Psychological Medicine, 1998, **28**, 743–749. Printed in the United Kingdom

Book reviews

Masters of Bedlam. The Transformation of the Mad-doctoring Trade. By A. Scull, C. MacKenzie, and N. Hervey. (Pp. 363; £23.00.) Princeton University Press: Princeton, NJ. 1996.

Studies in the history of psychiatry continue to operate as something of a battleground. Ever since Foucault introduced the notion of 'The Great Confinement', placing the control of mad people and their behaviours within a highly politicized context, there has been a debate between traditional historians of medicine, who see a picture of regular advances, and social historians, who focus more on the quest for professional status as the engine of psychiatric practice. Both approaches can be useful historically, and may not even be contradictory. Since there is now a fashion for some revisionism as well as reversions to biography, this latest production has been masterminded by Andrew Scull, a professor of sociology from San Diego (although of English origin) whose *Museums of Madness* (1979) viewed the rise of the asylums as, by and large, an exercise in social control.

In essence this book covers much the same ground as the former, but using a biographical approach. The authors have taken seven representative psychiatrists from the nineteenth century, all British, and used them to illustrate the rise of 'mad-doctoring' and the 'empire of asylumdom'. In fact the pieces on John Conolly (1794–1866), and W. A. F. Browne (1805–85) are reworkings of previous articles by Scull, while the piece on Henry Maudsley (1835–1918) is largely derived from the bibliographical study by Michael Collie and a 1988 article published in this journal. It is also difficult to find anything new to write on John Haslam (1764–1844), although his life and work may be oddly exemplary to the modern psychiatrist. Thus, Haslam was very much a practical clinician, he was aware that published work does not equate with the quality of one's clinical practice, yet his writings were clear and robust. He also had to deal with the first public enquiry at Bethlem, in 1815, was scapegoated for practices that everyone else was doing, yet continued working, writing (and collecting books) for nearly another 30 years.

Themes ancient and modern likewise emerge through the other lives. Fights for control of the asylum between medical superintendents and lay managers (won by the doctors) are part of the Conolly story. The Scotsman, Browne, was very much a propagandist, stressing the need for therapeutic optimism, introducing plays and picnics to a model asylum in Dumfries, and like all sensible superintendents, getting out at the top by becoming a Medical Visitor, inspecting other people's problems. The piece on Sir Alexander Morison (1779–1886) reflects its origins in his own diaries, and is fascinating for the day-to-day activities of a clinician who worked largely outside the asylum walls, but was also engaged in the argument about non-restraint. At least he enjoyed life, wining and dining in society, in contrast to the obsessional Samuel Gaskell (1807–1886), who would remorselessly check every cupboard and stairwell (rather than enjoy the nightlife, say, of Brighton) on his inspection tours. The weakest of these pieces, unfortunately, is that on John Bucknill (1817–97) with his multifarious roles in the foundation of the Medico-Psychological Association, the writing of the first textbook '*A Manual of Psychological Medicine*' (1858) (with Daniel Hack Duke as co-author), editing the *Journal of Mental Science* and ending up a radical critic of asylums in general.

While such individual lives can be exegetic, and Haslam, Gaskell and Morison were in their own right most interesting men, it is a pity that there is no sense in these pages of the concurrent developments in knowledge about the nervous system, diagnostic categories, and even a limited therapeutics. It is also acknowledged by the authors that the lives they have chosen were by definition untypical of the workaday asylum clinicians. Only Browne, Gaskell and Bucknill spent a significant part of their careers running asylums, but their abilities moved them on to the

lucrative roles of Chancery Visitors, which must have come as a considerable relief. After all, the cycle of scandal, public enquiry and review, excessive controls, the decline of initiative, and subsequent neglect seems to be built in to the care of the mentally ill throughout the ages. There is also considerable discussion about the 'medical monopolization of the treatment of the mad' but no sense of any willing alternatives stepping into the breach. Yet it is an extraordinary story, from the haphazard private madhouses of the late eighteenth century to the enormous metropolitan asylums of Edwardian England, and the use of primary sources is exemplary.

