

# BOOK REVIEWS

## **Marriage and Fertility of Women Suffering from Schizophrenia or Affective Disorders**

**by Barbara C. Stevens, Oxford University Press, London, New York, 1969, 188 pages.**

In this study, the first one in England, Dr. Stevens examined over 1,300 schizophrenic women admitted to a psychiatric hospital between 1955 and 1963 for a follow-up period which ended in 1966. Not surprisingly her conclusions were:

- (1) That schizophrenic women had a 70% marriage rate compared to normal women before their first admission.
- (2) That women with depression only did not differ from the normal population.
- (3) That the more withdrawn (schizoid) members of the schizophrenic group married even less frequently compared to those who had been more normal before the first attack.
- (4) Chronic patients married even less frequently.
- (5) The duration of stay in hospital decreased fertility to a slight degree by removing risks of developing pregnancy.
- (6) After discharge few patients married.
- (7) Schizophrenic women gave birth to three times as many illegitimate children.
- (8) The suicide rate was 2 to 4% compared to the rate in the population of 0.013%.

In general, there can be no argument with these findings. In other countries the exact percentage reduction in marriage and in reproduction rate may vary but will certainly be low. But Dr. Stevens' statement, "These basic differentials will remain, however much community care is developed, because many schizophrenic women are psychologically different from normal women long before the onset of a manifest psychosis and whether they take their medication or not, the crucial role of personality in marriage selection will always diminish their chance of marriage to some extent," is not derived from nor supported by the data in this excellent monograph.

It is not supported by my own observations on over 1,000 female schizophrenics and is merely a reflection of the author's inability to free herself from the personality theories of schizophrenia, popular some time ago.

There is no evidence that schizophrenic women are different from normal women before their breakdown. There is a good deal of evidence that they are indistinguishable from normal women. The best evidence is that so far no one has been able to predict from examining normal people who will develop schizophrenia nor is there any test which will do so. The only

way to predict, with a better than average chance of being correct, is to find one member of an identical twin pair who is schizophrenic, after which one can predict the other twin will also become ill (with .5 to .7 probability).

It is, however, true that many women show evidence of their illness in the form of mild depression or shyness or other characteristics long before they recognize themselves or are recognized as being ill. It is, therefore, not the personality which has made them ill but their personality change is one of the early signs of the illness, unfortunately often overlooked.

It is always hazardous to prophesy, especially when not based upon data. Dr. Stevens' prophecy is already proving wrong for, in New York state, reproductive rates of schizophrenic women have been going up fairly rapidly and if present trends continue, may rise to or above normal levels, especially as more and more normal women practice birth control. In my own practice on over 1,000 schizophrenic women there is no evidence that they contain more than the normal incidence of infertile women. Many have married after many periods in mental hospitals and have had children. What Dr. Stevens could have concluded was that modern chemotherapy and psychotherapy (excluding Orthomolecular treatment) has not brought most schizophrenic women back to normal. Perhaps had they also been given the proper vitamins in effective doses (or mega doses) plus some education in nutrition the English results might have begun to approach what those of us routinely practicing Orthomolecular psychiatry expect; i.e. most of the patients recover, marry, bear children and do not kill themselves with any greater than normal frequency.

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### **Principles of Psychopharmacology**

by **W. G. Clark and J. del Guidice,**  
**Academic Press, New York, 1970, 705 pages.**

This book has all the advantages associated with being written by many authors but suffers less from the usual disadvantages. It does cover the very wide field of Psychopharmacology factually and in considerable detail. It inevitably suffers from some duplication where different authors touch upon the same areas. However, the editors by noting cross-references between authors have overcome the annoyance of duplication as well as bringing to the reader's attention the inevitable difference of opinions that must occur in what is still a field of study fraught with many hypotheses and few facts.

The book has been developed from a series of lectures to residents in psychiatry. The editors note that it was designed "with an audience of relatively naive and un-specialized readers in mind, students and practitioners of a diverse group of disciplines." With this goal in mind, it was obviously necessary to cover an extremely wide range of complex subjects and yet retain enough simplicity that it would be relatively understandable to readers who had only a rudimentary introduction to biochemistry and physiology. In this attempt the authors have succeeded admirably.

There are a total of 71 authors in the book which, without references and appendices, runs to 705 pages. Most, if not all, of the recognized authorities in psycho-pharmacology are represented among the authors. One might expect that it would be a massive undertaking to read and assimilate all the material presented in such a book. However, the editors have been successful in their goal of producing a book which is not only easily read but presents the material in such a way that it is almost as impossible to put down as a best selling novel.

The method of presenting references is excellent and is one that could be copied by many other authors. The editors state that they have cut references to a minimum and have included these at the end of the book in a master bibliography. The restriction of references and collection of them into one chapter certainly enhances the readability of the book without detracting in any way from the easy availability of the references. In addition, there are five appendices which expand the core references and appear to cover all of the significant writings in Psychopharmacology up to early 1970.

Considering that the book was published in April 1970, this is about as up to date as one could achieve. Appendix 1 is expanded references over the master bibliography and are related to the appropriate chapters. These are further expanded in Appendix 2. Appendices 3, 4 and 5 refer to regularly published journals as well as catalogues, bibliographies and abstract publications.

