This is explicitly an institutional study and so perhaps it misses out on some of the intellectual excitement we associate with Fisher (Colonial Madness: Mental Health in the Barbadian Social Order), André (L’Inceste Focal dans La Famille Noire Antillaise) or with Mahone and Vaughan (ed. Psychiatry and Empire). Its theoretical stance, briefly stated, is that the organisation and conditions in British Caribbean asylums after Emancipation in 1838 tended to follow those of the colonies themselves – declining economic significance, half-hearted colonial benevolence and benign neglect. Smith argues that the British mental health model, based on the asylum with watered down moral management emphasising non-restraint and organised occupation, was transported to the Empire, initially to the White settler communities and then, in the mid-19th century, to the Caribbean. There people with mental illness had previously been lodged in the prisons, and the early mental hospitals were often established in disused barracks where attendant problems of inadequate sewage (leading to cholera and dysentery) and physical restraint continued: metropolitan money went to the planters in compensation for the loss of their slaves rather than for local social and educational improvements.

In 1858, just before Jamaica’s Morant Bay Rebellion, a scandal at the Kingston Lunatic Asylum reached the Colonial Office and the Commissioners in Lunacy in London. It involved partiality, violence (‘tanking’ – similar to waterboarding) and the non-discharge of patients, who remained economically useful. Smith offers poignant patient testimonies submitted to the subsequent inquiry. Reforms were enacted, particularly a laundry, bakery and a fishery with vegetable planting, a monthly magazine, sports days, dances and cricket, but complaints continued of overcrowding, understaffing and violence between patients and even inmates. Smith reports a case where a patient who had been in and out of the asylum, was discharged and sent to the asylum. Admission depended on such court orders or on certificates signed by a doctor and a magistrate, usually after violence or arson or the public stripping off of clothes. There is little extant information on physical treatment except citation of potassium bromide or chloral hydrate.

Explicit racism appears absent, concealed beneath a stuttering benevolence, indifference and random abuse. There is no evidence that local psychiatry contributed to a more informed debate on racial psychiatry as happened with the British African psychiatrists of the 1940s and 1950s. The Caribbean remained an imperial backwater: prejudice and neglect undoubtedly, but hardly practicable ideologies for racial or cultural inferiority.

### Book reviews

#### Insanity, Race and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean, 1838–1914

By Leonard Smith. Palgrave Macmillan. 2014. £60.00 (hb). 304 pp. ISBN 9781137028624

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The scale, ruthlessness and ingenuity of Savile’s evil, a man close to those in power and honoured by them, has ensured that child sexual abuse is now a preoccupation of the popular media. A recent series of high-profile celebrity trials often appear as impotent retribution: too little too late. Here is the desperate hand-wringing of a failed and possibly even collusive society. Children’s homes, Christian orders, the BBC and the highest levels of the government all seem to have been involved.

Robert Montagu’s memoir is timely, for without sensationalism he bravely details his abuse between the age 7 and 11 by his father, the distinguished Conservative politician Victor Montagu, formerly Lord Hinchingbrooke.

He describes his father’s loneliness and his own search for love and attention, which is so often exploited by grooming. The abuse became an integral part of his life, perpetuated over many years – even unwittingly supported by family members who do not suspect or cannot take the time to look again at strange absences, intimacies and rather too many gifts and treats. His family had busy lives. Sisters were grown up, brother off to Cambridge and mother was painting and living with her girlfriend in London. He implies that for some it was not the abuse so much as the reporting that was the sin: attention-seeking or false memory syndrome.

Later chapters report the author’s bewilderment at how a Christian society could allow what often was a daily unwanted ritual, posing pertinent rhetorical questions to the church, his seducer and other family members.

#### A Humour of Love: A Memoir


This is explicitly an institutional study and so perhaps it misses out on some of the intellectual excitement we associate with Fisher (Colonial Madness: Mental Health in the Barbadian Social Order), André (L’Inceste Focal dans La Famille Noire Antillaise) or with Mahone and Vaughan (ed. Psychiatry and Empire). Its theoretical stance, briefly stated, is that the organisation and conditions in British Caribbean asylums after Emancipation in 1838 tended to follow those of the colonies themselves – declining economic significance, half-hearted colonial benevolence and benign neglect. Smith argues that the British mental health model, based on the asylum with watered down moral management emphasising non-restraint and organised occupation, was transported to the Empire, initially to the White settler communities and then, in the mid-19th century, to the Caribbean. There people with mental illness had previously been lodged in the prisons, and the early mental hospitals were often established in disused barracks where attendant problems of inadequate sewage (leading to cholera and dysentery) and physical restraint continued: metropolitan money went to the planters in compensation for the loss of their slaves rather than for local social and educational improvements.

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Explicit racism appears absent, concealed beneath a stuttering benevolence, indifference and random abuse. There is no evidence that local psychiatry contributed to a more informed debate on racial psychiatry as happened with the British African psychiatrists of the 1940s and 1950s. The Caribbean remained an imperial backwater: prejudice and neglect undoubtedly, but hardly practicable ideologies for racial or cultural inferiority.
This phenomenon is governed in part by cultural mores and has been widely explored in many disciplines – Plato discusses the Apollonian cult of sexual indulgence with prepubescent boys and the protocols for this in the context of marriage.

