

will want to read while depressed. It received considerable publicity and will no doubt appear in paperback in time; therefore, it warrants scrutiny. Unfortunately, its many nuggets of brilliantly conveyed insights jostle with equally numerous romantic and seductive illusions about depression.

The book is an account of Lewis's descent into deep depression and gradual resurfacing, over some years. While driving to work one day, she found she couldn't stop crying. She returned home, went to bed and slept almost continuously for two weeks. At the time she was happily married, with a good job, was fit and healthy and had been sober for nearly 10 years. The bout of depression was not her first. She proceeds to tell the tale, interweaving autobiography with anecdotes and newspaper snippets that throw light on her state of mind, and sections of dos and don'ts. In the course of it, we learn of her struggle to cope with family life based around a severely depressed mother, and her own earlier descent into alcoholism and despair.

There is so much here that is in keeping with, or illustrative of, a 'human givens' understanding and approach to treatment of depression. She vividly describes the impact of being caught up in a whirlwind of negative introspection. "Whatever you do, in this state, *don't think*". And "I began to learn that, however many thought buses came past my bed, I didn't have to catch any of them. I began to let the buses go by, just watching them." Depression, she says in many different ways, is an opportunity to question how one is living one's life. Depressive habits of mind are shiftable and the facts of a life that can't be changed have to be disentangled from the choices we make in our reaction to them.

She also describes perfectly the tendency to look for explanations for every mood – in other words, to explain unconscious pattern matching: "Until now, whenever I felt low, my impulse was to look for psychological reasons to explain it – as if I needed a narrative to go along with every disordered mood. ... But what if it's not like that at all? What if the way it works is that I feel low and ... that low pressure sucks in all kinds of old stories which 'fit' that mood? In reality, there's no necessary

relationship between these stories and the depressed mood that drew them in."

But, alas, these powerfully expressed insights are counterbalanced by some unhelpful beliefs and exhortations. Depression, she says, can't be rushed. It has to take its slow and laborious course. People who are depressed have stopped lying to themselves, she opines, oddly implying (whether intentionally or not) that their view of the world is how it really is, instead of seeing through a distorted lens. Depression is a disease of the sensitive, and so on.

Lewis's tale is romantic even in its ending. After taking voluntary redundancy from her job, which she had realised was sapping her energy, and deciding to concentrate on being a writer and poet, she and her husband buy a yacht big enough to take them around the globe, and they plan their trip. ("If I hadn't been depressed and learned so much from it, I would never have had the courage to go sailing, let alone to spend all my redundancy money on a boat. Now, going away to sea, a childhood dream of mine, is becoming a reality.")

It is a wonderful, fairytale ending, and good luck to her. But I wonder how it would strike her intended depressed readership, many of whom might be juggling families and jobs, or be struggling with low incomes and less than optimal living conditions. I just hope they can benefit from what is good about this book and are able to let go of the rest.

Denise Winn

Right hand, left hand: the origins of asymmetry in brains, bodies, atoms and cultures

Chris McManus

£20.00

THIS book is a treasure trove which goes far beyond the whys and wherefores of left- and right-handedness. Its author is professor of psychology and medical education at University College, London, and one of the world's foremost experts on handedness and lateralisation.

McManus's argument, for which he sets out copious evidence, is that most

people are right-handed because they have a double dose of a gene, known as the D gene, which was the principal factor in separating humans from apes about two or three million years ago. Language and motor control in right-handers are most usually controlled by the left hemisphere because the D gene is probably a mutation of the gene responsible for all vertebrates having their hearts on the left side. Vertebrates and their predecessors have had asymmetric bodies for about 550 million years. The building blocks of life are themselves asymmetrical because almost all organisms on earth are made of L-amino acids (L standing for laevo, from the Latin for left, and referring to the fact that they rotate polarised light to the left).

This predominance, McManus says, "is probably not due to pure chance, since amino acids found in meteorites from deep space show the same predominance". He goes on to suggest that the cultural associations we make with 'right' and 'left' are, in effect, linked to the deepest laws of physics of which the universe is constructed. It is symmetry, he says, which is the surprise.

Strong stuff, elucidated in 362 compelling pages. Almost every page crackles with fascinating information, although McManus doesn't claim to have all the answers. There are no deeper organising principles implicit in our biology and neurobiology to explain why some peoples of the world write left to right and others vice versa, for instance. Many aspects of laterality in everyday life are quite simply contingent, he concludes.

There is so much in this book that all I can hope to do in limited space is pick out nuggets to whet the appetite. About 11.6 per cent of males and 8.6 per cent of females are left-handed, figures that hold true universally. Handedness runs in families in humans, but not in animals: two left-pawed cats are as likely to have a right-pawed kitten as two right-pawed cats. Although animals show asymmetry in how they use their right and left legs/paws/wings/horns, etc, there is no evidence of a dominant right.

