

The Ship of Seven Murders: A True Story of Madness and Murder

Hopkin A, Bunney K. The Collins Press, Cork, 2010. ISBN-13: 9781848890367.

In June 1828, while in command of the *Mary Russell* which was sailing back to Cork from the Caribbean with a cargo of sugar cane, Captain William Stewart killed seven of his crew members, whom he accused of mutinous plotting. The *Ship of Seven Murders* tells the gruesome and dramatic tale of their deaths and of Captain Stewart's subsequent murder trial and incarceration.

Although the title suggests a lurid melodramatic tale, there is considerable scholarship in this well written book. The authors were fortunate to have found such a personal, detailed and considered contemporary account by the notable maritime scientist and cleric, William Scoresby. There are some fascinating details of early 19th century merchant seafaring. There are also many points in the book that will be of particular interest to psychiatrists. The highly respected Captain Stewart set out from Cork at the age of 53 in excellent mental health with only vague hints of any past mental health problems. However, on his return trip he became rapidly severely psychotic with paranoid delusions that affected his behaviour to such an extent that he killed seven of his crew. His contemporary diagnosis was of monomania. His alcohol and possibly other substance consumption were felt to be important factors in his psychosis although there did not seem to be much in the accounts of the surviving crew members to suggest that Captain Stewart was a heavy drinker. Brendan Kelly, the consultant psychiatrist who was consulted in the writing of this book, believes that his presentation at that time and his subsequent course was most consistent with a diagnosis of bipolar disorder.

The details of the inquest and subsequent murder trial are most interesting. The efficiency and industry of the process seems extraordinary by today's standards. Captain Stewart was initially found guilty but insane by the jury who were then directed by the presiding judges to change their verdict to not guilty by reason of insanity. Kelly comments on the irony that it took Ireland until 2006 to get this eminently sensible verdict on to the statute books.

Captain Stewart was incarcerated in Cork Gaol until 1830 when he was moved to the Cork Lunatic Asylum under the care of Dr Osborne. He seems to have made a good recovery in between repeated episodes of manic psychosis. He seems to have had good access to his family while there and to have had visits from many people who were interested to meet the perpetrator of such an extreme act of killing. He busied himself making model boats that were sold to provide some relief for his family who had become destitute in his absence. At the age of 76 he was moved to the Dundrum Asylum for the Criminally Insane which opened in 1851. There are no details available of his life there. He died there in 1873 at the age of 98.

It would have been interesting to know of other cases of mental illness developing after extended periods at sea and

of other trials following killings at sea where insanity had been considered. Nonetheless the *Ship of Seven Murders* is packed with fascinating details which the authors skillfully balance with the dramatic story.

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Manual of Clinical Psychopharmacology

Seventh Edition. Alan F. Schatzberg, Jonathan O. Cole, Charles DeBattista. PUBLISHER: American Psychiatric Publishing, Inc. 2010 ISBN 978-1-58562-377-8 p720

This is the seventh edition of a book first published in 1986 which has become a best-seller of its type in North America. The authors are two professors of psychiatry at Stanford and a late professor of psychiatry at Harvard. They state in the introduction their intention has been to provide a readable, up to date guide to clinical psychopharmacology and prove adept at achieving this aim.

Since it was first published, the number of psychotropic medications has expanded yearly and this is reflected in the increasing size of this book, which now stands at 720 pages. As such whether it remains a manual or has metamorphosed into more of a fully fledged textbook is a moot point. It is certainly not a pocket book. The content is divided into chapters on individual drug classes, antidepressants, antipsychotics, mood stabilizers etc. followed by chapters on augmentation strategies, emergency department treatment, treatment of substance use disorders and treatment in special situations. The chapters begin with general principles of treatment and properties of the class as a whole, followed by more detailed examination of individual drugs or sub-classes. The book is written in an easy, familiar style, almost conversational at times. It minimizes references in the text itself to increase readability but each chapter has a comprehensive list of references at the end.

The content concentrates on the evidence based science of psychopharmacology but with succinct advice on the art of practical prescribing from their personal clinical practice. This is supplemented at times by practical advice on non-pharmacological options, eg. 'no intervention is more effective for potentially violent patients than a sufficient show of force to restrain the patient, if necessary, along with calm reassurance'. It is for this combination of the art and science of practical prescribing that readers will find this book particularly valuable. The author's roles in medical education over many years undoubtedly contributes here. It is all too easy for the experienced clinician to forget that this skill has been developed over years of practice and its subtleties are not as obvious to trainees as they might seem. In my experience as clinical tutor, trainees find tutorials in rational prescribing of psychotropics among the most helpful and this skill is difficult

to learn from pure pharmacology textbooks alone.

