

crucial mutations, the first, between 0.6 and 0.15 million years ago, affecting phospholipid metabolism and resulting in a sudden rise in brain size and an enormous increase in synaptic complexity, the second, perhaps 150 000 to 130 000 years ago, involving the phospholipase A<sub>2</sub> cycle and producing, as a package deal, both the technological and artistic creativity and the ruthlessness that are the essence of our humanity, and also schizophrenia, bipolar illness and dyslexia; (b) that thereafter the balance between the beneficial and harmful elements in this package depended on the essential fatty acid (EFA) content of *Homo sapiens*' diet: so long as this was high, psychotic illnesses were mild and inconspicuous, but with the advent first of agriculture and later of urbanisation, psychoses became more common and more florid; and (c) that re-establishing an adequate intake of EFAs is the key to the prevention and treatment of these disorders and that eicosapentaenoic acid is probably the crucial substance. Not for nothing was Horrobin the founding editor of the journal *Medical Hypothesis*.

Perhaps because the author has already lost hope of influencing the scientific establishment, the book is written for a general readership. Much of its text consists of descriptions of basic clinical, genetic and biochemical processes, but it is written in a fluent, engaging style. I do not know enough about anthropology, lipid metabolism or human genetics to know how plausible his various hypotheses are from the vantage points of those disciplines, but I do know that Horrobin's key assumption that there is a striking excess of highly intelligent, creative high achievers in the families of people suffering from schizophrenia or bipolar illnesses is far from proven. The idea goes back at least to Galton, but apart from Karlsson's studies in Iceland, it is based almost entirely on clinical impressions, not on defined populations and certainly not on blind ratings.

Reactions to this book are likely to be very diverse. It will probably be acclaimed with delight by many patients and their families, because it gives them hope and restores their dignity, and dismissed as fantasy by many psychiatrists and neuroscientists, because it has almost no points of contact with contemporary aetiological theories and research. As Horrobin disarmingly admits, it may all be a Kipling-esque 'Just-so story' but, as he also points out, it does contain testable elements.

In my view, the clinically relevant elements in his chain of hypotheses ought to be taken seriously, if only because our understanding of the causes of schizophrenia and bipolar illness, and our ability to help people with these disorders, have hardly advanced in the past 40 years. It may seem unlikely that schizophrenia is fundamentally a disorder of phospholipid metabolism exacerbated by a dietary deficiency of EFAs, but the example of the Mensa & Dougie mice demonstrates that modifying a single gene in the *N*-methyl-D-aspartate phospholipase A<sub>2</sub> pathway can produce a massive increase in intellectual performance, and if eicosapentaenoic acid or some other EFA is indeed an effective therapeutic agent in the treatment of schizophrenia that would be very, very important.

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### **Of Two Minds: The Growing Disorder in American Psychiatry**

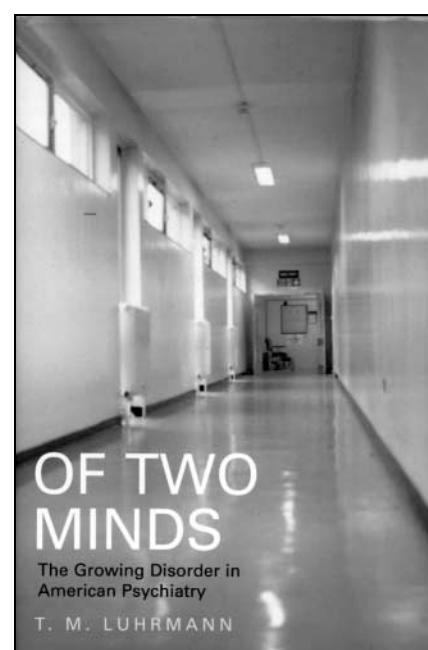
By T. M. Luhrmann. London: Picador. 2001. 337 pp. £20.00 (hb). ISBN 0 330 48535 0

This book suggests a diagnosis for the ailing condition of American psychiatry. In the early part of the 20th century, the author argues, psychoanalysis ruled the psychiatric world, but its reign was challenged by the rise of the neurosciences. There ensued a bitter conflict, in which the opposing camps eventually settled into what an American clinician has called a 'happy pluralism'. However, with the recent emergence of 'managed care', insurance companies have been able to dictate the nature of the treatment given to patients. They have favoured pharmacology over psychotherapy, because it seems cheaper and more like the rest of medicine. As a result, the psychodynamic approach is being excluded and may become extinct. These trends have serious implications. Trainee psychiatrists no longer possess the skills to communicate with patients. Those with mental illnesses feel that they are not being understood, and the imperatives of managed care mean that patients are being discharged from hospital long before they have recovered. Clinicians are being forced to confront the moral

dilemma of whether to prescribe treatment they consider inappropriate. Finally, the adoption by the general public of a vulgarised neurobiological model of mind has led to a simplistic view of humanity which ignores meaning and complexity.

T. M. Luhrmann is an anthropologist and, in reaching her diagnosis, she has spent several years observing and interviewing psychiatrists in a variety of clinical settings. She has paid particular attention to psychiatrists in training, and records their attempts to master the often confusing and contradictory nature of clinical practice. We learn that trainees who take their work too seriously are considered a liability and that young clinicians read little in the way of psychiatric theory. We also learn that research is seen as superior to mere clinical work and that psychotherapy is considered an unsuitable job for a man.

