Psychological Medicine, 1999, **29**, 747–752. Printed in the United Kingdom

Book reviews

The History of Bethlem. By J. Andrews, A. Briggs, R. Porter, P. Tucker and K. Waddington. (Pp. 752; £150.00.) Routledge: London. 1998.

Bethlem Hospital is now, officially, over 750 years old. Apart from the dinners, dances and meetings, the most substantial outcome of this unusual anniversary has been the publication of its history. This is not the first one, of course, as the authors acknowledge in their Introduction, and for those seeking a briefer read, or something lighter in scholarly tone, there are alternatives. For example, Patricia Allderidge, Archivist and Curator to the Bethlem Museum since 1957, has written a relatively brief (116 page) 'pictorial record' of Bethlem Hospital, 1247–1997. Not only does this have some excellent illustrations and photographs (including one of Dr Stoddart's parrot – Stoddart was Physician Superintendent between 1910 and 1914) but it costs under £20. There is also a more discursive and popular history entitled *Bedlam* by Anthony Masters, published in 1977, while the original *The Story of Bethlem Hospital*, by Edward O'Donoghue (Chaplain to the Hospital), 'with 140 illustrations', was published in 1914, but has to be rummaged for in second-hand bookshops.

The striking difference between this heavyweight tome and its various predecessors is, of course, its sheer size and detail. This is serious social history, in terms of primary as well as secondary sources, locating the development of the hospital in the context of its times, the history of architecture, and the history of public attitudes, with an avoidance of any specific (for example, sociological or Whiggish) perspective. In this sense, as a multi-author work, it is remarkably easy to read. The notes, for example, are placed at the end of each chapter, as opposed to stuck at the end as can be the modern habit, personal stories are woven into a detailed text concerning management, finances, butteries, etc. and there are excellent name and subject indices. There are also seven appendices, listing for example the 'Masters, Wardens or Keepers', the 'Bethlem Medical Officers, 1783 to 1900', or the 'Bethlem and Bridewell Apothecaries, 1634 to 1816'. These even include mention of the brief reign of the 'widow Adams (temp)' between 25 February and 25 March 1715, who was subsequently 'replaced'.

The problem of such complex volumes, however, is that there is not really a continuing story. It could even be suggested, as one considers the mediaeval Bethlem, the 'Victorian institution', and the modern Joint Hospital, linked as it is with The Maudsley, that the original hospital has not survived. That is to say, the name has somehow stuck, through a variety of institutions and roles, but unlike for example Barts Hospital (on the same site since 1123), Bethlem has moved around almost recklessly. Its acknowledged founder, Simon FitzMary was probably born about 1200, but much of his life is obscure. Originally, Bethlem was not intended as a madhouse, but more as 'a link between England and the Holy Land, part of a wider movement in which the cathedral church of the Nativity of Bethlem and its bishops sought land, arms and hospitality in Western Europe'. Set up in Moorfields, originally outside the City walls, it moved in 1676 to the rather fantastical building designed by Robert Hooke, to its Southwark base at St George's Fields in 1815, and to the leafy suburbs of Monks Orchard Road in 1930. Even within these placements its role seems to have changed considerably, for example taking on the care of criminal lunatics after Hadfield's attempted murder of George III in 1800, but moving more to a private establishment in the second half of the nineteenth century. A long-standing feature of admission to Bethlem, of course, was the one year rule, aimed at avoiding the management of chronic conditions, although wings for 'incurables' were built. Bethlem in fact claimed a cure-rate of over two-thirds, at least in the eighteenth century, but 'examination of the afterlife of patients indicates but limited therapeutic achievements'. In this sense, notions of 'recovery' or 'cure' very much reflected the role of the hospital rather than the patients' own

perspective. In their critical analysis of how much one can trust records and casebooks, therefore, the authors have done us a service. A particular reflection, in one of the subtitles, perhaps also has an impact on the role of the psychiatrist today. Thus, was 'relieving the poor insane or unburdening their friends?' a key task of the hospital.

