Dr Reginald (‘Reg’) Spencer Ellery (1897–1955), a largely forgotten figure in Australian psychiatry, was a remarkable polymath. He was an innovator, a polemicist and an epitome of the ‘public intellectual’ in the period between the two World Wars. His biography by Robert M. Kaplan, a forensic psychiatrist and historian, makes for captivating reading. It brings to life a complex personality against the background of a society in transition from a colonial ‘Anglo’ mentality to assertive self-identity. With its 535 references, Dr Kaplan’s book is an amazing feat of thorough research and documentation.

Ellery was born in Adelaide, the son of a high public servant of stern character, but he spent most of his life in Melbourne. Nicknamed the ‘Athens of the South’, Melbourne was a hotbed of the Australian avant-garde in the first half of the 20th century. It was a city infatuated with modernism, expressionism, symbolism, surrealism and ‘psychoanalysis running in lockstep with communism’ (p.146). After a rather lacklustre graduation from medical school, Ellery’s earliest exposure to mental illness was at the notorious Kew Asylum, housing ‘inmates’ with intellectual disability alongside people with chronic psychotic disorders, in an environment of neglect, infestation and mindless regimentation. Ellery’s compassion for the sufferers was a defining experience which never left him. His radical stance against this degrading conditions brought him into conflict with the unionised guild of attendants and nurses, who petitioned the government against him. Thus, in 1924, Ellery became the first psychiatrist who had to answer for his activities before a Royal Commission. Thanks to support from the medical profession, and a brilliant defence by his barrister Robert Menzies (who later became Australia’s longest serving Prime Minister), Ellery was exonerated and transferred to a post at the Sunbury State Mental Hospital.

It was at Sunbury that Ellery initiated his serial experimentation with novel treatments inspired by European practice. These started in 1925 with Julius Wagner-Jauregg’s malariotherapy for general paresis (Ellery’s results: 90 patients treated, 42% discharged ‘in remission’). This was followed by the introduction of Ladislas Meduna’s cardiazol shock treatment and Manfred Sakel’s insulin coma treatment for schizophrenia. Ellery also became increasingly interested in psychoanalysis, and in 1931 he left the state hospital system to open Australia’s first private psychiatric clinic (later amalgamated with the Melbourne Institute of Psychoanalysis). During this period he also espoused eugenics, which was regarded at the time as a ‘progressive’ ideology whose members were sympathetic to feminism, rationalism, psychoanalysis and the peace movement, despite its advocacy of the compulsory sterilisation of the ‘intellectually deficient’. Interestingly, Ellery was also an enthusiastic (though non-card carrying) communist and, despite his adoption of biological treatments, interpreted mental disorders as products of a dysfunctional society which itself was in need of therapy along psychoanalytical lines.

He was a tireless, compulsive writer and lecturer whose views evoked either effusive approval or flat rejection. In 1937 he and his wife made a six-month ‘pilgrimage’ to Europe, visiting some 40 hospitals and academic departments in Munich, Vienna, London, Edinburgh, Berne, Warsaw and Moscow. Curiously enough, Ellery remained totally unaware of the ongoing Stalinist purges and show trials of old Bolsheviks, and came back with glorifying tales about the ‘workers’ paradise’ and its healthcare system.

The last ten years of Ellery’s life were marred by the onset of rheumatoid arthritis complicated by the rare, multisystem Felty syndrome. He bore this stoically and continued reading and writing until his death in 1955. Ellery left a legacy of several books – including Schizophrenia: The Cinderella of Psychiatry (1941), Health in the Soviet Union (1943) and Psychiatric Aspects of Modern Warfare (1945) – as well as numerous articles in professional journals and the press, and a personal memoir entitled The Cow That Jumped Over the Moon: Private Papers of a Psychiatrist (1956). As Kaplan writes in the concluding chapter of this biography, Ellery ‘retained a deep sense of worship that transcended all the trappings and constraints . . . and was a gadfly of spectacular dimensions’ (p.321).

The value of this book is revealed by its subtitle: Emerging Applications. This is a book about the cutting edge of expert psychiatric testimony and could not have been written 20 years ago. Its relevance is a consequence of a burgeoning of knowledge and the extent to which this has given rise to complicated legal issues, some of which have gone all the way up the appeal process.

The topics covered in Psychiatric Expert Testimony fall into two broad categories – human development and its deviations,
and scientific and technological advances. Examples include: the developmental approach to culpability in adolescents; the testimony of child victims of sexual abuse; the effects of stress and trauma on the developing brain; autistic spectrum disorder in the criminal justice system; the use of functional magnetic resonance imaging (fMRI) for lie detection; sleep disorder and criminal responsibility; neuroimaging and criminal culpability; chronic traumatic encephalopathy; and designer drugs and criminal responsibility. Many of these topics represent uncharted legal waters for most expert psychiatric witnesses.

