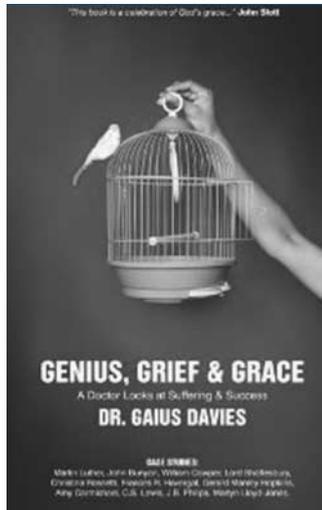


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Genius, Grief & Grace:
A Doctor Looks
at Suffering & Success**

By Gaius Davies.
Christian Focus Publications. 2008.
£12.99 (hb). 384pp.
ISBN: 9781845503598

Dr Davies introduces us to 11 of his own Christian heroes, unpacking their personal struggles, failings and successes, and at the same time explaining their Christian beliefs.

The heart of his thesis relates to his definition of grace as a part of God's general goodness, the rain that falls on the just and the unjust. He amusingly quotes Lord Bowen:

The rain it falleth on the just
And on the unjust fella;
But more upon the just because
The unjust stole the just's umbrella.

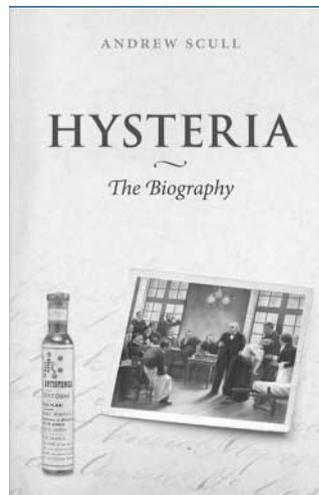
An important part of Davies' theory is that God's light is reflected through the acceptance and presence of holiness or grace in a person, but that grace itself does nothing to change the person's temperament. The 'saints' he describes were difficult people to live with and often struggled with their faith.

Some of Davies' choices of subject seem idiosyncratic to me and may be of less interest to others too, except for the particular personality problems they present. The author did not set out to explore issues of spirituality and psychiatry, as addressed by other contemporary authors, but his analysis of the development of personality and faith will read well enough alongside those other titles for the interested psychiatrist.

I note that Dr Davies has published widely on related topics and perhaps his intended audience is primarily a Christian one. He reveals flashes of insight into his own character, beliefs and deep faith, which at times sits uncomfortably alongside his historical documentary style. Will non-Christians find the text accessible and informative? Inevitably, some pre-existing knowledge is assumed, but each chapter does stand on its own and Dr Davies' erudite descriptions and analysis of the characters of well-known authors such as C. S. Lewis or John Bunyan will be enlightening to all.

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Hysteria: The Biography

By Andrew Scull.
Oxford University Press. 2009.
£12/99 (hb). 240pp.
ISBN: 9780199560967

Scull has written many books on the history of psychiatry and this one covers familiar territory, taking us through the turf wars between Victorian gynaecologists, psychiatrists and neurologists, who fought for the right to manage (and exploit) patients with unexplained physical symptoms. The paternalistic misogyny evinced by these physicians still has the capacity to shock. Scull describes in vivid detail the contribution of the American Civil War, the 'circus' orchestrated by Charcot, the 'Napoleon of the neuroses', the Freudian diversion that followed, and the psychosomatic symptoms in men generated during the First World War.

But it is the final chapter, 'L'Hysterie morte?' that I found of most interest. Here Scull asks, 'where are the hysterical invalids. . . all apparently vanished into the ether?' His thesis is that the disorder has shuffled off into oblivion. But nothing could be further from the truth: patients with hysterical (conversion) disorders present in general hospital wards, neurological out-patients and medico-legal settings with a frequency that would surprise Scull and others such as Shorter who argue that cultural factors have 'shaped' the more florid presentations of functional neurology out of the clinical arena. Recent epidemiological studies suggest a burden of disability associated with chronic hysteria which is far higher than a typical practising psychiatrist might suspect or than is reflected in standard textbooks of psychiatry or clinical neurology.

Scull ascribes this state of affairs in part to the demise of psychoanalysis (irrelevant in my opinion), psychiatry's preoccupation with Big Pharma and the hegemony of DSM. But it is more complex than this. These patients reverberate around general hospitals, often after relatively trivial accidents and injuries, as Charcot pointed out, but by the time they are referred to psychiatrists they usually have gross untended disabilities, especially if treatment is delayed as is invariably the case. They are largely ignored by modern psychiatric services, which are focused on the creation of crisis services, 'risk assessments' and home treatment: patients with neuroses and gross disabilities are outside their remit.

Why should this be? It appears to me that primary care trusts and commissioners of healthcare are preoccupied with 'serious mental illness', patient pathways and early intervention designed to reduce (mental) hospital stay. But assigning treatment resources to this group of patients would make economic sense, especially in a cash-strapped National Health Service about to be subjected to further financial cuts. In a survey carried out on patients with persistent, unexplained physical symptoms in Devon it was conservatively estimated that the lifetime costs of these disorders