Book review

Edited by Allan Beveridge, Femi Oyebode and Rosalind Ramsay

New Oxford Textbook of Psychiatry (2nd edn)
Edited by Michael Gelder, Nancy Andreausen, Juan Lopez-Ibor and John Geddes. Oxford University Press. 2009. £195.00 (hb); 2208 pp. ISBN: 9780199206698

Anyone sticking their head round the door of a hospital mailroom these days would be forgiven for thinking that the preferred NHS provider is Amazon.com. All kinds of ‘signature on delivery’ items appear on a daily basis – some of them quite big. I had already trained up the receptionist with a mail order car battery, and then, to extend her knowledge and skills framework, a piano – so she was completely unfazed by the arrival of the 6.8 kg, two-volume package that is the New Oxford Textbook of Psychiatry. The book is especially good for descriptive statistical treatments: 2086 pages plus index; 11 sections; 269 articles; 378 authors; 28.5 cm × 22.5 cm × 10 cm – all covered with an interesting blue lacquer-like finish that peels off alarmingly on quite minimal contact with water (see below).

This is not really a textbook – it is more of a non-alphabetical encyclopaedia with very few pictures. It is certainly comprehensive, ranging from ‘the patient’s perspective’, through the many scientific disciplines that inform psychiatry, to practical clinical information about almost any psychiatric disorder you can think of. All the disciplines that inform psychiatry, from ‘the patient’s perspective’, through the many scientific disciplines that inform psychiatry, to practical clinical information about almost any psychiatric disorder you can think of. All the disciplines that inform psychiatry, ranging from ‘the patient’s perspective’, through the many scientific disciplines that inform psychiatry, to practical clinical information about almost any psychiatric disorder you can think of. All the disciplines that inform psychiatry, ranging from ‘the patient’s perspective’, through the many scientific disciplines that inform psychiatry, to practical clinical information about almost any psychiatric disorder you can think of.

It is impossible to overstate the influence of Lishman’s Organic Psychiatry on British psychiatry. It has evolved through four editions over more than 30 years to become the definitive UK textbook of both neuropsychiatry and organic psychiatry. In many ways, Lishman’s viewed as a series forms a wonderful history of 20th-century neuropsychiatry. For example, reopening the first edition reveals an incredible pool of valuable information about seminal studies from the 1950s and 1960s which are nearly impossible to find on medical databases. Yet it is also fascinating to see the gaps in knowledge that existed at that time, for example dementia with Lewy bodies, HIV/AIDS, mitochondrial disorders and channelopathies. Even more fundamentally there has been a subtle evolution of concepts and terminology through the series with decreasing emphasis on personality characteristics associated with neurological disorders and malingering but a burgeoning of evidence from neuroimaging and medical genetics.
This fourth edition, now labelled as a ‘a textbook of neuro-psychiatry’, has converted Alwyn Lishman’s single-author volume into one produced by five editors and 13 authors affiliated with the Maudsley Hospital or the Institute of Psychiatry in London. This approach has increased the book’s already impressive breadth and depth of expertise. Most textbooks of this size take on encyclopaedia-like characteristics by allocating each topic to an expert in the field. Lishman’s tries to maintain some continuity by allocating only main chapters to individual authors and also using much of the text from the previous edition. That said, many important areas have been completely redeveloped, especially outstanding sections on neuropsychological testing, head injury and dementias. Perhaps surprisingly there are sections on schizophrenia, a feature shared by the American textbooks of neuropsychiatry, but overall the coverage is still very much organic psychiatry, not just psychiatric aspects of neurological disease. This volume could therefore quite appropriately be considered to be ‘a textbook of liaison psychiatry’ or at the very least have broad appeal to liaison psychiatrists and old age psychiatrists.

My overall impression of the book is that the authors have done a remarkable job of bringing this classic text up to date. The style is quite different to, say, Moore’s brilliant Textbook of Clinical Neuropsychiatry,1 less encyclopaedic and more familiar. Although there are inevitably going to be limitations, in general these are fairly minor. I do have a gripe about the illustrations as these continue to be very sparse and plain (although there are 13 colour plates) and more seriously do not always give the correct credit to the original authors or copyright holders. There are also several indexing errors, for example of myasthenia gravis, chronic fatigue syndrome, or alcohol-related dementia. That said we have to look on this new publication as a marker of continued interest in this exciting field and congratulate the new editors and authors for preserving the essence of the original while bringing in much that is new.


A decade ago, the Royal College of Psychiatrists published a report about offenders with personality disorder, which summarised the latest knowledge about violent offending and how it might be prevented and treated. Indeed it is clear that, as stated in the book, there has been an explosion of knowledge in this area in recent years. This volume seeks to bridge the divide between basic laboratory neuroscience and clinical science, and to highlight some of the key scientific challenges in the field of violent offending. It also deals with the difficulties of translating the scientific findings into policy and treatment strategies.

It is widely accepted that the risk of violence is influenced by a complex interplay of situational and dispositional factors – this book aims to elucidate their neurobiological basis. It discusses the hypothesis that genetic, social and other factors and their interactions contribute to changes in neurobiological structure and function, which in turn influence a developmental cascade of behaviours that eventually lead to violence.

