**Book reviews**

**EDITED BY SIDNEY CROWN and ALAN LEE**

**Madness and Murder**
By Peter Morrall. London: Whurr. 2000. 228 pp. £20.00 (pb). ISBN 1 86156 164 4

Peter Morrall, a senior lecturer in health and sociology, claims to have written “a polemic against the unified voice of conservatism and progressive viewpoints within the mental health industry” concerning homicides by people with mental illness. To support this claim Morrall offers us the following propositions: mental illness is a real entity; patients are at greater risk of committing suicide than homicide; the repercussions of psychiatric homicides are profound; killings are not caused by labeling theory or by moral panic; and both patients and public need protection. Few readers will find anything polemical in any of that.

Madness and Murder is a book of disconnected parts that fails to deliver the polemic the author promises. Chapters on mental illness, deviance, crime and homicide have the feel of an undergraduate text. The long-running debate between individualist and societal theories of crime is given an airing, while Dadd, M’Naghten, Foucault and Szasz duly make appearances. But how all this affects today’s psychiatric homicides is not easy to see.

Morrall reserves the final chapter (entitled ‘The terror’) for his main point. He claims that psychiatrists caused the media panic about psychiatric homicides in the 1990s by their defensive attitude. He studied newspaper reports – he calls them a “catalogue of killings” – between 1994 and 1999. In 13 pages he lists 94 killings, not all of them in the UK, and a further 27 near-killings. Morrall acknowledges that newspaper reporting of these cases is “sloppy, careless and injudicious”, but he emphasises their frequent allusion to current or previous contact by the perpetrator with mental health services. He concludes that it is because psychiatrists interpret this “reporting of their professional gaffs as media orchestrated panics” that the panic took hold. And that claim is the nearest we get to a polemic.

It seems to me that Morrall has missed an opportunity. Psychiatry must articulate the role it and other agencies have in the prevention of psychiatric homicides. I had hoped Morrall would offer some suggestions on what the profession (or, if he prefers, ‘the industry’) should do. Is further restriction of those with mental illness feasible? Is it justified? Will it be effective in reducing risk? On these questions Morrall’s polemic is deafeningly silent.

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**Forensic Psychiatry, Race and Culture**
By Suman Fernando, David Ndegwa & Melba Wilson. London: Routledge. 1998. 286 pp. £16.99 (pb). ISBN 0 415 15322 0

This fascinating book addresses important issues relating to forensic mental health, race and culture, and attempts to give a clearer understanding of crucial nomenclature. Differences among so-called racial groups based on genetic variations are dismissed as groundless. The authors point out that genetic differences between Caucasians in Europe, or between different tribes of Africa, are of a similar order to those between racial groups as distinguished today. A very good review of European thinking on issues of race, intelligence and emotions clearly demonstrates the lack of understanding of other cultures by some earlier European thinkers and writers, who viewed non-European cultures through European values and perspectives. However, the book largely concentrates on these negative views, and does not acknowledge how some of these naive approaches have changed over the years, as understanding has increased.

The authors reject the existence of schizophrenia on the basis of questionable validity. Intriguingly, no alternative explanation is given for the collection of clinical features that we currently fit under the rubric of schizophrenia, which are described by patients irrespective of cultural background. Diagnoses have sometimes been made inappropriately by psychiatrists whose culture differs from their patient’s, but an abuse or misuse of a tool does not necessarily make the tool itself bad. The authors argue that psychiatry continues to practise in a racist fashion in a multicultural society, but they fail to acknowledge the greater efforts now made to take into consideration the multicultural nature of psychiatric practice in the UK. The widening spectrum of ethnicity among practising psychiatrists has also led to an inevitable increase in the cognisance that is taken of cultural differences.

The disadvantages faced by mentally disordered offenders in both the criminal justice system and the health service are well reviewed. These are far greater for those who are Black because of the “mad and bad and Black” or “big, Black and dangerous” stereotypes. The inadequate facilities available in secure institutions to meet the needs of mentally disordered offenders from ethnic minority groups are considered; for example, the token nature of providing an ‘interpreter’ rather than trying to meet social, cultural, ethnic and religious needs. Efforts to make these provisions vary from place to place, but a lot more needs to be done in many areas. For example, with the extent of the cultural
diversity of both providers and users of health services, every effort should now be made to ensure that assessment is done by a professional who has an understanding of the patient’s culture. The authors state that systems are not required to be colour-blind, as this is not helpful. What is required is an acknowledgement of the disadvantages that people from ethnic minorities face and the implementation of measures to address these: denial is not the way forward.