Robert Montagu’s frank, honest and brave account should not be missed, especially by victims, therapists and doctors. Here is tragedy, but also justice, possibly forgiveness and redemption – and vital lessons for modern society.

Anthony Fry
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The sun was high in the sky and the sand of the arena was boiling hot that afternoon in 1963 when a man and a raging bull faced each other in a ranch near Cordoba, Spain. The man was not an experienced torero, but a visionary neurophysiologist called Jose´ Delgado (1915–2011), and the bull had been implanted with a brain chip – an electronic device that can manipulate brain activity by receiving signals from a remote controller and transmitting them to neurons. In breath-taking footage which stood the test of time, the daring scientist was able to control the charging bull’s actions by pressing buttons on a handheld transmitter, forcing the animal to skid to a halt only a few feet away from him by sending electrical signals to its caudate nucleus.

The account of the event made the front page of the *New York Times*, which reported it as ‘the most spectacular demonstration ever performed of the deliberate modification of animal behavior through external control of the brain’. This and several other interesting breakthroughs feature in David Linden’s most recent book, which is devoted to the multifaceted aspects of brain control, from its historical backgrounds to clinical applications and ethical issues.

The introductory chapter discusses brain–computer interfaces, sophisticated devices that have significantly improved quality of life in patients with complete paralysis (e.g. locked-in syndrome and motor neuron disease) by enabling communication and control. There is an overview of innovations to influence brain and behaviour through neurosurgical procedures and electrical stimulation, encompassing both cortical and subcortical stimulation techniques. Over the past few decades, deep brain stimulation has replaced the lobotomies of the 1940s and 1950s as the largest programme of invasive brain control in terms of the number of treated patients (Parkinson’s disease and other movement disorders, especially tremor and dystonia). This chapter also outlines the modern history of psychsurgery through its applications to severe refractory psychiatric disorders (obsessive–compulsive disorder, depression and addiction) and conditions at the interface between neurology and psychiatry, such as Tourette syndrome. The author also outlines biofeedback and neurofeedback as new treatment options for neuropsychiatric disorders that enable patients to self-regulate their brain activity, including case histories from the successful neurofeedback programme which he developed at Cardiff University. The final chapter, on the ethics and politics of brain control, is equally informative and thought provoking: Linden explores the understandable fear that techniques for brain reading and control could violate privacy and be used to manipulate people’s thoughts and behaviours.

David Linden’s work is an accessible and beautifully written introductory book on the past, present and future of the technologies of brain stimulation and brain reading. At the end of this fascinating journey, readers cannot help but hope that the author’s competence and compassion could serve as a model for anyone working with the growing number of patients who require brain control interventions.

doi: 10.1192/bjp.bp.114.159947

Psychiatry is experiencing an identity crisis. The recent publication of DSM-5 has revealed professional uneasiness and public anger regarding the subjectivity and arbitrariness of psychiatric diagnoses. The effectiveness of drug treatments is being questioned, funding for psychological therapy is evaporating and community services provision is being squeezed to such an extent that in places it is disappearing. Professional morale has dropped so low that, at one end of the spectrum, few medical students are entering the profession and at the other, many are looking forward to early retirement.

The subject of ‘service provision’ is often talked about. However, against this background one has to ask the question: what, exactly, is this ‘service’ which psychiatry now provides?

In this book, Dr Russell Razzaque offers an answer to this question. Razzaque himself is an NHS consultant psychiatrist of...
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The book consists of nine chapters, the first three occupying just over half the space. In this half the focus is on the ‘disease model’, diagnosis and the use of medication. Some of this is wearily familiar and we must ask whether full due is given to all available evidence. The roles of trauma and ‘life events’ in schizophrenia are offered to raise our credence that this problem has a substantive bearing on the question of diagnosis in general. On medication though, his particular brand of caution seems more laudatory than incendiary.

More interesting territory lies beyond. Regardless of readers’ prior commitments on the nature of mental health problems, Kinderman is going to find much agreement on the constructive thrust of chapters four to nine. A holistic approach to well-being; a proposal for comfortable, decent residential care for ‘respite’ rather than ‘cure’. In a field where attitudes are so important, changing the basic mission of services could have revolutionary implications.

The biggest controversy will be around Kinderman’s view of what psychiatrists’ role should be (although he is good on linking his position to debates from within the profession itself). From the perspective of this reviewer (a trainee clinical psychologist), it is an exciting notion that many of the leadership and legal roles of psychiatrists could be performed by other professionals. However, a more radical suggestion that psychiatrists should have only a medical consulting role, may alienate many. Whatever your view, Kinderman could open constructive debates with his bold proposals.

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welfare, urban planning and anthropology. Walter B. Cannon (who coined the term ‘fight or flight’ and was a crucial figure in developing the concept of homeostasis) used Selye’s model to explain and validate the phenomenon of ‘Voodoo death’, describing it as acute homeostatic shock in response to a severe emotional stressor.

