It is impossible for me to review this book without experiencing the excitement of holding in my hands a book that immediately brings to my mind an upsurge of some of the most memorable experiences that I gathered in a period of my life that was devoted to fieldwork.

The words with which Prof. Boroffka presented me with the book highlight a modesty of character that clashes with the ponderous clinical relevance of his challenging work: “You may forgive me, having been a clinician and teacher in the first instance and an academician and researcher only a short time...”; words that I am obliged to reject as I think there is nothing more substantial than research work such as this, conducted on the field with such passion and focus.

The book comprises:

A) An introduction by the Author, thanks to which it is possible to infer a synthesis of the history of psychiatry in Nigeria;

B) the most complete bibliography ever to be found on the publications having Nigeria as the subject, with no less than 2444 listings!

C) 4 Annexes providing additional detailed information on public Mental Health care services in Nigeria.
The Introduction by the Author enables us to track the development of psychiatry in Nigeria back to the years between 1961 and 1973 when he was practicing psychiatry in Nigeria. During this period, the author had the opportunity of working with numerous Nigerian colleagues and visiting doctors, one of whom was also our dear friend and colleague Raymond Prince. The Introduction also contains the unabridged citation of a letter that the late Dr. JCD Carothers wrote to the Author on 5th Sept. 1986 in reply to this enquiry: “I would be more inclined to believe in the commonness of depression in Africans if one occasionally saw such cases at hospital; perhaps one is asking the wrong question, and one should ask why is depression so common in Europeans?” Dr. Carothers’ reply was: “This seems to me to hit the nail right on the head”. The Introduction breaks the history of psychiatry in Nigeria down into three phases: the traditional phase, the transitional phase, the therapeutic phase. 

The traditional phase. The reflections made in this paragraph focus on a topic that is still now the core issue of transcultural psychiatry: “One question in regard of traditional medicine has not been touched upon yet. How efficient are their methods, especially for psychiatric conditions? Most people who really have concerned themselves with this question will agree that neurotic, or as some may prefer to call them, psychogenic disorders, can often be dealt with quite efficiently by traditional healers.” (Page 18). This reminds me of a comment made during the WPA Congress held in Rome in 1997: “Why does a neurotic patient (with a psychogenic disorder), in the Western world, need 4 sessions a week for 5 years while traditional populations only need one or two sessions to achieve a satisfactory cure of their symptoms?”.

The transitional phase mainly deals with the grafting into Nigerian culture of foreign-bred conceptions of the world: Moslems with their Alufus (healers treating patients through the Surahs of the Quran), missionaries relying on healing procedures influenced by Christianity, preceding their development into healing sects with prophets, itinerant merchants, quacks, medicine sellers and drug companies, and mercenaries of the Colonial period. The chapter quotes the influence exercised by Dr. D.C. Cameron in 1951 as supervisor of the construction of the Aro Hospital. 

The therapeutic phase. 1954 marks the beginning of a new era in Nigeria when T. A. Lambo took over the direction of the Neuropsychiatric Hospital in Aro/Abeokuta. Many of the psychiatrists who visited the hospital brought news of their experience back to their countries of origin. Among these was also my mentor, Prof. Frighi, who never missed a chance to enthusiastically mention his experience in Nigeria during our national conferences.

In 1961, the First Pan-African Psychiatry Conference in Abeokuta marked the official entry of the African Continent in the field of transcultural psychiatry. Page 302 of the book contains a complete list of the participants which included the names of many of our friends and forerunners of Transcultural Psychiatry. In July 1969, ten psychiatrists founded at the University College Hospital in Ibadan the “Association of Psychiatrists” in Nigeria. No one would have dared to guess that in 2001 during the author’s last visit to Nigeria, the Association would meet the 32nd time for its annual and Scientific Meeting. In this occasion the Author ended his presentation with the following statement: “If the whole of Nigeria would have developed in the same way as Psychiatry, Nigeria would be number one in Africa.”
The part dedicated to the Bibliography is self-eloquent. The collection, in a single book, of such a vast number of bibliographical sources is made all the more interesting by the fact that many of the references are accompanied by a brief summary in English. The bibliographical references are in alphabetical order and, should the reader wish to follow the chronological order of the papers, he/she will soon realize how research topics varied through the years. It is now up to you to decide if you prefer the emic approach of the first research papers or the ethic one characterizing the latest ones.

Lastly, the Annexes supplement the few details that are left out of the preceding chapters.

In conclusion, I think that any young transcultural psychiatrist should delve into this book not only to draw inspiration from the great commitment that Prof. Boroffka put into his research effort but also great benefits from a careful review of all the bibliographical quotations as these might reveal to be just as fruitful as fieldwork in re-launching research topics that are currently dormant in psychiatric practice.

Reviewed by Goffredo Bartocci