Many diseases are asymmetrical: most notably, varicocele, the mass of enlarged veins around the testicle, which can cause infertility, almost always occurs on the left.

'Handedness' shows itself extremely early, it is now known. Eighty five per cent of 10 week fetuses move their right arm and leg more often than the left (two weeks before they start to suck mainly their right thumbs, a finding which it was assumed resulted from asymmetry in the cortex of the brain, the earliest signs of which show at the same gestational age). At the 10 week stage in development, however, neurones in the brain have still not become connected to the spinal cord, indicating that early behavioural asymmetries arise in the spinal cord or the limbs themselves. This raises the possibility that handedness is not, as thought, linked with the cortex of the brain but comes from much lower down in the nervous system.

Whatever the cause, the impact is powerful. In any continent, in any culture and in any historical period, it appears that 'right' and 'left' have symbolic associations, and that right is always good, and left always bad. Burial patterns of early proto-European peoples show some of the earliest pieces of left-right symbolism. The sun's position provided a way of orienting, being always to the right of anyone looking at it as it rose. Thus 'east' came to denote birth and rebirth and bodies were buried facing east or south – words which, in many Indo-European languages, are partly interchangeable and also mean 'right'. Such symbolism is also found in the Christian tradition.

The association of right and left with male-female differences and with sexual behaviour and reproduction also seems to be worldwide. In many parts of the world, the right hand is used for eating and activities above the waist and the left for cleaning and handling the genitals. Among the BaSotho, it is believed that if a woman lies on her right side during sex she will produce male children. And so forth.

McManus spends some little time debunking myths and revelling in left-right trivia. (Most screws have a right-hand thread but left-hand screw threads used to be used for the electric bulbs in railway trains, to deter people from stealing them to use at home!) It turns out to be untrue that left-handers die younger, despite much publicity given to a statistical analysis published last year. He also puts paid to the claim that left-handers suffer more from



immune disorders, that left-handedness is associated with birth stress and that left-handers are more intelligent and more creative than right-handers.

As a left-hander myself, I was glad to see full acknowledgement of the fact that we have been ignored by designers, engineers, manufacturers and even schools. The Under-Secretary of State for Education confessed in 1998 that she hadn't "given proper thought to left-handedness before", on being told that only a third of schools surveyed even knew how many left-handers they taught. She proceeded to announce that teachers *ought* to know who was left-handed – and sit children appropriately so that elbows weren't bumped while writing. As McManus comments, a small step but undoubtedly progress.

Joanna Ladak

Madness: a brief history

Roy Porter

Oxford University Press, £11.99

FROM earliest days, mankind has drawn distinctions and created boundaries – a necessary shield against the chaotic and overwhelming forces of existence. And cultural decisions about what is mad and what is sane protected us from those whose minds and behaviour, disrupted by titanic and primordial forces, were alien and unpredictable.

Roy Porter, the eminent historian, has packed within his small, elegant book an illuminating overview of the history of such cultural decisions and

their consequences. Offered without comment or judgement, it reveals how much of the treatment of madness over the centuries, and still today, is in itself cruel and insane. We mirror what we fear. A Graeco-Roman therapy, for instance, isolated patients in total darkness and administered cathartics in hopes of frightening them back to health.

Over the centuries the mad have been whipped, bled, trepanned and painfully restrained; the brutalities of Bedlam have been absorbed as a byword in our language; fearful operations such as leucotomies and lobotomies were performed well within living memory. In the 1950s, for example, a neurologist at the George Washington Hospital in Washington DC, Dr Walter Freeman, would perform this psychosurgery using an ordinary cocktail cabinet ice-pick inserted via the eye-socket with a few taps from a carpenter's hammer. At one point he was getting through a hundred lobotomies a week.

Freeman's enthusiasm for such surgery demonstrates well the dangers of the 'one size fits all' mentality. Surgery had established itself as the cutting edge of medicine, so it followed that brain-surgery would be the state-of-the-art way to treat the intractably mad. Porter points out that lobotomy and shock treatments held out promise not just for the mentally ill but for the respectability of psychiatry itself. That speciality had been bumping along the bottom in the early decades of the 20th century, besmirched by the unsavoury associations of the "huge public warehouses for the mad poor". Psychosurgery promised to change the image, though in fact it was psychoanalysis and psycho-pharmacology which largely did so.

From Freud onwards, and throughout the 20th century, descriptions also began to include 'borderlines' and 'syndromes'; pathological psychological states showed up in people who to some extent still functioned in society. Distinctions were less clearly drawn. Mental disorder was now not confined to the certifiable, but ran 'like a watermark' through the population at large. New neurotic and psychological types arose, such as the juvenile delinquent, which Porter describes as "the slumming modern version of the melancholy poet or Romantic genius". The mad and