Luhrmann views with alarm the disappearance of the art of listening, and repeatedly advocates the nostrum that it takes both pills and talk to make a patient better. Like many millennial commentators, she calls for a reconciliation between the opposing forces of neuroscience and psychotherapy – between what Eisenberg (2000) has called 'mindless' and 'brainless' psychiatry. There have, of course, been other perspectives on contemporary American psychiatry. A bleak account is provided by Samuel Shem's (1999) satirical novel, *Mount Misery*, which trainees in Luhrmann's book recommend as a true picture of their experience. A more upbeat



assessment is given by Nancy Andreasen (2001) in a recent editorial, although she too worries that the ability to talk to the patient is diminishing as the emphasis on symptom checklists increases.

Rather curiously, given that the writer is not a psychiatrist, the book lacks critical distance and frequently takes psychiatry at its own estimation. Perhaps this is to be expected, because the author is not only the daughter of a psychiatrist but has also been in therapy. A much more searching anthropological account of psychiatry is to be found in Barrett's (1996) *The Psychiatric Team*, in which he questions the 'taken-for-granted' assumptions of clinicians. Luhrmann is hindered by a verbose and repetitive prose style, and readers who do not share her enthusiasm for Freud or Christianity may have reservations about her conclusions. Despite this, and despite its concentration on the American experience, many of the concerns of the book are of fundamental importance to British psychiatry. It is, therefore, well worth reading.

**Andreasen, N. C. (2001)** Diversity in psychiatry: or, why did we become psychiatrists? *American Journal of Psychiatry*, **158**, 673–675.

**Barrett, R. J. (1996)** *The Psychiatric Team and the Social Definition of Schizophrenia*. Cambridge: Cambridge University Press.

**Eisenberg, L. (2000)** Is psychiatry more mindful or brainier than it was a decade ago? *British Journal of Psychiatry*, **176**, 1–5.

**Shem, S. (1999)** *Mount Misery*. London: Black Swan.

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### Psychiatric Intensive Care

Edited by M. Dominic Beer,  
Stephen M. Pereira & Carol Paton.  
London: Greenwich Medical Media. 2001.  
353 pp. £24.50 (pb). ISBN 1 900 151 87 1

This book is addressed to "All healthcare and related professionals working in, or interacting with, psychiatric intensive care units, as well as managers with a responsibility to commission, provide and monitor such units". In addition to the three editors, there are 19 contributors. This useful book shows the strengths and weaknesses of a work written by a committee and for

everybody. On the positive side, it is comprehensive and multi-disciplinary. It is clinically oriented and most chapters will be of interest to clinical staff working on intensive care units. Chapters deal with important issues such as seclusion, physical restraint and rapid tranquillisation.

On the negative side, it lacks the unity, simplicity and clarity that reflects the practice and experience of a single author or, at most, of a small team. The standard of individual chapters is uneven, and jargon and acronyms (such as PICUs, SCIPs and NAPICUs) abound. Also, it is difficult for this type of 'comprehensive' multi-author book to be really up to date. For instance, the otherwise useful sections on pharmacology and rapid tranquillisation do not do justice to recently published evidence on the risk of cardiac complications and sudden death from high-dose medication. The internet affords easy access to journal articles and reviews, and books trying to provide current information and reviews of the literature have an increasingly short shelf-life.

The potentially enduring chapters in this volume are those that provide some sort of manual for clinical procedures and practice. A useful section is devoted to the setting up and management of intensive care units. Such units require clear leadership and lines of responsibility. I would endorse the recommendation that there should be only one or, at the most, two clinical teams – although this often entails transfer of consultant responsibility when patients are

admitted or discharged from the unit. A chapter on good practice raises the question of whether units should be mixed or single-gender. The move towards mixed-gender wards that gathered momentum in the 1960s was part of a well-intentioned effort to 'normalise' the culture of psychiatric hospitals. However, female patients are in a minority on intensive care units and are vulnerable to intimidation, violence and sexual harassment. At the very least, a newly designed unit should afford the possibility of very substantial segregation of women and men.

Unfortunately, the book does not deal with the important issue of resources. Standards are inevitably low in an overcrowded and dilapidated unit, unable to recruit or keep capable permanent staff and relying instead on locum and agency staff. Sadly, this is the situation throughout much of the country.

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### Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention

Edited by Wendy Silverman & Philip Treffers.  
Cambridge: Cambridge University Press.  
2001. 402 pp. £39.95 (pb). ISBN 0 521 78966 4

This multifaceted volume is based on the papers presented at an international conference on child and adolescent anxiety disorders, and it covers a broad range of approaches and perspectives. The 16 chapters range from the more theoretical (on affective-cognitive mechanisms, behavioural inhibition, neuropsychiatry and attachment theory) to the more clinically oriented (phenomenology and assessment, epidemiology, and both pharmacological and psychosocial interventions).

A historical introduction raises the interesting idea that child and adolescent anxiety disorders may be viewed as forerunners of later pathologies. Esquirol viewed anxiety as a sign of vulnerability – a ground on which psychopathology can develop. It is refreshing to think that a lifecourse view on psychopathology was alive many years ago.