There is much of interest to the psychiatrist, but of particular note is Theodore M. Brown’s essay on US psychiatry during the Second World War. Discussing the work of (among others) the American psychiatrist Roy Grinker, Brown traces how an important paradigm shift in mental illness occurred. At the beginning of the war, only those with poor personality structure or innate vulnerability were thought to develop neurotic illness under stress. By the end of the war, this view had radically changed. Severe stress and breakdown became something that could happen to anyone. This complete and sudden paradigm shift powerfully destigmatised mental breakdown while simultaneously expanding the realm and scope of psychiatry.

Rhodri Hayward’s paper offers fresh perspective on the Brown and Harris study on risk factors for depression, exploring how measures in that study were designed to take account of stress, meaning and narrative in a way that had never been done before. Junko Kitanaka’s essay on how workplace stress has been reframed as depression in modern Japan is also a particularly interesting read.

It is fair to say that not all the essays are relevant or interesting to the psychiatrist and as academic papers some are more readable than others. However, they are uniformly accomplished, painstakingly researched and considered reflections on the historical impact of a hugely influential concept that has had surprisingly little consideration till now.

This book aims to provide a broad-ranging account of the neuroscience of psychological and moral development. It attempts to place this in the context of the transformation of human societies from our hunter-gatherer origins to modern agricultural and industrial societies and to consider how child-rearing practices have changed as a result of this.

The first part of the book is a review of what is known about how the developing brain can be damaged by negative physical, psychological and social influences. Darvaez does not have a background in neuroscience and seems at times to struggle with her material. Inferences and conclusions fly off the page with what sometimes seems like a lack of caution. For example, she states, ‘There is evidence that one’s microbiome can also influence personality. Ingested probiotic gut bacteria affect brain signalling . . .’ (p. 33). It is only by checking the reference that the reader learns that this research was carried out in mice.

Darvaez’s ideas on moral development are based on the belief that there is a need to challenge a prevalent view that morality is based on the rational following of rules. In fact, this view was challenged by David Hume, Adam Smith and others in the 18th century and is not widely held by moral philosophers and psychologists. Her belief that morality has to be considered in the context of our evolutionary past is one that has been discussed by many researchers.

A core theme of the book is that there is an ‘evolved developmental niche’. This refers to a pattern of child-rearing that Narvaez believes was characteristic of the ‘small band hunter gatherer’ groups in which humans lived throughout most of our history. This includes parental responsiveness, constant physical presence, breastfeeding (‘frequent, infant-initiated, 2–5 years’), multiple adult caregivers, positive social support and free play in nature with multi-aged mates. She states, ‘Undercare of our evolved needs in early life leads to deficiencies in [sic] the brain structural integrity, hormonal regulation, and system integration that lead to sociality’ (p. 126).

She presents a picture of our hunter-gatherer past as a time of prelapsarian innocence in which humans lived in harmony with each other and with the world of nature. She draws on the present-day experiences of Native Americans to support this view but makes no mention of the very serious social problems present in these communities. She believes that the answer to our ills is to return as far as possible to the ‘Primal Wisdom’ of hunter-gatherer groups and hence to our ‘human essence’. This is to be achieved by individuals engaging in a range of ameliorative and therapeutic activities that come under the heading of ‘Developmental Ethical Ecological Practice’. With enough effort, therapy and ‘self-authorship’, it seems that one can undo the damaging effects of a modern-day upbringing on brain and body.

In contrast to the preceding chapters on neuroscience, Darvaez now discards scientific objectivity and replaces it with mysticism. She suggests that we need ‘to perceive the beauty and purpose of cosmic divinity, the life force’ (p. 233) and to seek the support of ‘spiritual entities (e.g. angels) or the animals and plants in your neighbourhood . . .’ (p. 263).

There is no discussion of the practical impediments to this project. How is a young mother who, either by choice or economic necessity, returns to the workforce after the birth of her child, to implement a regime of constant physical presence and frequent, on-demand breastfeeding for up to 5 years? There is little mention of the many societal trends such as increasing inequality, urbanisation, stagnant family incomes, overpopulation, marital breakdown and the dispersal of extended families that will militate against this project.

There are reasons to believe that our hunter-gatherer ancestors had lives that were more healthy and fulfilling than the ones that most humans have known since the advent of the Agricultural Revolution. The sad reality is that we are stuck with the consequences of 10000 years of human history and levels of population that cannot be fed by hunting and gathering.

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Narvaez has a writing style that makes for effortful reading. The flow of her prose is continually interrupted by excessive quotation from, and unnecessary reference to, other sources. References are often to books and other secondary sources. The development of her ideas is often difficult to follow.

It should go without saying that it is our duty as parents and citizens to give our children the best possible start in life and to bring them up as responsible and happy members of our communities. The basic requirements of love, concern, physical contact, security and emotional stability are obvious to most people. There is no need to refer to a putative hunter-gatherer past to justify these.

Healthcare systems are already struggling to provide services for the most psychologically disturbed members of our society. We know that focus on especially vulnerable families can produce profound and durable benefits on the life course of children. There can be no justification for the diversion of resources to the kind of untested, population-wide project proposed by Narvaez.