In terms of the organization of this quite admirable work, it has been essentially divided into four parts. The rather obscure mediaeval bit, from about 1247 (the date of its foundation) to 1633, ends with the various images of Bedlam that were so common in the writings of Jacobean playwrights. Why they used Bethlem in this way is uncertain, but an obvious answer is the sheer proximity of Bedlam to the early playhouses. Part 2 takes on the story, from 1633 to 1783 (the date of the first 'historical account of the origin, progress and present state of Bethlem Hospital'), and provides a detailed outline of the early modern institution. This of course was the 'dark age' of whippings and beatings, so often referred to in the nineteenth century histories of psychiatry produced by the evangelist reformers of Victorian England. The rise of the nineteenth century asylum, moral treatment, non-restraint, and the imposition of medical leadership in the management of the mad derived much of its ammunition from the contrast with Georgian times, centred of course around the vital year of 1815. Not only was this the year of Waterloo, but also the date of the notorious select committee inquiry into Bethlem. Part 3, therefore, covers just that era (1783–1900), and is able to use a much richer range of available published sources to develop what is in effect a history of English/British psychiatry in the nineteenth century. The final part, from 1900 to the present, will be of particular interest to those interested in the post-war developments, linking the Bethlem to the Maudsley, with its somewhat vague conclusion as to the 'uncertainties' still prevailing as the hospital 'sought to adapt and adjust its services'.

The real question is, can one actually read such a book? It is rather like trying to get through a 15-course meal, each dish arriving from a different culinary tradition, and meant for a dozen people. The archivist will be fascinated by the medieval research and the review of the various committee arrangements particularly in the nineteenth and twentieth centuries. Psychiatrists will want to know about treatments, diagnoses, and how their predecessors managed to develop a humane approach to 'madness' despite the usual accompaniments of neglect, stigma, underfunding and public suspicion. The historian will admire the organization and research that has gone into the work, but may wonder at the coherence of the narrative and its relationship to an institution. It is perhaps best to consider this as a collection of papers, studying the development of attitudes towards mental illness in Britain over the course of the last 700-odd years, linked to a notion of 'Bedlam' rather than 'Bethlem'. Because by definition Bethlem was not (and is not) a typical hospital for mad folk, but more an idea of what one might do with the mentally ill. Never an asylum in the true sense of the word, it has always been some kind of charitable experiment, a reflection of the various societies through which it has survived. Misrepresented, criticized, illustrated, visited, satirized, reformed, but never shut down, it embodies a version of psychiatric understanding that has never been in the vanguard but has known which lead to follow. It is, therefore, a very British institution, and to have produced a history of such complexity, tonal variation, and insight, is really quite a spectacular achievement.

TREVOR TURNER

REFERENCES

Allderidge, P. (1997). *Bethlem Hospital, 1247–1997. A Pictorial Record*. Phillimore & Co: Chichester.
Masters, A. (1977). *Bedlam*. Michael Joseph: London.
O'Donoghue, E. G. (1914). *The Story of Bethlehem Hospital – From its Foundation in 1247*. T. Fisher Unwin: London.

Medical Harm: Historical, Conceptual and Ethical Dimensions of Iatrogenic Illness. By V. A. Sharpe and A. I. Faden. (Pp. 292; £50.00 hb, £17.95 pb.) Cambridge University Press: Cambridge. 1998.

The potential of psychiatry to cause harm is a recurrent concern in the popular and scientific imagination. A book on medical harm should be of interest to psychiatrists.

Much of the first part of this book is taken up by a sociological analysis of the rise of the medical profession in the United States. The

authors see a state of affairs, before the American Civil War (1861–1865), when 'claims to expert knowledge and indeed to professional distinction were regarded with suspicion as antithetical to the democratic spirit'. This was followed by professional and social developments that led to the 'consolidation of medical authority' (p. 47). They contrast earlier unscientific understanding of illness, which was shared by patient and doctor, with later scientific understanding by doctors, that is not shared by patients, and leads to mutual alienation. The American Medical Association was established in 1847. Between 1830 and 1900 medical malpractice cases in the US increased by 2000%!