No psychiatrist should venture into these waters without understanding the potential hazards. Such hazards include offering testimony that is too prejudicial, or the temptation of using the findings of scientific discoveries that are ahead of their time in terms of scientific weight and fall foul of the law’s requirement that expert evidence must reach a certain reliability threshold to be admissible. Psychiatric Expert Testimony is full of up-to-date science and examples of cases that illustrate how perilous these waters are. Although the legal cases are mainly North American, the issues are similar to those being encountered in jurisdictions elsewhere.

Watson & Weiss eschew a prescriptive approach and instead provide the material which will allow the reader to ‘incorporate current practice and case law into reasonably evidence-based reports and testimony’. A psychiatric expert would be unwise to offer testimony in any one of the areas covered in this book without having read the appropriate chapter and the introductory chapters, not least because their cross-examiner and the expert for the other side may well have done so.

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‘Curing Queers’:
Mental Nurses and Their Patients, 1935–74
By Tommy Dickinson
Manchester University Press. 2015. £70.00 (hb). 304 pp.
ISBN 9780719095887

The bold title on the cover was well concealed when I read this book in cafés and on trains; I didn’t want to be lynched. Like the cover, the book is bold, shocking and thought provoking.

Dickinson contextualises his study in the cultural, legal and psychiatric frameworks around homosexuality in England. He based his main research on oral history interviews of 17 nurses who delivered (or refused to deliver) aversion therapy to ‘treat’ gay men to make them heterosexual, and of 8 men who received the therapy. Aversion therapy included electric shocks and injections of emetics, and was prescribed without research evidence of their effect on sexuality. It caused suffering and in some men resulted in long-term emotional damage. Dickinson describes how men ‘chose’ to receive treatment when often the alternative was prison; the boundary between coercion and choice was uncomfortably ambiguous.

The nurses who were instructed to give the treatment worked in hierarchical mental hospitals where questioning orders was forbidden, rule-breaking could be followed by summary dismissal, and the psychiatrist’s prescription was law. A militaristic atmosphere prevailed, especially in the years after the Second World War when mental hospitals attracted many ex-servicemen into the ranks of ‘mental nurses’ (a term Dickinson uses in its historical sense and carefully defines). With gender segregation in these hospitals, some men were comfortably and openly gay. Nevertheless, some gay nurses justified carrying out the interventions on other gay men.

Dickinson delves into the relationships between nurses and doctors, between senior and junior nurses, between consent and coercion, and discusses how popular culture, the media and stereotypes inevitably affect staff attitudes to their patients and influence clinical practice.

This is an extremely important, well researched and well written book. Although it is primarily a historical account of the lives and work of mental nurses in the mid-20th century, it is pertinent to staff in all clinical disciplines in mental health services today. Dickinson makes it impossible not to reflect on the ethical predicaments in which staff can be placed and his book has implications for our own practices, assumptions, expectations and cultures of care. History can encourage reflection on difficult subjects, and the bygone context can permit this in a relatively unthreatening way. Curing Queers reminds us that it is vital to consider the principle of ‘first do no harm’, to seek out the evidence base for new treatments and to question practices which can harm our patients.

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To Fathom Hell or Soar Angelic
By Ben Sessa
ISBN 9780992808839

Polemical novels invite polemical reviews, so here goes: the best thing about this book is its title – and someone else wrote that.

Polemics, like Manichean dualism, divide the world into good and evil, and they work better when arguing against the evil than for the good. However, your polemical foe needs to be better
than the laughable caricature of the establishment psychiatrist presented here – a tweed-clad, semi-retired, sneering lecher more interested in his golf handicap than his cases, with political views well right of UKIP. Predictably, this cliché-ridden bad guy cleaves to and hides behind the medical model, which our profession has peddled onto a now addicted population, generating vast profits for Big Pharma, to whom we are all prostitutes or pawns.

The protagonist, Robert Austell, sees himself as an everyday jobbing psychiatrist, but is portrayed from the outset as a defeated cynic, deploying ineffective treatments to the chronically miserable, and coping through vivid fantasies of murdering his patients and colleagues. Through a meeting with a good-guy mentor (also laughably caricatured, with his long ponytail and absence of underpants beneath his smock), Austell quits the ‘senseless grind’ of his NHS clinic to work in a research programme studying the potentially therapeutic uses of psychedelic drugs.

The drugs themselves, which include ketamine and MDMA, are irresponsibly described as ‘totally physiologically non-toxic’. To accept a claim like this requires faith in the author’s accuracy – a faith undermined when the text is spattered with errors of grammar, spelling and even geography (you can’t see the Golden Gate Bridge from Big Sur).

Sessa nails his colours to the mast right at the outset, in his acknowledgements (a ‘massive shout’ here, a ‘big up’ there) and his chapter titles (‘Making the Score’, ‘The Come Up’ etc.). The thesis he presents, in long authorial rants from the mouths of his cardboard characters, is that psychedelic drugs reveal one’s true self and hold much greater promise in treating mental illness than establishment drugs, but have been suppressed by world governments fearful of the social change they drove when used more widely in the 1960s.

This world view is not new, but this novel is highly unlikely to convince anyone who doesn’t already hold it, especially when it drips with such evident contempt for mainstream psychiatry and, indeed, mainstream medicine.

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