Taking an overview of this project, what can one learn about the current state of the history of psychiatry? For it seems that we now have a much better picture of our casebooks, diaries and so forth, and of the realities of managing mental illness in the nineteenth century. The input of professional historians has been invaluable in disposing of the rather dull 'parade of achievers' version of history, and replacing it with something much richer. Nevertheless, the lives of many an asylum doctor, both obscure and influential, as well as those of the patients, and of course the attendants, remain to be explored. These authors conclude that 'mad-doctoring … remained a hobbled and stigmatized enterprise', seeing these icons of the profession as having partaken in that criticism as part of the advancement of their own careers. If even the business of inspecting asylums drove one mad, what else could they have been expected to do? The words of one Lunacy Commissioner, Bryan Proctor, perhaps make a suitable epitaph: 'I hear nothing, I see nothing, but tunnels and railroads – madmen and chambermaids'. Is this a nineteenth-century premonition of the real consequences of too strictly following the Care Programme Approach?

TREVOR TURNER

REFERENCE

Scull, A. (1979). *Museums of Madness*. Allen Lane: London.

Deconstructing Psychopathology. By I. Parker, E. Georgaca, D. Harper, T. McLaughlin and M. Stowell-Smith. (Pp. 167.) Sage Publications: London. 1995.

In the sixteenth and seventeenth centuries there was a problem for those who did not wish to be affiliated with religion – unbelief was simply not possible. As Lucien Febvre (1982) has convincingly shown, it was all but impossible to get outside a world view that posited the necessity of some sort of supreme being. Expressible alternatives did not exist. Everything in the languages of the time pointed to the necessity to believe. So comprehensive has been the demise of these formerly dominant paradigms, however, that the word belief is now commonly defined in dictionaries in terms of views that are widely accepted to be untrue, such as the earth being flat.

The deconstruction of a theistic world view was the work of the Enlightenment and especially of the French philosophers, notable among whom were Voltaire and La Mettrie. Voltaire, arguably, was the original deconstructionist turning the language of theism ironically on itself, when he postulated that if God did not exist it would be necessary to invent him. La Mettrie's approach was far more sweeping. He prophesied that the philosophical and theological establishments of the day would be swept away by the rise of medical science, once the biological underpinnings of human nature were understood and once it became possible to intervene effectively to shape behaviours. Positioned as we now are, at a time when Tom Wolfe (1997) reports in a syndicated column that philosophers are deserting philosophy departments in their droves to pursue neuroscience in the expectation that answers to the ultimate questions of identity and the functions of the mind are about to be answered by neuroimaging and genetic techniques, that agenda looks close to fulfilment.

The problem with this 'advance of science' is that health has become the theism of the day. It is almost as difficult now to get outside a world view that sees health as of central importance as it once was to be an atheist and increasingly large swathes of behaviour seem to be falling to this totalitarian worldview. Enter those who would deconstruct psychopathology. Will they

have as immediate an impact as Voltaire once did or will they be as successful in the longer term as La Mettrie?

This book although it has its arresting points is unlikely to have the success of Voltaire's *Candide* or other works. It is simply not witty enough. Part of the failure may stem from not knowing the enemy well enough. The authors deride psychiatry's 'poor cousin clinical psychology, and its even more dependent relatives (in mental health nursing, social work and so on)' but their insights are limited by virtue of the fact that their numbers are comprised of a clinical psychologist, a psychiatric social worker, a teaching psychologist, a psychoanalyst and an action researcher. Perhaps because of this, they miss out on the importance of the magisterial functions of the drug regulatory bodies, in particular the FDA. They take issue with, and make much of, a traditional target – psychiatry's power to detain patients on the basis of a supposed dangerousness – but the power invested in prescription-only arrangements is missed. This recent development obviously leads to a much more widespread potential for abuse than any potentially abusive removal of liberties under the Mental Health Act – detention is a rare event compared with prescription. Depriving the people of free and open access to psychotropic drugs, which people essentially 'believe' in much more than they do in those who prescribe them or the theories prescribers hold, must necessarily introduce massive distortions into the discourse about psychopathology. Dismantling this privilege would arguably in rather short order dismantle the hierarchies of expertise and authority that have presided over the construction of DSM-III, DSM-IV and ICD-10. If the pharmaceutical industry could sell directly to the people, how bothered would they be with DSM-IV?