The term 'iatrogenic' was introduced by Eugen Bleuler, in his *Textbook of Psychiatry*, published in 1924. Bleuler used the term to refer to the fear experienced by the patient when informed about abnormal results of investigations performed by the doctor. Concern about causing harm through communication of bad news was highlighted by the American Medical Association's 1847 Code. It stated that 'the life of a sick person can be shortened not only by the acts, but also by the words or manner of a physician. It is, therefore a duty…to avoid all things which have a tendency to discourage the patient and to depress his spirits' (p. 61). This paternalistic concern seems to have given way to the legal doctrine of informed consent and the moral principle of patient autonomy. Sharpe and Faden argue that the term 'iatrogenic' is outdated not only because of its paternalistic origins but also because it is too restrictive for modern medicine, where treatment is delivered by systems of care rather than doctors alone. They advocate use of the term 'comiogenic illness' as an alternative. 'Comein' in Greek means, 'to care'.

Comiogenic harm is common. The authors highlight an UK primary care study, published in 1979, demonstrating a 41% incidence of side effects to first prescription of medication. They also report American studies showing that 'complications of drug treatment are remarkably frequent, accounting for 5–10% of all hospitalizations and contributing to in-hospital morbidity in 20–25% of patients' (p. 176). Their recommendations for limiting medical harm include the use of surveillance strategies, systems analysis, research, evidence based clinical practice and 'overcoming the ethos of infallibility' in medical education and practice. They argue that the introduction of no fault compensation systems for victims of medical accidents will lead to greater openness, better clinical audit and peer review and reduced comiogenic harm.

What starts as a hostile analysis of medical paternalism and iatrogenic illness evolves into a sympathetic analysis of the role of the doctor in modern healthcare. The importance of the doctor–patient relationship is acknowledged. The need for the doctor to act as the patient's advocate in a world of resource limitations and third party payments (private or state) is highlighted. The authors emphasize the need for the doctor to be protected in law and practice for whistle-blowing activities. These two medical ethicists offer us the foundations of a vision where medicine, in a democratic society, is practised without the undue influence of the pecuniary demands of private practice, or the crushing weight of bureaucracy and medical hierarchy in state medicine.

Democracy appears to be a fundamental precondition for the avoidance of psychiatric harm. The origins of mass involuntary euthanasia in the hospitals for the mentally handicapped in Nazi Germany and the political abuses of psychiatry in the Soviet Union strongly suggest this. Within democratic societies there is considerable scope for variation in definition and prevention of psychiatric harm. For example the World Psychiatric Association has declared (Madrid Declaration 1995) that no patient should be given treatment against his/her will unless the patient's or someone else's life is at risk because of mental illness. In contrast, the England and Wales Mental Health Act 1983 allows administration of medication even when there is no risk, if that is thought to be in the interest of the patient's health. Presumably two different conceptions of medical harm underlie the two approaches.

One of the interesting asides in this book is reference to Einstein's final illness; Einstein 'refused surgery for an aortic aneurysm (which ultimately killed him) because he was committed to a life of simplicity. He judged the recommended surgery as undesirable because increased longevity was, in his view, outweighed by the inconvenience of intervention.' (p. 222). There is need for research to establish whether mental

health legislation strikes the right balance between inconvenience and harm on the one hand and justice and beneficence on the other.

Consideration of the UK Mental Health Act 1983 justifies Sharpe and Faden in their sociological and ethical approach to issues of medical harm. This reviewer understands that a patient can not litigate against a psychiatrist who has recommended detention under the Mental Health Act. In contrast, a relative may litigate against the psychiatrist if an adverse event, such as suicide, follows a decision not to detain under the act. Does this lead to defensive practise and morally unjustifiable detentions? Does defensive practise lead to psychiatric harm through inconvenience and unnecessary limitation of autonomy? Would the introduction of a no fault compensation system for victims of medical accidents lead to the practise of a more, or less, harmful psychiatry?

GEORGE IKKOS

Developmental Psychopathology: Epidemiology, Diagnostics and Treatment. Edited by C. A. Essau and F. Peterman. (Pp. 478; £20.00.) Harwood Academic Publishers: Amsterdam. 1998.