The authors point out the fault lines in the assessment of dangerousness by psychiatrists and the tendency to be more cautious now, thereby leading to over-prediction of dangerousness. They argue that this results in greater overprediction in Black people, which in turn is partly responsible for their overrepresentation in secure settings. The suggestion that psychiatry should be explicit about the limitations of making judgements regarding individual dangerousness is welcome, but this should not preclude offering an informed view on the available information and also on the interplay between mental disorder and dangerousness, where indicated. A move away from illness analysis to ‘real-life analysis’ is advocated, but this view needs more elucidation.

The authors suggest increasing resources to institutions run by Black mental health professionals that aim to provide alternatives to psychiatric hospitals. However, such facilities can at best serve as adjuncts, because many patients, whatever their racial background, need the type of care provided in mainstream psychiatric hospitals, and it is the provision of care in these hospitals that should reflect the diverse cultural and ethnic needs of their users.

The authors argue that appointing more professionals from ethnic minorities in the mental health services does not generally lead to improvement in service provision, because of constraints on those individuals. They note that people previously identified as radical become conservative on being appointed to higher positions. Although therefore questioning the drive to recruit increasing numbers of people from ethnic minorities, the authors also note the relatively small number of Black people in senior positions in various parts of the criminal justice system. Increasing these numbers should strengthen their influence on the changes required for a true multi-ethnic society. Perhaps a way of assuaging the main concern of the authors is for Black people appointed to senior positions to be made to sign a ‘Radicality Act’ just like the Official Secrets Act, to ensure that they remain radical after their appointment.

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Atypical Antipsychotics
Edited by B. A. Ellenbroek & A. R. Cools. Basel: Birkhäuser. 2000. 236 pp. ISBN 3 7643 59 48 X

This is the best, most concise and comprehensive account of all aspects of atypical antipsychotics that I have seen.

Although atypical antipsychotics have been established as treatments for schizophrenia for nearly 10 years, and the science underpinning their discovery is well described and goes back 30 years, atypicals are the subject of a controversy that frustrates their routine use, particularly in the UK. Consequently, only a minority of patients are on these superior drugs.

Part of the problem is that many different disciplines have a say in this field, from molecular biologists and behavioural psychologists through to clinicians, economists and politicians. Only the most conservative opinions and practices seem to prevail, even in the face of overwhelming evidence for the efficacy of the atypicals.

Such is the concern that there is even a review of these agents by the National Institute for Clinical Excellence.

The strength of this volume is that it brings together all of these areas under one cover. There are comprehensive chapters about the drug discovery process, receptor nomenclature and pharmacology, animal models of schizophrenia and imaging. There are also short reviews of each drug that include their clinical characteristics and pharmacological and neurochemical profiles. This is a valuable one-stop source of reference in this field.

The book is not perfect: a multi-review format usually has some overlap as well as variability in quality. Although this collection is the best of its type, some of the chapters are a little on the side and thinly referenced. However, the majority of chapters are models of clarity and comprehensiveness. I would particularly congratulate Meltzer and Stahl on their contributions.

This is a vital addition to the shelf of every psychopharmacologist and a must for every medical school and research institute library.

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The Psychopharmacologists III
Interviews by David Healy. London: Arnold. 2000. 580 pp. £65.00 (hb). ISBN 0 340 76110 5

It has been said that scientific progress is made by standing on the shoulders of giants. David Healy must have had a fascinating adventure interviewing the giants that forged psychopharmacology. This is the third volume of his interviews, which have included over 78 contributors, all great or well-known names such as Axelrod and Carlson (Volume I), Janssen and Schou (Volume II), and Schildkraut, Snyder and Sulser in the present volume.