Can the modern deconstructionist ultimately hope to succeed? La Mettrie could realistically look forward to the prospect of techniques that could be used to intervene in biological processes but it is less clear where the alternative techniques that people can believe in will come from. The authors spend much time stressing the importance of theory but it is a moot point whether 'theory' is really of much importance. Even before the advent of the Internet, new techniques such as chlorpromazine or Prozac crossed international frontiers in a matter of months – theories may take decades to follow. More to the point, the perceived risks of contagion of La Mettrie's proposals led to his vilification and ostracism. Parker and colleagues seem unlikely on the strength of this book to suffer a similar fate.

Indeed the reaction in many quarters is more likely to be that they could have done so much better. The modern deconstructionist on the evidence of this book shares one thing in common with Voltaire. They do not trust one significant set of players in the game. Voltaire did not trust the people. He felt that it was reasonable to talk about atheism in the salon but it would not be proper to raise the subject in front of the servants for fear of the consequences to the social order should the working classes be infected by such ideas. The modern deconstructionist, in contrast, does not trust the professional classes. Just as Voltaire's attitude on this point now seems paternalistic and unfortunate, so also the failure to take on board the professionals may be a strategic mistake. I would imagine that the authors would find many professionals – and indeed the higher up the hierarchy they go the more likely they are to find them (the book review editor of this journal would be a good bet) – who would happily concede that the entire edifice of psychiatry depends at least as much if not more on the potential of certain views and practices to sustain livelihoods than by any correspondence that these views or practices have with 'the truth'. It is not given to many to have the vision of a La Mettrie but in the long wait for deliverance from oppressive views the recruitment of a Voltaire or two to the cause might not be a bad idea.

DAVID HEALY

REFERENCES

Febvre, L. (1982). *The Problem of Unbelief in the Sixteenth Century*. Harvard University Press: Cambridge, Mass.

Wolfe, T. (1997). Sorry but your soul just died. See *Independent on Sunday*, Review Section p. 6 (2 February).

Behavioral Complications in Alzheimer's Disease. Edited by B. A. Lawlor. (Pp. 272; £32.95.) American Psychiatric Press Inc.: Washington, DC. 1995.

It has become almost *passé* to point out that Alzheimer's disease is not just a matter of

cognitive impairment, that non-cognitive features were clearly described by Alzheimer and that it is behavioural symptoms which often cause the most problems for carers and mental health workers. It is certainly not behind the times, however, to bemoan our lack of clear understanding of these problems. As for research providing us with effective and acceptable ways of managing abnormal behaviour in Alzheimer's, that may still seem futuristic.

The subject is immense and needs conceptual distinctions. For instance, can cognitive and non-cognitive symptoms in dementia be clearly separated? Is it sensible to talk of behavioural symptoms as if they are of a piece? For research to be clinically profitable it must, perhaps, only tackle clearly circumscribed behaviours.

Well, this commendable book does much to address the need for careful thought about the behavioural features of Alzheimer's. It is well written, with a uniformity and clarity of style much to the editor's credit. There is a useful mixture of research and clinical material. The chapter by Greenwald on depression, with its historical review and case vignettes, shows clearly how research can inform clinical practice, which is a strong characteristic of the book.

The work opens with chapters concerned with agitation, depression and psychotic phenomena in Alzheimer's. There is a useful chapter on delirium and a short chapter on the neurobiological basis of behavioural symptoms. A mundane review of instruments used to measure behavioural changes at least highlights their possibilities, as well as their deficiencies. In the section devoted to management strategies, there are chapters covering neuroleptics, benzodiazepines, non-pharmacological treatments of behavioural problems and the treatment of depression. A most stimulating chapter, I thought, was on the use of non-neuroleptic drugs to treat behavioural symptoms in dementia. Finally, the book ends with a chapter on the relationship between caregiver distress and behavioural symptoms, and another discussing issues to do with long-term care.