Individuals following a life-course persistent pathway of antisocial behaviour are responsible for 50–70% of violent crime. This early onset and persistent antisocial behaviour has origins in neurodevelopmental deficits that begin very early in life. The differences between childhood onset and adolescence onset of violent behaviour and their implications are outlined. Furthermore, there is a very interesting discussion about children with callous unemotional traits. These theories are taken forward to the treatment implications in later chapters by considering the effectiveness of interventions in the different groups. The developmental perspective then continues into adulthood, with consideration of genetic and imaging studies in antisocial personality disorder and psychopathy.

Although the book is mostly concerned with conduct disorder, antisocial personality disorder and psychopathy, there is a great chapter about schizophrenia. It offers a useful framework for further investigation of causes and effective treatment by suggesting that there are three types of patients with schizophrenia who are violent: those with antisocial behaviour in childhood before illness onset; those who are repeatedly aggressive after the onset of illness; and those with chronic schizophrenia who have no history of violence but then later in their illness engage in serious violence (often homicide).

Another thought-provoking chapter that is directly relevant to clinical practice asks why programmes for offenders with personality disorder are not informed by the relevant findings. It puts forward the current evidence for treatment programmes in the criminal justice system and suggests they can be enhanced by consideration of the characteristics of antisocial personality disorder.

The book is aimed at neuroscientists, criminologists, psychologists and psychiatrists. There are good explanations throughout, making it accessible to multiple professions. My only criticism is that there is a degree of repetition between some of the chapters but this does serve to emphasise the important points and allows chapters to be easily read in isolation if needed.

This book will already be essential reading for all researchers in forensic mental health. It should also be read by clinicians who are involved in assessing and managing patients who present with a risk of violent behaviour. Importantly, I hope it is read by policy-makers in the criminal justice system and the health service.
If you do not know what a Golden Ducky Award is then by the end of this book you will.

This guide focuses on severe mental illness and provides an up-to-date argument for why mental health services should focus on personal recovery. In the UK, government policy over the past 10 years or so has given greater credence to the concepts of recovery – in the latest New Horizons document this has become explicit. Embracing recovery is the future of mental health services and mental health professionals need to grasp its fundamental principles and values. Recovery-oriented services represent a win-win situation for both service users and professionals but the journey towards these services is beset with challenges, demands and the possibility of setbacks. Mike Slade argues why this is a desirable direction for mental health services, what personal recovery means and how to put it into practice.

The starting point of the book is to clarify what personal recovery is, based on Bill Anthony’s well-known definition that can be paraphrased as ‘living a life beyond illness’. Hope, identity, meaning and personal responsibility are identified as the four key processes of personal recovery, with opportunity later being added to link this to social inclusion. The early chapters review the strengths and weaknesses of clinical, disability and diversity models of mental illness and provide justifications for giving primacy to personal recovery over clinical recovery. In the later parts of the book Mike Slade sets out the personal recovery framework and its implications for mental health practice and services, giving emphasis to the importance of relationships, recovery values and the elements of a recovery-focused mental health service. The final chapters rehearse possible answers to concerns about personal recovery held by clinicians and service users, and examine steps to transform our mental health services.

This book fills a vacuum for a broad publication on how recovery values can be translated into working services and concrete actions. Despite notable aspirations, no national service can claim to be recovery-oriented, but the 26 case studies included in the book give examples of good and sometimes outstanding practice. One of these is the Golden Ducky Award which is given in mock Hollywood style in Los Angeles to service users for their achievements in attaining greater independence. Perhaps Mike Slade should be awarded a similar prize for his attempt to provide a rationale and path for mental health services in the 21st century.

The history of the treatment of psychiatric illness, particularly of the psychoses, is a very barren field. The authors have had, therefore, the good sense to concentrate their obvious talents on the one fruitful period, that of ‘physical treatment in psychiatry’, with special reference to electroconvulsive therapy (ECT).

The first pioneer to make his mark in the ‘shock’ period is Ladislas Meduna, a Hungarian who, in 1930s, experimented with the use of leptazol (Cardiazol), a convulsant agent. This experiment was short lived because of the terrifying experiences undergone by the patient during the pre-convulsive period. The next to try his hand was a somewhat unpleasant character, Manfred Sakel. However, unpleasant as he could be, Sakel was no fool. Without doubt, insulin coma therapy was his invention, and so long as the myth of its success as a cure for schizophrenia persisted, so long did his fame and fortune continue. He died suddenly in 1957 in America, no longer famous (his creation had been exposed as useless), but his fortune remained intact.

It is important, as the authors do, to note that at about this time the most shocking of all innovations was practised in America and Europe, namely that of prefrontal lobotomy, the blind mutilation of the prefrontal lobe of the brain. Claimed to be a cure for schizophrenia, the operation was exposed as not only useless, but also highly dangerous. Dr Walter Freeman, an ardent advocate of the method in the USA, died in 1972, disgraced and dishonoured.

