



columns

outer space. His recollection of this period is of mental exhaustion with an increasingly powerful understanding of a secret world unknown to others.

Twelve years ensued with involuntary admissions to psychiatric hospitals. Guilt, the need for penitence and dread became more prominent; voices argued within his head. Insulin coma and tranquilisers were given. Drug treatment conferred major benefits, renewing creativity, but he discontinued medication for a reason not usually proffered to psychiatrists: "If I take the drugs I stop hearing voices." Eventually he was accepted home by his wife and allowed to attend Princeton informally.

During his 40s and 50s Nash and others noticed a gradual weakening of his psychosis. He still experiences abnormal thoughts and voices, though with minimal intensity. He now recognises their unnaturalness and rejects them, or wards them off by avoiding reflection on subjects, such as politics, that have provided a focus for psychotic beliefs.

What trick of genes or environment cruelly ensured that a son of Nash developed schizophrenia when 13 years younger than his father had been? Or determined that an illegitimate son, who spent his early years in a succession of foster homes, escaped the illness? More hopeful is the reminder that schizophrenia can substantially and spontaneously improve, even while untreated. Also reassuring is the success of medication, while it was taken, in dispelling both positive and negative symptoms and restoring talent. Credit should be given to his wife and to Princeton. Their tolerance and understanding are patently the opposite of strong expressions of emotion.

The biographer portrays mathematicians as usually remote or odd, citing examples that include the mental illnesses of Newton and Gödel. Yet her case is not proven; indeed she describes several practical and well balanced colleagues of Nash. With this minor reservation I recommend her sensitive account for professional and lay readers alike.

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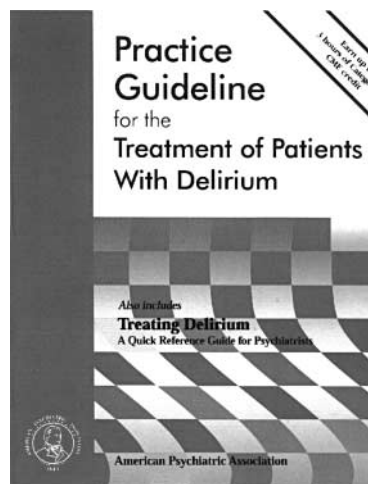
### Practice Guideline for the Treatment of Patients with Delirium. Also includes Treating Delirium: A Quick Reference for Psychiatrists

By the American Psychiatric Association. Washington, DC: American Psychiatric Association. 1999. 64 pp. \$22.50 ISBN 0-89042-313-X

This is the tenth in a series of practice guidelines published by the American Psychiatric Association and has been

produced by consensus forming among experts in the field of delirium. I think the guidelines are excellent, providing a useable and welcome review of the management of delirium, as well as showing the direction developments in the management of this condition are likely to take us. They are well written, as well as up to date with the latest trends in our understanding of the outcome of delirium.

The guidelines discuss and outline the causes, investigation and management of delirium from the medical, psychiatric and environmental perspective. They are backed up by a quality review of the evidence base in the literature. The guidelines cover almost all the key areas of importance in delirium and give advice on the choice of therapeutic agents and other interventions. My only disappointment is that they do not really mention the differentiation of delirium from dementia, which is an important problem in the management of both conditions (Macdonald & Treloar, 1996). Topics even included a discussion of electroconvulsive therapy and delirium (only possibly indicated in the neuroleptic malignant syndrome). In addition, as is so often the case the guidelines highlight some of the differences between US and European psychiatry. Here is discussion of the use of restraints; interestingly, they are considered particularly safe for elderly people because of the lack of drug interactions, but it is admitted that fractures are a special risk in this group. More importantly, even though a solid evidence base for newer drugs is awaited, the guidelines show that we are now moving towards the use of physostigmine and other cholinesterase inhibitors in the acute management of delirium. In many ways the management of delirium has always been one of passively containing the problem until it either goes away or progresses to dementia. Now, we can see the beginnings of the active management of delirium with, hopefully, improved outcomes as a result.



I think this work is the best review I have seen of delirium and would recommend it for all libraries that postgraduate psychiatrists and physicians use. It would be a very useful standard resource for old age psychiatrists as well. As ever, we will need to help our medical colleagues find out more about delirium, and this book may well be helpful in this respect.

Finally, there is a useful *Patient and Family Guide for Delirium* included. I know of many families who would like to have such a document while they watch their relatives struggle through a delirious process.

### Reference

MACDONALD, A. J. D. & TRELOAR, A. (1996) Delirium and dementia: Are they distinct? *Journal of the American Geriatric Society*, **44**, 1001–1002.

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### Clinical Research in Psychiatry. A Practical Guide

Edited by Stephan Curran & Christopher Williams. Oxford: Butterworth-Heinemann. 1999. 156 pp. £17.99 (pb). ISBN 0-7506-4073-1

Less than a third of specialist registrars make full use of the research time allocated to them during the four years of their higher training, and this book could have been dedicated to the other two-thirds who do not. A sentiment of 'no excuse will really do' weaves its way persuasively through the text. Each contributor works hard to promote the benefits and personal rewards of research on the one hand, while tackling head-on those commonly encountered obstacles which can transform the most enthusiastic, even euphoric researcher gripped with inspiration to answer a question which really interests them, into a frustrated and weary one disillusioned by the inevitable problems and pitfalls which will befall even the most carefully conceived projects.