Sometimes, British reviewers warn potential readers that a book is biased towards an American audience. Only three of the 19 contributors were trained on this side of the Atlantic. There are, however, just sufficient references from east of Cork. It is, in any case, useful to be given a summary of the state of play in America. Although a worsening of confusion in the late afternoon or early evening is a familiar phenomenon, I was interested to discover that it was referred to as the 'sundown syndrome'. Does this syndrome have a specific cause or treatment? I was also ignorant of the Omnibus Budget Reconciliation Act of 1987. Under this law, prescribing a neuroleptic in a nursing home requires specific diagnoses and behavioural indications. Regular reviews of neuroleptic prescriptions are required. I am sure that we would bridle at the suggestion of such a law in the UK, but the practice seems exemplary. These snippets, of course, by no means do justice to the quantity of information which the book contains and sets out with clarity.

Nevertheless, there are weaknesses, mostly to do with time. The book is based on a symposium held in 1991. It was published 4 years later and I am reviewing it 2 years further on. Time means that some of this material seems old; at least, it lacks the benefit of more recent research. Time has also seen the emergence of evidence-based medicine. Since each chapter is largely based on a review of the literature, I could not help asking myself how systematic those reviews had been. Indeed, some of them do cite articles from as late as 1994, but that just made me wonder why elsewhere important works published before 1994 had not been used. And, once or twice, in chapters dealing with the same topic there were different references used – so how thorough were the reviews?

Most glaringly, perhaps, there is not a single mention of dementia with Lewy bodies (DLB). Would it now be possible to mention dementia patients with extrapyramidal and psychotic symptoms without alluding to DLB? But then, diagnostic criteria for DLB were already published in 1991 and 1992.

In the Introduction to the *Clinical Practice Series* (of which this is volume 31), we are held out the promise of occasional revisions and updates. An updated version of this volume would already be a better book. Nevertheless, the present version still has considerable merits. I would put in a plea, however, for the new edition to have a short chapter on ethics. Clearly, as the book shows, the behavioural complications of Alzheimer's disease raise ethical as much as scientific and clinical problems.

I recommend this book without hesitation to researchers into the non-cognitive aspects of Alzheimer's. It will provide useful background reading, an overview and resource. All departments caring for people with dementia should have ready access to a copy. The busy clinician may well want to dip into it for inspiration. An updated version, however, might become compulsory reading for all self-respecting clinicians with responsibilities for the demented.

JULIAN C. HUGHES

Cognitive–Behavioural Therapy for Bipolar Disorder. By M. Ramirez Basco and A. J. Rush. (Pp. 291.) Guilford Press: New York. 1996.

This is a therapy manual for bipolar affective disorder, a common psychiatric condition that has long been neglected by psychotherapists. The book is written for professionals who are interested in working with bipolar patients. Dr Basco draws on her experience of using cognitive–behavioural therapy for complex diabetes treatment. She argues that there are many similarities between diabetes and bipolar affective disorders: both are chronic, needing daily medication, and require the monitoring of symptoms and daily activities. The authors acknowledge that psychotherapy alone is not recommended. Their approach is an integration of drugs and psychotherapy.

The book consists of 12 chapters. The first three chapters are informational and include a description of the cognitive–behavioural approach as a maintenance treatment, an overview of the diagnosis, course and characteristics of the illness and a description of the current pharmacological treatment. The remaining chapters are a treatment manual including symptom monitoring (early warnings), promoting adherence to drug treatment, cognitive and behavioural techniques to deal with depressive and manic symptoms, problem solving and communication interventions. The authors acknowledge that once the patient is in a full-blown episode, cognitive–behavioural techniques might be minimally effective. Hence, the approach can be seen as a relapse prevention approach. However, there is no evidence about the efficacy of their treatment approach in this book.

On the whole, I like the book. The treatment section is well written and reading materials for patients were suggested. (Most of these would be difficult to find outside the United States.) The chapters on treatment are clearly written with session by session contents, which include the purpose and goals of the session, procedures and homework. Each chapter is also full of case vignettes to illustrate the techniques. I particularly like the chapter on treatment adherence. The authors clearly spell out the common obstacles to drug treatment adherence and strategies to overcome these obstacles, and they discuss the clinicians', patients' and family members' responsibilities in pharmacotherapy for bipolar affective disorder. The description of cognitive–behavioural techniques to deal with prodromes of mania, including the cutting out of stimulation, promoting sleep and relaxation, was interesting. The chapters on depression are not so novel and the techniques suggested are similar to the cognitive–behavioural treatment of unipolar depression. Similarly, the chapter on communication problems and the authors' dissection of the communication problems into skill deficits and performance deficits, though not unique to bipolar patients, is good.