But did some giants have feet of clay? How is it that the pharmaceutical industry has come to dominate the field? Healy points out that drug companies “are now not simply confined to finding drugs for diseases. They have the power to all but find diseases to suit the drugs they have.” Pierre Simon (Sanofi Pharmaceuticals) remarks: “In the
beginning the pharmaceuticals industry was run by chemists. This was not so bad . . .
Now most of them are run by people with MBAs . . . people who could be the chief
executive of Renault, Volvo or anything.
They don’t know anything about drugs”.
The problem comes when a chemist pre-
scents an interesting drug to the financial
analyst, who asks: “What is the market?”
The chemist has to decide for what indica-
tion the drug will be developed. If the
indication is not there, it must be created.

One of many examples of this process
was the development in the 1970s of
alprazolam (Xanax) for panic disorder.
According to David Sheehan (Institute for
Research and Psychiatry, Tampa, Florida),
the marketing of this drug involved a “clear
strategy” to take advantage of the medici-
cal profession’s confusion in the classifica-
tion of anxiety disorders; “to create a per-
ception that the drug had special and unique
properties that would help it capture
market share and displace diazepam from
the top position . . . There was in fact
nothing unique in this regard about Xanax
. . . benzodiazepines were all good for panic
disorder”. Xanax was marketed by Upjohn
with Food and Drug Administration
approval of doses up to 6 mg daily (equivalent
to 60–120 mg diazepam). It is perhaps no
coincidence, as Healy observes, that the
effective incidence of panic disorders has
grown a thousand-fold since 1980.

Sheehan relates a similar ‘deliberate
tactic’ used to market 5-HT1A agonists by
generating hysteria in the medical profes-
sion about the dangers of benzodiazepines.
The 5-HT1A agonists were not a great
success, but were succeeded by the selective
serotonin reuptake inhibitors (SSRIs),
which seemed to show activity in a range
of anxiety disorders. Interestingly, accor-
ding to Healy, the effective incidence of
depression, obsessive–compulsive disorder,
social phobia, and post-traumatic stress
disorder has also increased a thousand-fold
since 1980. There are now a number of ‘me
too’ SSRIs because they are cheaper to make
than new drugs. Fridolin Sulser of Vandy-
bilt University notes: “If you can get 20% of
fluoxetine’s market, you can make 400–500
million dollars a year with very little
investment in research and development”. He
adds, sadly: “I don’t know how to solve
this dilemma in an industrial society that is
so heavily driven by profits.”

Other sinister tales about the machina-
tions of drug companies abound. Ian
Oswald describes his well-known battle to
get his paper about Upjohn’s drug triazo-
lam (Halcion) published, only to find that
the then editor of Archives of General
Psychiatry was funded by Upjohn and had
sent the paper to Upjohn to referee. Pierre
Simon relates that reports of adverse effects
of sulpiride were censored by the French
drug company Delagrange. Raymond Bat-
tegay, former professor at the Basel Depart-
ment of Psychiatry, tells of withdrawal of
support by Roche of a study comparing
moclobemide with cognitive–behavioural
psychotherapy: “apparently they feared
that psychotherapy would have the same
effect as the drug”.

And yet, this book is not a diatribe
against the pharmaceutical industry. It
must be admitted that extensive clinical
trials are too expensive to carry out without
drug company support. We all depend on
the industry to bring money into academia.
A study of a drug that reduces platelet
aggregation involved 500 researchers and
20 000 patients tested for 3 years. It cost
Sanofi around $250 million. No academic
or clinical department can compete with
Sanofi’s budget for research, which, Simon
reminds, is larger than that of the whole
French INSERM. Although drug compa-

nies pay little attention to brain mechan-
isms, and theory is secondary to the
development of drugs, it must also be
admitted that much scientific progress has
resulted from the use of drugs such as
chlorpromazine, imipramine, benzodiaze-
pines and fluoxetine.

