in the population, creativity would only be reduced by 0.23% according to Kyaga’s findings. However, this fails to address the fact that in doing so we may also eliminate the next Byron, Elgar or Munch (all of whom have been posthumously diagnosed with bipolar disorder by various sources).

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In the first half of the 20th century Adolf Meyer was the most powerful and influential psychiatrist in America, yet today he is almost forgotten. In this book, the medical historian S. D. Lamb attempts to account both for Meyer’s rise to prominence and for ‘his strange disappearance’ from American psychiatry.

Born in 1866 in Switzerland, Meyer qualified in medicine in Zurich and conducted pathological research under August Forel at the famous Burgholzli Hospital. He studied in London with the eminent neurologist John Hughling Jackson who emphasised the concept of the dynamic functioning of the nervous system and the importance of evolutionary theory to understanding disease. In Paris Meyer attended lectures by Jean-Martin Charcot who demonstrated the intimate relation between a patient’s life history and their symptoms. Later Meyer was to visit Heidelberg where he observed Kraepelin’s practice of taking meticulous and detailed records of his patients. All of these experiences shaped how Meyer approached the care of the mentally ill.

At the age of 26, Meyer emigrated to the USA where his career blossomed. In 1909 he was appointed as psychiatrist-in-chief at the prestigious Johns Hopkins Hospital, an event which his biographer tells us singled him out as America’s pre-eminent psychiatrist. Around the same time, he coined the term with which his name is associated: ‘psychobiology’. Meyer held that mental activity was a biological function and inveighed against those who maintained that mind and body were separate entities. Despite his emphasis on biology, he was critical of hereditary explanations of mental illness. Lamb makes a convincing argument that Meyer adopted this stance because his mother had a serious psychotic illness which required institutionalisation at the Burgholzli. At one stage he was told his mother was ‘incurable’, although she did, in fact, recover. Meyer felt a genetic approach condemned the patient to therapeutic nihilism. He was also struck by the fact that his mother’s breakdown was psychologically understandable. In his work he was to emphasise that a patient’s life experiences played a crucial part in the development of symptoms. Lamb’s examination of Meyer’s highly detailed case notes shows just how studiously he followed this precept.

Meyer was responsible for promoting the work of both Kraepelin and Freud in America, though he was subsequently very critical of psychoanalysis. Meyer’s colleague D. K. Henderson, who became professor of psychiatry at Edinburgh, introduced Meyer’s ideas to a British audience in his widely read Textbook of Psychiatry which he co-wrote with R. D. Gillespie. Lamb contends that part of the reason for Meyer’s fading profile is that his writing style was execrable. He was unable to convey his ideas and left even admirers baffled as to what he was trying to say. Another reason is that many of his clinical practices were adopted into the mainstream and their origins forgotten. Written in a somewhat dry, academic manner, this book nevertheless provides a valuable reassessment of a pioneering psychiatrist and places him in the context of the psychiatric culture of his time.

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