

Book Reviews

A fascinating and complex example of indigenous ideas and therapeutic responses to insanity is explored in chapter three, 'Witches, Spirits and Hysteria'. This was the widespread outbreak of mental suffering called *indiki* (possession by evil spirits) among women in Zululand from 1894 to 1914. Parle draws on ethnographic and anthropological theory to conclude that *indiki* was "a socially acceptable form of articulating personal and wider pressures" (p. 158) by women at a time of great socio-economic upheaval and stress. Methods used to rid themselves of the spirits included ritualized forms of healing and the taking of herbal medications; notably, the role of colonial psychiatry in this dramatic episode was irrelevant. The "colonial position" was confused and contradictory, and ultimately psychiatric authorities left those afflicted to turn to indigenous medicine or Christianity for solace.

Chapter five, 'Death in Black and White', examines the high rate of suicide during this period among the population of indentured Indians brought to Natal as agricultural labourers. It is only through a focus on suicide, Parle explains, that the large Indian community can be included in a study of mental illness in the colony. This is because the Indian population was significantly under-represented in the number of asylum patients, not least because of the colonial government's practice of simply shipping back to India labourers deemed unfit for work because of insanity. Given the brutal conditions under which Indians were forced to live and work, and the callous disregard of the colonial authorities for their well-being, Parle calls suicide an "understandable reaction" (p. 207) to extreme mental anguish.

States of mind is a compassionate social history of madness that seeks, when sources permit, to make visible individuals from a variety of cultures that suffered from insanity and attempted to regain mental health. It is also an informative history of the relationship between the colonial state, psychiatry and the insane. This study is an important

contribution to the historiography of medicine and madness in Africa.

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Daniel R Wilson and Gerald A Cory, Jr,
The evolutionary epidemiology of mania and depression: a theoretical and empirical interpretation of mood disorders, Lampeter, Edwin Mellen Press, 2007, pp. v, 396, \$129.95 (hardback 978-0-7734-5209-1).

We should never judge books by their covers or indeed their typesetting. Were we to do so, then this unglamorous-looking book would be found wanting on both counts and, in the process, we would end up ignoring an interesting set of questions, arguments and hypotheses that claim to announce the new field of evolutionary epidemiology. Yet, just as the cover and typesetting imply little concern for the aesthetic sensibilities of audiences, so too is it unclear to whom the authors direct this manifesto. Although spotted with occasional references to arguments by Aristotle, Bacon, Nietzsche, Darwin, Tuke, and other figures of historical and scientific import, this cannot be a book intended for historians of science or medicine. It seems equally unlikely that most psychiatrists, ethologists, neuroscientists, or geneticists will have the time to dedicate to it—it is long but possesses a rather short message that the authors could have condensed into a review article. Nevertheless, this book would appeal to any scientist or clinician with a passion for big pictures, synoptic arguments and theoretically ambitious syntheses. Its primary audience is probably one that does not yet exist—a new generation of scientists and clinicians who may become enamoured with its ideas (if they ever get around to reading the book).

In this work, Daniel Wilson and Gerald Cory ask a very large question. They wish to know how and why it is that certain psychiatric disorders (presumed now to be at

least partially genetic in origin) should appear with a population frequency far greater than evolutionary theories would permit for conditions so seemingly mal-adaptive (see pp. 130–1). In a subsequent argument that ranges across contemporary theories on the evolution of human sociality and its normal limits, through to discussions of psychopathology, population genetics, game theory, anthropology, sociology and, ultimately psychiatry, Wilson and Cory arrive at the startling conclusion that “neuropathologies of talent” probably possess evolutionary advantages that promote their survival in the population. While these neuropathologies appear, the authors claim, to be (and often are) mismatched to their industrial and post-industrial societies, the advantages conditions like mania or bipolar disorders bring in terms of innovation, creativity, intensity, imagination, ambition and even sexual desire, offset the destructive tendencies that accompany these conditions, such as: self-medication with alcohol and drugs, paranoia, megalomania, and domestic instability. They thus pithily summarize the implications for psychiatry in their penultimate chapter: “It is important that any genetic therapies [should] not assume disease is simply disease. Certain polymorphisms of at least utility are at risk of misguided therapy. Surely other gene systems now notable only as causes of individual disease will come to be seen, in the light of evolutionary epidemiological analysis, as fundamentally salubrious characteristics” (p. 295).

Wilson and Cory’s argument is elegant in its simplicity. If their theory is correct, moreover, then it is also easy to see that clinical and cultural perceptions of certain psychiatric diseases would necessarily have to change. The strength of their work is that it does not sink into an unending search for neural structures that might circumscribe normal behaviour and thus explain pathological disorder. Instead, the authors search for genetic aetiologies: hence long and short discussions of Hamilton’s Rule, Hardy-Weinberg equilibriums, quasi-Mendelian

genetics, and Hawk/Dove strategies appear with greater frequency than do discussions of the brain and nervous system. This strength, however, also reveals the central weaknesses of the text. Often the links between the many different areas of scientific knowledge are asserted rather than revealed, necessary constructs become black boxes (i.e. reptilian neo-cortex), hypothetical species (i.e. Hawks and Doves) supplement for hard examples, affective states (i.e. ego and empathy) become reified, and the relationship between reductive biological structures (neurotransmitters) and correlative behaviours (affection) assumed obvious and demonstrated. In consequence, like many clinical and scientific works that attempt a general statement, Wilson and Cory’s theoretical and empirical treatment, while rich and thoughtful, cannot fully deliver. Thus this work, which, nevertheless, represents a fine attempt at synthesis, may not get the attention it deserves.

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David Boyd Haycock, *Mortal coil: a short history of living longer*, New Haven and London, Yale University Press, 2008, pp. xii, 308, illus., £18.99, \$30.00 (hardback 978-0-300-11778-3).

Four centuries ago in western Europe more people died in infancy than at any other age. Those who survived childhood could be expected to live to about today’s age of retirement, and a few to eighty or a bit more. Since then death before the age of sixty has become uncommon. The number of centenarians has surged; this year Japan deemed bonuses formerly paid to centenarians no longer affordable. We appear to be on the way to having significant numbers of people live to be 100, even 110, but probably not 120. Judged by an ability to perform physical and mental tasks, old age has receded. This past, projected forward, gives us hope of mentally