Driven by advances in the classification and assessment of mental disorders and from the growing recognition that characteristics of adult psychopathology frequently have their onset in childhood and adolescence, the field of developmental psychopathology has received increasing attention over the past decades. The aim of this edited text by Essau and Petermann is to provide a comprehensive summary of recent empirical findings for the most common mental disorders among children and adolescents, disorders that can impair a young persons ability to learn and form social relationships and may cause significant impairment later in life.

Essau and Petermann have organized this book into three parts. Part I addresses general issues including an introduction to the topic, classification and assessment strategies, and research methods and design. Part II has eight chapters addressing specific disorders: conduct and oppositional defiant disorders, attention deficit/hyperactivity disorder, pervasive developmental disorders, anxiety disorders, mood disorders, substance use disorders, feeding and eating disorders, and elimination disorders. Within each of the eight disorder-specific chapters the following topics are covered: definition and classification, epidemiology, risk/protective factors, co-morbidity, course and outcome, assessment, and prevention/intervention/treatment. Part III, the epilogue, looks at the future of developmental psychopathology and emphasizes the need for more theoretical research to support the current empirical findings.

This book is intended as a resource for researchers and other professionals working in the fields of social work, psychology, psychiatry, paediatrics and other mental health professions. Professionals working in clinical practice will find this book particularly useful since it covers a range of topics from descriptive epidemiology and natural history through assessment and prevention, intervention and treatment. Researchers will appreciate the discussion of these empirical findings in the context of current aetiological theories. As a broad review of the field, this edited text is also appropriate for use by advanced students of these professions.

The strengths of this edited text include its comprehensive scope, lengthy bibliographies and detailed index. The comprehensive scope across chapters makes this book useful as a reference tool. Facilitating its use as a reference tool is the application of a uniform structure across each of the eight core chapters and the inclusion of a detailed index at the end of the book. For those readers looking for more depth, each chapter is followed by an extensive bibliography that can be used to identify specific publications and journals of special interest. Additional strengths of this text are the inclusion of sections within each disorder-specific chapter that relate the empirical findings to current theory.

What distinguishes this volume is the extensive discussion of aetiological models from the psychological and sociological sciences and the subsequent coverage of psychological interventions. However, a presentation of recent advances in the genetic epidemiology of these disorders and the relative importance of gene–environment interactions beyond the mention of results from twin and adoption studies is missing from these reviews.

Developmental Psychopathology: Epidemiology, Diagnostics and Treatment, edited by Essau and Peterman, presents empirical findings for the most common mental disorders among children and adolescents. Within this context, each disorder-specific chapter covers a broad range of topics within an intuitive framework ranging from the descriptive epidemiology to the natural history and pharmacological and psychological treatment of these disorders and includes a discussion of current aetiological theories. The absence of biological models of disorder and the strong emphasis on psychological models may lead to a greater popularity of this edited text among social workers, psychologists and other health professionals with training or an interest in the social sciences.

CHRISTOPHER B. NELSON

Suicide: The Tragedy of Hopelessness. By D. Aldridge. (Pp. 311; £15.95.) Jessica Kingsley Publishers: London. 1998.

This thesis defended by this book is that '(suicidal) behaviour is not"understood" when it is isolated from social systemic contexts' (p. 10). In 13 chapters, the author, a Professor of Qualitative Research at the University of Witten-Herdecke (Germany) presents the reader with 'thick descriptions' of suicidal behaviour, which locate 'people's actions within varying interactive contexts in which the meaning of the behaviour is negotiated'. Thus, the suicides of a number of film stars, newspaper reports of suicides, suicidal gestures of four women on a psychiatric ward and the suicidal preoccupations of a sample of readers of *Cosmopolitan* magazine, are being described 'thickly'.

In essence, it seemed to me, the author pursues an application of systems theory (such as proposed by Watzlawick *et al.* 1968) to suicidal behaviour resulting in a number of interesting descriptions of clinical situations; such as how the presence of a researcher on a ward may resolve conflicts leading to suicidal behaviour. However, most of the argument's potential is lost as a result of the author's dismissive attitude to 'traditional researchers' and carers whose approach he all but 'totally dismisses' (p. 15). Suicidal behaviour is described as a political act with a small 'p' and run-of-the mill health service and research concerns about this problem brandished as means of perpetuating the status quo. Suicidal behaviour is (correctly) being described as 'deviance' but then the argument goes astray because the author fails to make the crucial distinction between primary and secondary deviance. This enables him to grind his political mill (four chapters have the word 'politics' in them) without any need to worry about the possibility that, apart from being suppressed, the suicidal individual may in fact also be ill.

