Most psychiatrists would probably agree that the current official conception of mood disorders leaves much to be desired. Two recent pieces of evidence support this proposition: first, the controversy surrounding the removal of the clause in the DSM-5 definition of depression which excluded the recently bereaved from attracting this diagnosis; second, the fact that the Wellcome Trust recently allocated almost £5 million to investigate the hypothesis that depression comprises several different disorders which simply share the symptom of low mood.

Thus, the publication of this book in OUP’s Emotions in History series is timely. The author, Erin Sullivan, is a cultural historian and literary scholar at the Shakespeare Institute of the University of Birmingham. The title of the book implies both a similar premise to the Wellcome Trust’s project and a move beyond Robert Burton’s The Anatomy of Melancholy (1621). The book is structured around the distinctions made by Renaissance writers – literary as well as medical and religious – with chapters on grief, melancholy, godly sorrow, and despair. Each of these begins with a case study of each condition which is then discussed in great detail and with reference to a large quantity of fascinating contemporary source material. For example, the chapter on grief begins with the death of Margaret Radcliffe who died shortly after her twin brother, the bereavement literally tugging at her heart strings: an autopsy found ‘all well and sounde, saving certeyne strings striped all over her harte’. Two further examples from the wealth provided are the substantial number of deaths attributed to ‘Griefe’ in the 17th century Bills of Mortality and a consideration of the passions and madness – the belief that grief brought humans closer to animals and unable to think, ultimately leading to distraction.

Indeed, the profusion of sources makes this book slightly hard to digest for the non-specialist, rather like my (as yet, unsuccessful) attempts with The Anatomy of Melancholy. However, revisiting Burton, I am struck by a very pertinent comment: ‘What a disease is, almost every physician defines... How many diseases there are, is a question not yet determined’. This is exactly what every clinician does day-to-day, encountering the individual sitting in front of them and not being hide-bound by psychiatric taxonomies. This book has helped me further appreciate the complexity of human emotions and has shown me the relevance of an unfamiliar period of history to my daily clinical practice.