It is still reasonable to admit that prescribing in practice is often governed by the knowledge of potential side-effects and their manipulation for the patient's clinical benefit, with only a few choices informed by pure evidence-based research. The authors hold out hope that, for instance, with anti-depressants 'over the coming decades, genomics, functional imaging and tools like QEEG may provide additional data on which to make a clinical decision' but accept that 'at present clinical judgment remains the only viable option'.

The authors state they have increased the use of tables and illustrations in this edition but their appearance is still relatively infrequent and many of the illustrations are of the chemical structures of the individual drugs which is probably of little practical concern to clinicians. The information is as up to date as any textbook can be in this continually expanding area.

This book will be of most benefit to psychiatrists in training, either early in their training to supplement pharmacological sections of standard text books or later to expand basic knowledge and of course as an essential aid to passing 'the exam'. It will be excellent choice, one which will result in a well thumbed and annotated book by the end of training which the user will continue to dip in and out of throughout their career. I doubt that this book will be as desired by the experienced psychiatrist as more practical and concise options are likely to be preferred. As a test I searched it for advice regarding a recent clinical case. A treatment and classification defying patient whose mental state and attendant aggression improved after multiple combinations on high-dose quetiapine and sodium valproate but who subsequently developed a moderate intermittent neutropenia and persistent hyponatraemia. This book did not offer any possible solutions not previously explored and indeed neutropenia and hyponatraemia per se are not included in the index. It would thus not be the first port of call for clinical pharmacological conundrums ahead of the Maudsley, a well honed internet search or a good senior registrar!

This book should be on the core reading list of psychiatrists in training either as a personal copy or perhaps as part of a jointly owned group of reference books for a membership study group. Its principal competitor is probably Stahl's *Essential Psychopharmacology*. The latter offers more coverage of the basic scientific underpinnings of psychopharmacology which is then used as the basis for prescribing practice, albeit at times somewhat hypothetically. Its trademark extensive use of illustrations appeals to many but can be criticized as too focused on short-attention-span visuals for the Powerpoint generation over good old fashioned do-it-yourself text based learning. At the end of the day it's a matter of personal choice.

The recommendation of this book for purchase by hospital libraries is automatic.

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Psychotherapy Is Worth It: A Comprehensive Review of its Cost-Effectiveness

Edited by Susan G. Lazar, MD & the Committee on Psychotherapy from the Group for the Advancement of Psychiatry. Published by American Psychiatric Publishing Inc., Washington DC and London, England (2010). ISBN 978-0-87318-215-7

The title of this book makes a bold statement about the value of psychotherapy in today's world. It does not ask the question as to whether psychotherapy might be useful or valuable – 'Is Psychotherapy Worth It?' – or even make a bland statement about the general issues considered by the authors – 'The Worth of Psychotherapy'. Rather the title makes known before the reader ever opens a page that the authors have come to a strong conclusion about the inherent merit of psychotherapy – "Psychotherapy Is Worth It". This forthright statement sets the scene for tone and approach taken in addressing the issues explored in this comprehensive book.

The aim of this work is to explore psychotherapy in terms of its cost-effectiveness for health services and the public. Again, the authors are clear in terms of their goals and methods in providing this review. They stress the need to differentiate between cost-effective services and "cheap" ones. The authors acknowledge that cost-effective services require financial input and the focus is therefore on long-term value rather than money saved per say. In addition, the authors acknowledge that cost-effectiveness can be achieved at a societal level rather than a service level, for example by reducing sick days due to mental illness. Drawing this distinction is important as this work likely will not be of significant interest or use to those looking to make financial cut-backs or reduce resources in the short term.

Psychotherapy is taken here as a broad term referring to a variety of therapeutic interventions using psychological processes and primarily executed through talking. This description of psychotherapy incorporates many theoretical orientations and a range of approaches from brief supportive interventions to intensive long-term analyses. As such the range of supports which are explored in this volume are very inclusive, although care is taken to delineate the relative merits of different approaches when dealing with each specific diagnosis.

The range of difficulties explored is also very broad ranging from anxiety and depression to borderline personality disorder, schizophrenia, and psychotherapeutic work with children. A chapter is also devoted to long-term and intensive therapy which is less commonly offered within traditional mental health services. Chapters relating to different populations are each authored separately. As a result the organisation of each chapter is different and direct comparisons cannot always be made on the face value of information provided. Having said this it is clear that the methodology used by each author is consistent. In addition, attempts have clearly been made to explore both clinical and cost effectiveness and to separate these issues where appropriate. Clinical vignettes relevant to the particular population are also used throughout the book