Thus, it seems that money, not science,
drives pharmacology. What can the medical
profession do? A word of advice about
training is given by Solomon Snyder of
Johns Hopkins University, Maryland: “It is
important . . . to come up with new ideas.
PhDs are very well trained to be so critical
that they criticise their own thoughts, so
they’re never creative . . . People without
such fancy training . . . don’t know about
that and just try to think new thoughts.
My own psychology is if somebody said day is
day, I might say maybe day is night, and
that attitude always helps”. Further advice
from other contributors is to stick close to
the bedside: it is salutary to note that the
novel effects of chlorpromazine and of
imipramine were first observed by nurses.
The discovery of these and many other
drugs was serendipitous of which Simon
offers a definition: “A young man looking
for a pin in a haystack finds the farmer’s
daughter . . . if the guy is not interested in
the farmer’s daughter, he has no chance of doing
anything”. Perhaps the message is that
academic psychopharmacologists should
search for the farmer’s daughter instead of
the pin, but get the drug companies to pay
for her dowry.

Readers of this book are advised to
peruse it piecemeal. To enjoy a stroll in
the company of giants, it is best to walk with
them one at a time. Those who do so will
find many thought-provoking ideas and
may begin to question the widespread
assumption that there is a drug treatment
for every psychiatric illness, whether al-
ready recognised or yet to be described. As
Professor Battegay dismally remarks to his
interviewer: “I don’t know, Dr. Healy, if
psychiatry is really necessary . . .”

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Psychiatric Management
in Neurological Disease
Edited by Edward C. Lauterbach. Washington,
DC: American Psychiatric Press. 2000.
346 pp. £31.50 (hb). ISBN 0 88048 786 0

The presence of a psychiatrist on a neuro-
logical ward is, of course, no longer novel,
but it remains an occurrence that is too
infrequent for the full and proper manage-
ment of many patients with neurological
disorders. It is to be hoped that this book will encourage psychiatrists to become more aware of their potential for improving the management of patients with a variety of neurological diseases.

This volume is a useful reference of not only the psychiatric management, but also the clinical state and psychiatric complications of selected neurological conditions. The emphasis on the treatment of individual psychiatric problems is welcome and the book forms a worthy introduction to this field. This is a multi-author text, but it is clear that fairly strict editorial control has been exercised, which makes it easy to use in everyday liaison neuropsychiatric practice. There is a helpful initial introduction to the neuropsychiatric presentations of neurological disorder and their possible management, followed by eight chapters on individual syndromes. Each chapter includes an introduction, a brief epidemiological overview, an outline of the neurological presentation, pathology and investigation of the disorder, a review of the psychiatric manifestations, and finally details of management of the neurological and psychiatric problems that might arise from the condition. The only exception to this is the chapter on stroke, in which only the neuropsychiatric aspects are covered. There are several very helpful lists, for instance of drug/drug interactions and of disease/drug interactions. A number of illustrations, including magnetic resonance imaging brain scans and a startling picture of a Kysler–Fleischer ring, augment the text.

The main weaknesses of the book are that the selection of neurological disorders is incomplete and that the coverage of some that are included is variable. There are, for example, 42 pages on Fahr disease but only 22 on multiple sclerosis. Movement disorders are well covered, particularly Parkinson’s disease, Huntington’s disease, Wilson’s disease and dystonia. There is a useful chapter on the management of the psychiatric manifestations and complications of HIV. All of the chapters tend more towards the pharmacological than the psychological or psychotherapeutic management of psychiatric problems in people with these neurological diseases, but the book does end with a short paper about family management issues. Perhaps the emphasis on pharmacological matters indicates a relative paucity of worthwhile research into other areas of psychiatric management, but it is a shame that no attention is paid to the variety of cognitive–behavioural and allied treatments that can be used in this area.

The book does not purport to cover the apparently neurological presentations of psychiatric disorder and makes almost no mention of somatoform disorders. At the outset the editor remarks that books on the psychiatry of Alzheimer’s disease and epilepsy exist, and therefore he makes no further mention of them. However, serious omissions appear to be the psychiatric management of migraine, motor neuron disease, infections of the central nervous system other than HIV, normal-pressure hydrocephalus and, possibly, some mention of the sequelae of head injury. Consequently, this cannot by any means be regarded as a comprehensive reference book for those interested in liaison psychiatry on neurological wards, but it can be strongly recommended as a practical handbook for the trainee or general psychiatrist who is consulted by a neurological colleague about a patient with one of the eight conditions featured.

