Depression: From Psychopathology to Pharmacotherapy
Depression: From Psychopathology to Pharmacotherapy

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Melancholy
Sits on me as a cloud along the sky,
Which will not let the sunbeams through, nor yet
Descend in rain and end; but spreads itself
‘Twixt heaven and earth, like envy between man
And man, and is an everlasting mist’
*Lord Byron*

Throughout recorded history, depression has been recognised as a disorder of the brain and the body.

In the Old Testament of the Bible, the book of Job (4th century BC) describes the severe melancholy that afflicted Job following the sudden deaths of his children and the loss of his possessions. Recurring depression also afflicted Michelangelo (1474–1564), while Martin Luther (1483–1546) described the doubts and despair, despondency, feelings of guilt and anxiety, accompanied by physical ill health, that accompanied the consolidation of the Protestant Church in Germany. Other famous theologians, philosophers, writers, composers and artists who suffered from severe depression include Ignatius de Loyola (founder of the Jesuits), the philosophers Arthur Schopenhauer and Immanuel Kant, and the composers Mozart and Beethoven to name but a few. In recent times, Winston Churchill was famous for the ‘black dog’ that affected his mood throughout his adult life.

But perhaps the earliest and most influential description of depression was provided by the Oxford theologian Robert Burton (1577–1640). In his famous book *The Anatomy of Melancholy* of 1620, Burton gives a description of the sad fate of many scholars who, with their ‘windy melancholy’ (described as windy vapours that ascend to the brain there to trouble the imagination, cause fear, sorrow, dullness and many terrible conceits!), have ultimately caught nothing but wind. He concludes that such scholars have sacrificed their lives to science, but their sacrifice yielded nothing temporary for themselves and nothing lasting for the world. In evidence, he recommends ‘Go to Bedlam and ask’ (see the cartoon by Hogarth of the interior of Bedlam hospital of 1735).

Perhaps those of us who have spent a professional lifetime trying to understand the causes of depression and how antidepressants might work should heed Burton’s
advice least the frustration caused by our limited success in understanding this disorder lead to our demise with ‘windy melancholy’. It is against this background, and to prevent the onset of ‘windy melancholy’, that the editors have gathered a group of international researchers to demonstrate the significant advances that are being made in understanding the psychopathology of depression and the mechanism of action of antidepressant drugs, advances that will contribute to more effective treatments of this terrible disorder in the future. To achieve this, the authors have critically assessed the developments being made in both the basic and clinical aspects of depression. A brief perusal of the titles of the 15 chapters that compose this book will illustrate the breadth of the research that has been covered.

The editors hope that this book will become a reference text for basic and clinical neuroscientists, pharmacologists and psychiatrists. The editors express their appreciation to all the authors for their contributions and hope that you, the readers, will gain as much pleasure from reading the text as we have in bringing this book to fruition.

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