Risk factor research ('suicide is not a disease so we should not expect a pathogen') and health service efforts to help suicidal people ('supposed processes of helping, adding to patients' distress') end up by the wayside. This says less about the novelty of the author's propositions than about his lack of awareness of the increasing application, both in epidemiology and in clinical practice, of multilevel and systemic approaches. As this book fails to present a truly new approach to suicide, its politicized tone, its dismissal of attempts by other researchers and practitioners to understand and manage suicidal behaviour and its poor English, all mean it cannot be recommended with enthusiasm.

J. NEELEMAN

REFERENCE

Watzlawick, P., Beavin, J. H. & Jackson, D. D. (1968). *Pragmatics of Human Communication: A Study of Interactional Patterns Pathologies and Paradoxes*. Faber & Faber: London.

Pain Management Psychotherapy: A Practical Guide. By B. N. Eimer and A. Freeman. (Pp. 516; £34.95.) John Wiley & Sons: New York. 1998.

Psychologists have been interested in treating chronic pain for 30 years, ever since Fordyce published his ground breaking behavioural analysis of pain. Fordyce's analysis had an elegance and focus of attack that has not been equalled as subsequent theorist and practitioners have broadened the scope of their enquiry to include beliefs, thoughts and emotions concurrent with the experience of pain. The standard cognitive behavioural account of pain was given by Turk, Meichenbaum and Genest in their text *Pain and Behavioural Medicine* (1983), which

provided the basis for the majority of current cognitive behavioural treatment pain programmes. Excellent though that text was, it was not a detailed 'how to do it' guide. Eimer's & Freeman's book aims to fill that niche. It is a very long and elaborate text written primarily for the treatment of individuals rather than groups of patients. It is based around the office practice of the two authors, in contrast to other available texts, which describe pain management programmes for groups of chronic pain sufferers in clinic settings.

The first third of the book contains a wealth of detail on the assessment of individuals and includes the presentation of a range of questionnaires and assessment schedules that could be used. While some of these instruments are well known and validated a significant proportion are relatively undeveloped. The rigour of the assessment proposed by the authors would be prohibitive in many health care settings, and I also suspect that a significant proportion of patients would vote with their feet after suffering from testing fatigue. Nevertheless, this section does contain good advice and valuable insights into pain assessment.

The middle part of the book gives an extensive account of a number of techniques comprising an eclectic mixture of Beckian cognitive therapy methods and Meichenbaum's stress inoculation training. Detailed step-by-step accounts of implementing a number of procedures are given with extracts of therapeutic interchanges from sessions. The authors also provide examples of recording sheets and within session assessment protocols. This level of detail is rarely found outside of unpublished treatment manuals and the materials should be valuable. The final third of the text is entitled hypno-behavioural management. The use of hypnosis has a long history but there is a paucity of controlled outcome data of its efficacy in chronic pain. Once again the authors provide a detailed guide with various assessment instruments.

Eimer & Freeman do give a wealth of detail and clinical guidelines which should be useful to many practitioners. Readers should be warned that they may feel overwhelmed by the density of the text. The treatment of pain has made some advances, there are new techniques and many of these are delivered conjointly in pain management programmes. The problem is that there is great variability between programmes and in the treatment of individuals. We just do not know which components are effective for whom. This text illustrates the eclecticism, and to my mind the lack of theoretical coherence, of contemporary CBT for pain, but the attempt to provide some detailed specification of particular methods, and suggestions for ways of evaluating them, is to be welcomed. Oh! for the elegance of Fordyce.

STEPHEN MORLEY

REFERENCE

Turk, D. C., Meichenbaum, D. & Genest, M. (1983). *Pain and Behavioural Medicine: A Cognitive Behavioural Perspective*. Guilford Press: New York.