdotes prevail over analysis, while the book's style also gives one the impression that it was written hastily. To justify calling the study a cultural history of Dutch academic psychiatry, as the subtitle has it, much more attention should have been devoted to broader social developments. In this respect this study lives up to its promise only in some episodes, notably the period of the Second World War.

Harry Oosterhuis,
University of Maastricht

Christopher M Callahan and German E Berrios, *Reinventing depression: a history of the treatment of depression in primary care, 1940–2004*, Oxford University Press, 2005, pp. xvii, 214, £30.50 (hardback 0-19-516523-3).

Over the last ten years, according to the WHO, depression has emerged as the leading cause of disability amongst young adults in developed countries. It is estimated that 3 per cent of the

global population now suffer from the disease and over twenty million take Prozac. The apparent growth of this illness and the appearance of new treatments (especially the SSRIs) has attracted widespread critical comment. Sceptical psychiatrists, such as David Healey and Elliot Valenstein, have traced the role of the major pharmaceutical companies in the identification and marketing of psychiatric conditions and pharmaceutical solutions; bioethicists and therapists, such as Carl Elliott and Peter Kramer, have argued that we are entering an era of cosmetic pharmacology as new pharmaceutical treatments make possible new conceptions of identity and agency. Yet despite the considerable critical and philosophical comment that the rise of the new anti-depressant treatments has attracted, few have engaged in any serious examination of the actual coalface of depression treatment—the frontline prescribing work of general practitioners and family doctors in Britain and the USA. *Reinventing depression* does just this. It provides a welcome and necessary intervention in both the debate over anti-depressant use and the historiography of late-twentieth-century psychiatry.

Callahan and Berrios argue that the persistence of depression in industrialized countries can be attributed to the ongoing attempt to treat mental illness as a clinical rather than a public health problem. The appearance of new pharmaceutical treatments has moved in tandem with the development of materialist models of the disease. This faith in neurobiological aetiologies has led, the authors argue, to our under-estimation of the social and psychological factors that contribute to the illness and to the under-recognition of the burden of depression in the wider community. The failure of our current approach to depression does not arise from any particular inadequacy in the newer forms of drug treatments or clinical investigation, rather it is an artefact of wider political changes in the status and organization of general practice and primary care psychiatry.

In their exploration of the connections between our changing conceptions of depressive illness and the changing practice of primary care,

Callahan and Berrios have produced an exemplary and deeply nuanced piece of medical history. They begin their case contesting the myths of the “old time doctor” and the idea (advanced by Edward Shorter) of a traditional empathic doctor–patient relationship. Instead they draw on early post-war surveys of primary care by J S Collings and Stephen Taylor to argue for a long tradition of overworked and under-funded local practitioners prescribing non-specific sedatives and hypnotics to patients presenting for psychological distress. They claim that levels of psychiatric morbidity in the community have remained fairly constant although they recognise that the clinical profiles of certain mental diseases are mutable and reflect wider social and environmental transformations. Callahan and Berrios make perceptive connections between the changing clinical profile of depression, new developments in pharmacology and epidemiology and the political organization of general practice. They demonstrate the limited impact of the new anti-depressants of the 1950s (chlorpromazine, imipramine and the monoamine oxidase inhibitors) outside asylum psychiatry, arguing that it was market driven promotion of the non-specific minor tranquillizers that established the treatment regime for emotional disorders in primary care. Likewise the development of new gradualist models of morbidity in cardiology (notably Pickering’s work on hypertension) led to new measurements of the severity of depression, which in turn supported new epidemiological investigations into the under-reporting of emotional distress in the wider community.

My only minor cavil with this sophisticated reading is that it tends to under-estimate the role of general practitioners themselves in the development of new psychiatric treatment regimes. Certainly many of the authors’ arguments for the unique opportunities afforded to the general practitioner for longitudinal studies of the history and context of emotional disorder were made by visionary general practitioners like C A H Watts back in the early 1950s. Similarly the role of the Royal College of General Practitioners in fostering

primary care research into psychiatric epidemiology is not acknowledged, which is surprising given that this contributed in part to the new assessment of psychiatric morbidity described in the volume. These are, however, very minor quibbles in what is an extremely thoughtful and impressive piece of work.

Rhodri Hayward,
University of Exeter

Jérôme Pedroletti, *La formation des infirmiers en psychiatrie: histoire de l'École Cantonale Vaudoise d'Infirmières et d'Infirmiers en Psychiatrie, 1961–1996 (ECVIP)*, Bibliothèque d'Histoire de la Médecine et de la Santé, Geneva, Georg Editeur, 2004, pp. viii, 232, €24.00 (paperback 2-8257-0884-4).

The introduction to this book indicates that it is not quite the work of an historian. This is true. Nevertheless, the author has produced a history of a subject barely explored by historians, at least French speaking ones—nurses and their training—and this is its first merit. Pedroletti, a nurse himself, has had access to many archives, which made it possible for him to embark on an historical investigation. The result is a book which contrasts sharply with those mostly based on published testimonies. This is its second merit.

The study relates the history of a Swiss cantonal nursing school near Lausanne. It investigates how training for psychiatric nurses was thought through and subsequently managed. The school was founded in 1961. From the start, debates revolved around the question of a specially designed curriculum for psychiatric nurses as opposed to a common syllabus for all nurses. These debates caused some discord and the institution experienced three major crises in 1967, 1978, 1991, each leading to the resignation of the director and failing to produce any permanent solution. The reader gets the feeling of an institution constantly questioning and not immune to commotion within psychiatry itself. The author concentrates on the conflicts inside

the school, but it is not clear whether these are conflicts of personalities or diverging conceptions of what a nurse should be.

The author claims that working on this subject involves going back to the conception of the organization of care in hospitals and the definition of psychiatry. Indeed, the backdrop of the debates around the psychiatric nurse is the larger debate on the specificity of psychiatry within medicine and therefore the specificity of psychiatric cures in comparison to other types of cure. In other words, the discussions on the relationship between the mental and the moral form the setting for the discussions concerning the need for psychiatric nurses.

Pedroletti has done his work thoroughly. Although at least partly involved in this history, he has abstained from any comment too closely linked to his own professional experience. The interest and the benefit of this study lie in the author's good knowledge of scientific material and his use of largely unpublished documents. However, he does not always make the best use of these, and facts are delivered without the analysis which would enlighten the reader. Nevertheless, a chronology and a sociological presentation of the nursing profession usefully complete the book, thus offering an exhaustive illustration of the Swiss situation. The author's approach can be explained by his desire to differentiate the role of the historian from that of the practitioner. Who could see anything wrong with such careful forethought?

Jean-Christophe Coffin,
Université René Descartes, Paris

David F Smith and H Lesley Diack with T Hugh Pennington and Elizabeth M Russell, *Food poisoning, policy and politics: corned beef and typhoid in Britain in the 1960s*, Woodbridge, Boydell Press, 2005, pp. xiv, 334, illus., £50.00, \$90.00 (hardback 1-84383-138-4).

This handsome book—admirably including bottom-of-the-page footnotes rather than chapter endnotes—is the major published outcome of a Wellcome Trust-funded project on the Aberdeen