I only have three reservations about the book. The informational sections of the book would have been strengthened if the authors had reviewed the literature on life events, sleep and routine disruption (Johnson & Roberts, 1995) and prodomes in manic depression (Fava & Kellner, 1991). It would have given readers a more theoretically driven model to justify the promoting of good social and sleep routines, detecting and coping with early warnings. Secondly, the chapter on drug treatment is not critical enough. There have been articles debating the efficacy of pharmacotherapy in bipolar affective disorder (e.g. Moncrieff, 1995; Solomen *et al.* 1995). A more critical account would prepare therapists better about the drug treatment of bipolar illness. Thirdly, the treatment manual is written as if the sessions are for both patients and their families. No doubt families can be a source of support. However, families can be very stressed and burdened by the illness. Some spouses may even be critical or resentful of patients' disturbing or socially embarrassing behaviour during an acute episode. Patients may also resent the involvement of family members in their treatment, particularly those who are highly autonomous individuals.

This needs to be handled very sensitively. The book does not deal fully with the sensitive nature of couple or family dynamics in the context of the illness.

DOMINIC LAM

REFERENCES

Fava, G. A. & Kellner, R. (1991). Prodromal symptoms in affective disorders. *American Journal of Psychiatry* **148**, 823–830.

Johnson, S. L. & Roberts, J. E. (1995). Life events and bipolar disorder: implication from biological theories. *Psychological Bulletin* **117**, 434–449.

Moncrieff, J. (1995). Lithium revisited: a re-examination of the placebo-controlled trials of lithium prophylaxis in manic-depressive disorder. *British Journal of Psychiatry* **167**, 569–574.

Solomen, D. A., Keitner, G. I., Miller, I. W., Shea, M. T. & Keller, M. B. (1995). Course of illness and maintenance treatments for patients with bipolar disorders. *Journal of Clinical Psychiatry* **56**, 5–13.

Textbook of Homosexuality and Mental Health. Edited by R. P. Cabaj and T. S. Stein. (Pp. 978; £71.95.) American Psychiatric Association Press Inc.: Washington, DC. 1996.

The term homosexuality has had an uncertain history. Although its origins are disputed, it seems that the word *Homosexualität* was first used by Karoly Benkert in 1869 in an argument against extending Prussian laws against sodomy in the newly unified Germany (Davenport-Hines, 1990). This pseudoscientific label delineated, for the first time, exclusive or predominant same-sex arousal. In the centuries preceding its appearance, it was inconceivable that same-sex attraction encapsulated all that was important about one's life. Its more colourful predecessors 'ingle', 'catamite', 'sodomite', 'bugger' and 'molly' evoked images of general debauchery that included same-sex behaviour among many others. Psychiatrists and psychoanalysts adopted the term homosexuality as a diagnosis until its standing as an illness was challenged in the mid-twentieth century. It was eventually removed from psychiatric diagnostic glossaries in the 1970s. Few other medical terms have had such a rapid evolution and few have left such disarray behind them. This peculiar history exposed the conservative and social bias inherent in psychiatry and psychology, damaged the lives of gay men and lesbians and provided dubious grounds for society to discriminate. It means that gays and lesbians still lack many basic human rights enjoyed by the majority. In 50 years time, the current debate over whether gays and lesbians should be given equal rights with other citizens may be considered as incomprehensible as separate park benches for blacks in the United States in the 1950s.

This textbook on homosexuality and mental health is intended for clinicians and the general public. The contributors use the word homosexuality as a descriptive term in opposition to heterosexuality. It is written by psychiatrists and psychologists, all but one of whom work in the United States. Many are well-known names who have argued for decades against the concept of homosexuality as pathology. It covers an enormous field. There is history, epidemiology, biology, psychotherapy and psychoanalysis, culture and ethnicity, the role of mental health professionals, mental illness, suicide, HIV and AIDS, and religion. Its theme is that same sex relationships are one variant of human sexuality. The authors avoid the polemics that are so easy to find in other sources. It provides a rich source of material for practitioners, teachers and researchers in mental health and is to be greatly welcomed.

