

Book Reviews

Living with suicide. EUSTACE CHESSER. London. Hutchinson & Co. (Publishers) Limited. 1967. Pp. 176. Price 30s. 0d.

Eustace Chesser uses his title as a viewpoint to assess present day attitudes both to living and dying. He relates these to the changes in our beliefs and in our sense of purpose. Vanished standards of behaviour dictated by closely integrated church and state which imposed obligations to recognized class structure, with conduct based on a code of right and wrong on this earth as the centre of the universe and with life after death in guaranteed comfort to those who complied. The exceptional men and women who rebelled were supported by the vigour of their revolt in thought and deed and by the quality of their minds.

Today the lack of an accepted formula with moral and civil law to back it is expressed by the book's opening words "What is the point of it all?"

The author reviews the religious quest through past ages, the grey dreariness of Hades for the Greeks and Sheol for the Jews, the formlessness of Nirvana in contrast to Christian visions of bliss or hell, now reaching Existentialism as a philosophy, yoga on the Honest-to-God debate. The will to live is discussed, and its provocation of thoughts and fears of death, particularly as suggested in Freud's analysis of aggression. He offers this as background to the problems of suicide as we meet them in our work, both socially and individually.

The 'cry of Help' in attempted suicide in relatively affluent societies is contrasted with very low suicide rates in extreme poverty, especially when society itself is impoverished. International, social and geographical suicide rates are reviewed briefly and illustrated by statistical tables in Appendices A to D. The high rates in Chelsea, Marylebone and Westminster contrast strangely with those of one-third or less in Camberwell, Deptford and Poplar, or those of Ireland, Israel or Italy with rates multiplied by four to six in Finland, Denmark and West Germany.

The mass suicides of history by members of closely knit groups, the honourable suicides of individuals, and the right to choose the time and manner of one's death, together with the problems of mercy killing are discussed in relation to the sanctity of life, reluctance to take responsibility in various ways, and the challenge of freedom to choose. Dicing with death, especially by boys and young men causing the rise in death rate of that group in sophisticated countries, with the similar gamble in sports such as bull-fighting and mountaineering is seen as a way of protecting ourselves from the always present fear of death. In courting death by brinkmanship "What he wishes to preserve is not his actual body but an image of himself which will live in the minds of others and influence them".

Depression and melancholia are only briefly mentioned as being associated with one-third of deaths by suicide in this country and the U.S.A. It is the circumstances connected with the remaining two-thirds that are of such interest to the author. Of greater sadness perhaps are those who "commit partial suicide" in his words by withdrawing from the interest and satisfaction of living, but without choosing deliberate death.

There is a section very close to our own work as personal doctors. The anticipation of death in terminal or threatened illness by offering knowledge of its nearness to the sufferer is one of the problems that involves us often. The author implies that information should rarely be given abruptly even when truth

is urgently asked for. "Complete maturity is non-existent". That can be true of us as advisers as well as of those to be informed.

The final pages are concerned with what makes life worth living; under the heading "Making life significant". The advice given is, "The right way to come to terms with life is to immerse ourselves to the utmost in the service of life. . . The right to die is as important as the right to live. This does not mean placing any less value on the right to live". The book is a stimulus to the rethinking of very basic issues. There is a useful bibliography and a brief but serviceable index.

Psychiatric disorders in obstetrics. A. A. BAKER, M.D., D.P.M. Oxford and Edinburgh. Blackwell Scientific Publications. 1967. Pp. viii + 140. Price 27s. 6d.

It has to be emphasized that this book is not concerned basically with the psychology of mentally normal childbearing women, though this is dealt with for comparison with abnormal variations. This is a textbook dealing with the psychiatric treatment of mentally abnormal women in pregnancy, labour and the puerperium.

The introduction deals with the unresolved problem of the cause of puerperal psychosis. The present trend of thought would seem to be that this is a manifestation of one of a number of pre-existing mental illnesses. What is brought out clearly is that the family doctor is often in the position of being acquainted with the pregnant woman's personal and family history, and thus may be able to pick out the case in which mental abnormalities are present or could arise at any time before, during or after delivery. From the general practitioner's point of view this is the most important part of the book.

The remainder of the book brings in the psychiatrist as part of the team which consists, in addition to the general practitioner, of the husband (and, probably, the patient's mother and the in-laws) and the midwife and staff of the maternity unit. The types of cases which might be encountered are described, each with an actual illustrative case history. Under the heading of neuroses are found anxiety state, reactive depression, hysteria and obsessional state. Under the heading of psychoses are first, toxic delirium, the depression which may result from severe anaemia, and syndromes arising from drug addiction; and then schizophrenia, manic-depressive illness, psychopathic personality and mental subnormality.

Pregnancy may occur in a patient already known to be a psychoneurotic or psychotic, or it may trigger off the first observed episode of mental illness. In either case treatment by psychiatry and by drugs must be carried out in co-operation with all those people, professional and lay, who are involved in the pregnancy, the birth, and the presence and needs of the new baby. It is interesting and reassuring to know that, with precautions against inducing anoxia in the foetus, electroconvulsive therapy is not contraindicated after the third month of pregnancy, if it is regarded as the best form of treatment.

In a final chapter a discussion of the question of termination of pregnancy and of sterilization in women with severe mental illness demonstrates all the factors to be taken into consideration in coming to the right decision.

This is an authoritative book to be kept on the general practitioner's shelf for reference when he has the misfortune to become involved in one of these difficult cases.