Practical, task-focused and concise chapters describe many of the separate components of a research project from its conception to conclusion, including designing and undertaking a literature search, planning and writing a study protocol, identifying collaborators, assembling a project team, obtaining grants and disseminating results. The reader will understand that these authors are just as familiar with the challenges of research work as they are with its pleasures. One message comes across loud and clear: challenges are there, and will



be overcome. One early chapter reviews a survey of specialist registrars' attitudes to research opportunities during their training, and the obstacles they face. Lack of time, appropriate support and their need for supervision are already widely recognised, but here the authors reveal less well appreciated and more ominous sounding syndromes, including "the canteen culture" of the "anti-research milieu", profound attacks of procrastination and acute unpredictable episodes of deep-seated vacillation. A later chapter, entitled 'Maintaining momentum', revisits each of these potential obstacles one by one, inviting the readers to identify those barriers most relevant to their own progress, helping them to devise specific plans to overcome them. Presentation is another strong point of this publication, with emphasis placed on the use of summary boxes in the text to direct the reader's attention to the salient issues raised in each of the chapters.

In taking this practical, problem-focused approach less space is devoted to more technical questions, such as study design or sample selection. The coverage of such issues relevant to quantitative studies is therefore not exhaustive, while those for qualitative designs is almost non-existent, and is mainly limited to highlighting the various differences between these two approaches. For instance, there are three chapters dealing with aspects of the analysis of quantitative data, but virtually no mention is made of the range of methods appropriate to the analysis of qualitative material. This seems to be a lost opportunity when a pluralist approach combining both methods is now promoted by many investigators, as well as those who commission their work. If support for research generally is hard to come by, that for qualitative approaches in particular is even thinner on the ground. A similarly practical approach in this area would have been a bonus.

This is a useful book, and contains much wisdom for anyone interested in the 'how to do it' of research work. The text seems to roll along with a momentum of its own, and is pervaded with a sense of the editors' enthusiasm. It is refreshingly

down to earth and accessible, and the covers of many of its copies will quickly become dog-eared and tatty around the edges because its owners have so often had reason to dip into it and draw on the useful lessons learnt, and shared here, by others.

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## The Marriage of Heaven and Hell

By Peter Dally. London: Robson. 1999. 225 pp. £16.95. ISBN 1-86105-219-7

If you are from the upper social classes and becoming manic, your illness is manifest in slightly more flamboyant ways; in 1908 Virginia Woolf and friends took part in the now famous Dreadnought Hoax. A telegram was sent to *HMS Dreadnought*, the flagship of the British home fleet then anchored at Weymouth, advising the Admiral of a visit by the Emperor of Abyssinia and four of his entourage. The group (Woolf *et al*) all disguised by dark greasepaint and wearing flowing robes, were met by a guard of honour at the station and escorted round the ship by the captain. Woolf's brother played the interpreter and used what one sailor called a 'rum lingo'. Virginia remained silent, which is perhaps why they escaped detection. They got back safely and all would have been well, had not one of the party informed the press, whereupon a storm broke over their heads.

This anecdote comes from Peter Dally's biography of Virginia Woolf, with particular reference to her manic-depressive illness and the desperate attempts by her husband, Leonard, to cope with it. A retired consultant psychiatrist from the Westminster Hospital, Dally has painstakingly researched the inner dynamics of the dazzling Bloomsbury group. The gripping story that emerges is that some of the 20th century's brightest minds seemed curiously incapable of applying their

intellects to the basic challenges of the emotional difficulties in their own lives.

Earlier in her life, Lytton Strachey, widely known to be a confirmed homosexual, proposed to Virginia and she accepted, to his shock and dismay, but they both managed to extricate themselves from the quagmire.

Leonard and Virginia's own married sex life seems to have been deeply unsatisfactory from an early stage, yet they appeared to have done little to use their vast educational resources to inform themselves about possible solutions. Despite Leonard taking over the publishing of the International Psycho-Analytical Library, he made almost no attempts to obtain any kind of ongoing therapeutic help for Virginia's manic depression. She read Freud 'compulsively' for a while, yet also seemed unable to attempt any psychological understanding of her moods. No doctor specialising in neurology or psychiatry was ever engaged for help by the Woolfs for any prolonged period.

Dally prefers dispassionate reporting of the facts rather than a polemic, but what emerges is a group of gifted individuals reduced to rather immature avoidances whenever in danger of confronting their own difficulties. There are some interesting clues here for the clinical psychiatrist of why sometimes the most intellectual patients are oddly the most difficult to treat.

Indeed, this eventually proved Virginia's undoing as Leonard took her to see a kind of family doctor inexperienced in mental illness, living miles away, for an inadequate consultation the day before her suicide. The ultimate tragedy of untreated manic depression is poignantly apparent in her suicide note – the deep loss to all of us when creativity and genius cannot be protected from the ravages of mental illness, or perhaps darkly inevitable insight. Her final lines ever include "... I am certain I am going mad again ... I am always hearing voices, and I know I shan't get over it now."

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## miscellany

### Treatment decisions in young people – new information sheets by FOCUS

Involving children and adolescents in decisions about their medical treatment

has been an area of considerable debate and contention for some time. This issue has been front-page news, especially when controversial court decisions are made to overrule children's and/or parents' decisions about the medical treatment they wish to receive or decline. This is, however, an everyday issue for practitioners who care for children. For

this reason, FOCUS, the child and adolescent mental health project at the Royal College of Psychiatrists' Research Unit has produced a set of three information sheets that give an overview of some of the key issues in this complex area.

Sheet number 1: The Legal Framework covers issues such as consent, refusal and competence (to decide) in relation to Acts