As in any book of this breadth, there are bound to be weaknesses. The first is its length. In the opening sentence of the foreword the book is described as 'a potentially important major step forward in education about homosexuality'. This clumsy syntax predicts what is to come. The repetition becomes obvious when the book is read as a whole. To some extent this is unavoidable in a text intended as a reference source. The second difficulty is the dominance of psychoanalysis. Although possibly a reflection of American psychiatry, I regret this strong psychoanalytical influence in a book whose subject matter has perhaps suffered most from its bizarre and untestable theories. Contributors with a psychoanalytical background warn us that leaving aside all psychoanalytical debate is to throw out the baby with the bath-water. For one I would cheer to see the baby go. The third problem (for Europeans and others) is its ethnocentricity. Much good research about gay issues conducted outside the USA is missing. For example, a chapter on older gay men and lesbians omits important Australian research published in the early 1980s.

But I am being picky. This is an interesting and essential book for those mental health

professionals who should be knowledgeable about gay and lesbian mental health. That must be most of us. One particular characteristic marks this book out for special attention. Many of its contributors are themselves gay or lesbian. Although not unique it still makes a refreshing change.

MICHAEL KING

REFERENCE

Davenport-Hines, R. (1990). *Sex, Death and Punishment*. Collins: London.

Mindblindness: an Essay on Autism and Theory of Mind. By S. Baron-Cohen. (Pp. 168; £17.95.) MIT Press: Cambridge, Mass. 1995.

The study of metapsychology, thinking about thinking or theory of mind, or, more specifically, the study of how we come up with a theory that other people have a mind something like us, has burst on the scene in the last decade and has already made a lasting impression. This lucid monograph pulls off the neat trick of summarizing what are at times complex, even arcane, theories, while at the same time not alienating the general reader.

How did this new and undoubtedly fashionable field come into being? Simon Baron-Cohen would have us believe that the relationship theory of mind and autism was a discovery waiting to happen. Child psychologists studying normal infant development had begun to itemize a range of subtle cognitive skills that allow an individual to relate in social situations and one of them, Henry Wellman, asked the seemingly naïve question, what would a person be like if s/he failed to develop these skills? Infantile autism seemed to be just that experiment of nature. Of course the real sequence of events was much more haphazard, yet nevertheless, there did seem to be what might be seen as a paradigm shift when work from primatology, artificial intelligence, philosophy of mind and developmental psychology suddenly found what could be termed 'a shared focus of attention'. In this book Baron-Cohen lays out the building blocks for a comprehensive theory of mind. These include initially the ability to infer another's intention, followed by the ability to tune into a person's direction of gaze (the eye direction detector) from which then follows the development of a shared attention mechanism that enables the building of 'triadic representations'. From this follows a 'Theory of Mind Mechanism', which allows an individual to infer the full range of mental states from another's behaviour. This model is based upon a series of painstaking experiments with individuals with autism who showed deficits in most, if not all of these domains. Further evidence for this comes from studies of the congenitally blind who clearly do not have an eye direction detection ability yet seem to pass onto the next stage relatively effortlessly.

The unresolved issues highlighted in this book, and the subject of further research, are whether the theory of mind is a truly modular function, that is to say relatively self-contained and not dependent on other psychological functions. Clearly, autism is a case in point but it will be interesting to see whether further 'experiments of nature' uncover acquired deficits to theory of mind. The relationship of mind blindness and language development is also an important and unresolved one. It has been argued that the kind of perspective-taking necessary for language development is a pre-requisite for a theory of mind. Alternatively, one may be able to converse without a theory of mind, but what on earth would there be to talk about? The relationship of these theories to schizophrenia is too recent to be discussed in the book but has been put forward by Chris Frith and others. Clearly, faulty inferences about others' intentions are a useful framework for thinking about paranoia. Unfortunately for schizophrenia, initial research results, though fascinating and encouraging, do not promise the sort of decisive combination of deficits and abilities so elegantly exposed in some cases of autism.

ANTHONY S. DAVID