Between the bibliographies and appendices, the literature of Psychopharmacology appears to be covered in its entirety and this in itself would make the book worthwhile. Unfortunately, it does make obvious the impossibility of the keeping abreast of all that is published in the field of psycho-pharmacology. There is also an excellent subject index.

The book is divided into nine parts and subdivided into 55 chapters. Part One covers primarily the history of Psychopharmacology and Part Nine the clinical use of psychotherapeutic drugs. In between anatomy, physiology and biochemistry are covered. Also the pharmacology, structure and metabolism of psychotropic drugs and genetic and environmental aspects are dealt with. Drug study design and research problems are discussed in some detail and there is an excellent section on drug abuse and related problems.

It would be unfair to single out individual authors, as the contributors to this book rarely

drop below excellence in their chapters. However, one gains the impression that the editors have left their stamp on each chapter and are the ones responsible for producing the overall clarity and understanding of the book. If I might be allowed one small piece of bias toward my own area of practice, there is a short but excellent chapter by Nathan S. Klein describing the unique opportunities for research in private practice; possibilities which unfortunately have not as yet been used to their fullest extent.

In my opinion, this is an excellent text on Psychopharmacology for any resident in psychiatric training. In addition, I would feel that it should almost be required reading for every practicing psychiatrist. The biologically oriented psychiatrist will not be surprised at the material presented but will be grateful to have it available in one book and presented with such excellence. The psychologically oriented psychiatrist may well be amazed by the facts and the hypotheses presented but he would do well to read and absorb them. The book confirms for me that the suspicions of only a few years ago are now proven facts and that some of the hypotheses presented now will be facts in another few years.

I would hope that since the field of Psychopharmacology is advancing and changing so rapidly, this book could be republished with the necessary extensive revisions on a more or less regular basis. I have no doubt that this excellent and up-to-date book will be out of date in five years time.

The only negative criticism I have of this book is a relatively minor one. The publishers' statements on the book jacket suggest that the book will be of value to a wide range of people including practicing physicians, medical students, etc. While the concepts are presented simply enough

to be easily understood by anyone with a background in human physiology and biochemistry, I do feel it is much too detailed for the average physician or medical student. A shorter and less detailed text would be more suitable for them and others and several have been published. However, if there were no other text on Psychopharmacology no one could do better than to read this book.

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**Diabetes, Coronary Thrombosis and the Saccharine Disease**

by **T. L. Cleave, G.D. Campbell and N. S. Painter, John Wright and Sons Ltd., Bristol, England, Second Edition, 1969.**

Saccharine disease is a term used by the authors for a number of diseases apparently not related to each other. These include diabetes, obesity, coronary thrombosis, dental caries and parodontal disease, colonic stases (which causes varicose veins, hemorrhoids and diverticulitis) and peptic ulcers.

Many physicians will be appalled by the grouping of these diseases under one etiology and many nutritionists who see no harm in excessive consumption of sugar will be equally disturbed. I suspect that if they read this book very carefully they will be less disturbed and may begin to see the logic in the authors' assertions.

Saccharine is the disease common in populations who consume large quantities of refined carbohydrates. These include white flour, white rice and white sugar. A minor contributor is honey and fruits like dates which contain more than 20 percent sugar.

The ready availability of these foods, according to the authors, has made it possible for man to

overconsume foods too rich in sugar, too low in protein and fiber (bulk) and too low in essential vitamins and minerals. Man's palate has evolved on natural foods and this is perverted by the over-concentrated carbohydrate foods. For example, an apple contains as much as one teaspoon of sugar. But a person would have to eat four apples to get as much sugar as contained in one cup of coffee. It would be impossible to overconsume apples because of the sheer bulk. Another advantage is that the sugar in the apple is released very slowly compared to the rapidity with which the pure sugar is absorbed.

Diabetes, obesity and coronary thrombosis come from overconsumption of refined foods. Thus, the incidence in India where the population consumes very small quantities of refined food is only one-tenth of what it is in Natal among similar Indian populations who consume over 100 pounds of sugar per year. This is the consumption also of people in the U.S.A., Canada and England. No physician in these countries is unaware of the epidemic proportions here of obesity and of coronary thrombosis.

The cause of dental caries and parodontal disease and constipation is due to lack of fiber in these foods. Chronic constipation leads to varicose veins, hemorrhoids and diverticulitis.

Finally these foods cause the secretion of excessive quantities of stomach secretions in the absence of enough protein to combine with the acid. This then leads to peptic ulcers.

Readers of this journal will note that exclusion of these foods produces a diet often recommended by Orthomolecular psychiatrists. These diets overcome some of the defects present in too many diets; i.e. they contain only natural carbohydrates which release their sugar slowly, they contain their normal quota of protein, fiber and, of course, minerals and vitamins.

This is an interesting and provocative

book containing enough data to bolster the conclusions. I recommend it heartily to every physician.

The authors do not include neuroses and some psychoses among the saccharine diseases. I wonder how many patients with saccharine disease are receiving psychotherapy, tranquilizers and/or

anti-depressants only.

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