The only method to escape the end of the era of shock therapy was ECT and it escaped the same fate only by a whisker. The public and a large proportion of the medical profession were outraged by the use of shock therapy in the practice of psychiatry, particularly after the showing of the movie, One Flew over the Cuckoo’s Nest, in which Jack Nicholson brilliantly played an unreliable, brutal psychopath who was given ECT faute de mieux. It is most important to emphasise, in the interest of the integrity of
psychiatry, that the method shown in the movie is a travesty of ECT as practised today.

Nowadays, the use of a professional anaesthetist is mandatory, as is the use of a muscle relaxant to obviate skeletal fractures. Further, there are universally available standardised electrical machines to replace the original hit-and-miss version.

Although the success of ECT in the treatment of depression is established beyond doubt, the sad fact remains that we have not the slightest incontrovertible evidence of how it works. In other words, it remains empirical and it also remains that empiricism is an offence against pure science.

However, as the concluding chapters indicate, there are pointers along which progress can be made.

In summary, the authors are to be applauded in their efforts to produce a book which is practical yet stimulating and has so little impact on our planet’s scarce resources.

John Cuthill  Consultant for Older Adults, Queen Margaret Hospital, Dunfermline KY12 0SU, UK. Email: jcuthill@nhs.net
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This handbook is a rare thing – a pocket-book that fits into real pockets. This concise volume should be useful to a range of readers. It could be read cover to cover by medical students on a 2-week placement in old age psychiatry. Topics likely to crop up for junior doctors on call in psychiatry or general medicine are dealt with in a very practical way, such as managing an older person after an overdose or the management of delirium in a general hospital setting.

The nine chapters include basic topics such as dementia, delirium and mood disorders, but wider issues, such as services or ethical and legal issues, are also allowed consideration. Sections on differential diagnosis of dementia and the range of ways in which late-life depression can present are particularly well done. Space is also found for the neurobiology of late-life mental disorder as well as areas of scientific development within the field, for instance vascular depression, and hot topics in service provision, such as ‘Are antipsychotics dangerous in dementia?’

On closer inspection, one or two topics could be improved. Trainees might value a more comprehensive list of possible causes of delirium and the advice on maintenance treatment of depression seems slightly woolly. There is little room to include case examples in a book of this format and one wonders whether most of them will go unread.

Whereas The History of the Bethlehem Hospital1, though excellent, is both expensive and difficult to procure, we have here two accessible books on a similar theme, with the more lurid term ‘Bedlam’ used as the key attention attractor.

Catherine Arnold, having previously written about London’s Victorian cemeteries in Necropolis,2 has an ear for a good story. She starts in the 13th century with Simon Fitzmary, who, possibly inspired by an angel whispering in his ear but also somewhat of a political operator, gave over land north of St Botolph’s at Bishopsgate, where Liverpool Street Station is now, for the foundation of a charitable priory dedicated to the Virgin Mary of Bethlehem (hence ‘Bethlem’ and its derivative ‘Bedlam’). The monks soon fell on hard times, however, and by the next century had to appeal to the mayor for funds. The focus on the mad arose in the 1370s when King Richard II ordered the priory to take in the lunatics, then being looked after at Stone House near Charing Cross, as he considered them to be too near his palace. An early
institutional scandal was the next event, with Peter the Porter, who had essentially run the place, being found to have taken all funds and goods supplied for his own use and charged the patients for their food and fuel. The following century showed no improvement, as the church’s appurtenances were sold off and the churchyard used for market stalls. Reforming masters then took over, including a Thomas Maudesley who became a warden in 1485.

In the 16th century, all hospitals connected with ecclesiastical establishments stood in peril. The Bethlem escaped, using connections both with the sovereign and the City of London to survive, but linked in management with the Bridewell prison. Stories of abuse and neglect continued, only temporarily interrupted from time to time, as when King James took a special interest and arranged the appointment of a new medical manager Helkiah Crooke, who unfortunately began later to live up (or down) to his name. After the fire of London more good intentions led to the erection of a new and palatial building, which however in its turn became famous not only as a tourist site to see the lunatics but as a pick-up joint. In the 1800s, when the building was collapsing and a commission of inquiry showed appalling conditions, King George III’s own madness reminded the country that the mentally ill deserved better care. The result was the rebuilding of the Bethlem in Kennington, where the central block remains as the Imperial War Museum.

While Arnold’s text scampers on, not very satisfactorily, into the 20th century, Paul Chambers dwells with greater detail on the doctors of the 17th and 18th century in charge of the Bethlem, who seem less notable for their academic ability than for making a good living and ensuring nepotistic successions. Description of the rival hospital, St Luke’s, is of particular interest. Under the charge of Dr William Battie it contrasted in plainness of design, in admitting solely by charity, abjuring the use of ‘violent medicines’ and in openness to formal inspection.

Both books are entertaining and extend into different areas, although forays into the wider concepts of madness are variable in quality. For those who want to find the source of an especially good story, the Chambers is preferable as it has a greater use of well-referenced primary sources and a good bibliography, as well as some useful illustrations.