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Guide to Psychiatric Research
By Arthur Yuwiler & Lennart Wetterberg.
London: CRC (UK) Press. 2000. 152 pp. £33.99 (pb). ISBN 0 8493 0295 1

So, you have seen an interesting clinical problem, been prompted to read around the subject and found yourself asking more questions than seem to have answers: a typical starting point for research. What next? Guidance from a venerable and respected senior? A search along the library shelves for the section marked ‘research methodology’? Either is entirely reasonable and, in some ways, this slender volume combines the two. Written in a conversational, easy style by authors with a wealth of research and teaching experience, the book promises “to entice people . . . into research”. Having developed out of a series of research methodology seminars for medical students, it retains a discursive and thought-provoking approach, spiced up with anecdotes from the history of medical endeavour.

The structure reflects this emphasis, with almost half the book devoted to a chapter on methodology. This contains a good review of subject selection and useful discussion on the different areas of investigation in psychiatric research and on methods used. The authors’ background in neurobiological research is evident in their succinct summaries on imaging and neurotransmitters, but there is no overindulgence.

The introductory chapter engages with a wide-ranging discussion on the nature of scientific enquiry and the ethics of research on humans and animals – particularly topical at present. If you are looking for a handy guide to statistics, however, you will not find it here. The authors boldly state that “this is not a textbook on statistics”. (Would that they might turn their hand to one – their style and ability to communicate could cut through much that is daunting in existing texts.)

A subsequent ‘how to . . .’ section covers reading and writing a paper, and writing a grant proposal. Again, it is full of sensible and deceptively simple advice but also contains a curious account of a fictional grants committee reviewing a lovingly written paper. Populated with characters such as RobertaReceiver (the molecular biologist), Zachery Zingo (the ageing but still research-productive chairman) and Sam Shark (“smooth face, slick hair, a toothy smile and a hard, slick mind”), this entertaining endnote suggests a flair for screenplay that might entice Hollywood should the authors ever tire of biobehaviourism. One last point: most sections of the book are followed by links to websites (both North American and...
British) for further reference and debate. Having checked several out, I found them relevant and useful.

This is an engaging short text, which does not set out to be (and is not) a reference guide. For newcomers to research, however, it more than achieves its aim of enticement, and brings with it a sense of fun and adventure rooted in sound advice and scientific principle.

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**Mood Disorders in Women**

Edited by Meir Steiner, Kimberly Yonkers & Elias Eriksson. London: Martin Dunitz; 2000. 368 pp. £65.00 (hb). ISBN 1 85307 545 5

The idea behind this book is to provide a comprehensive overview of all aspects of mood disorders in women. The 31 chapters span epidemiology, neuroanatomical differences between the genders, neurochemistry and the effects of female sex hormones on brain and behaviour, through to the use of psychotropic medications during the perinatal period. In addition, there are chapters on specific disorders (such as unipolar and bipolar illnesses) and on specific treatment approaches. These are followed by chapters on subjects such as drug and alcohol problems, pain, personality and eating disorders. The chapters are of variable quality and some authors appear to stick to their brief more rigorously than others. There are also some differences in perspective between the American and European (the minority) contributors.

The strength of this text is that it covers a wide spectrum of issues and offers useful advice on such topics as the use of psychotropic medication during breastfeeding. The layout of the chapters is easy on the eye, although more diagrams or summary boxes would have been welcome. The weaknesses of this book are two-fold.

First, it is not well-structured. For example, it would have helped if there were subsections drawing common themes together. Second, there are considerable areas of overlap plus occasional significant omissions. For example, three chapters look at epidemiology and several cover various aspects of pharmacotherapy. The chapter on unipolar disorders and, to a lesser extent that on bipolar disorders are repetitive, almost representing precis of other chapters. This is not the authors’ fault – the subjects are well reviewed – but it does suggest a lack of clarity in thinking about how to structure the text. There is a clear exposition of sex and gender differences in neuroscience and neurochemistry, but work on psychological as opposed to social models of depression is not dealt with in detail in the chapters on causal theories or psychological therapies.

In summary, this is a comprehensive textbook that is a helpful source of additional information about mood and other disorders in women. However, it is not a substitute for other handbooks of affective or mood disorder. It is a valuable reference text for students and junior doctors alike, and senior clinicians will also appreciate the information on more specific aspects of pharmacological treatment.

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Madness and Murder

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