mental health professional. Although the book is not difficult to leaf through, the reader with little more than a scientific background may find it difficult to understand, accept, or come to terms with certain concepts. As the German satirist Georg Lichtenberg tells us, 'A book is like a mirror: if an ape looks into it an apostle is hardly likely to look out . . . he who understands the wise is wise already.'

Neel Burton Visiting academic, Green Templeton College, University of Oxford, Oxford, UK. Email: neel.burton@gtc.ox.ac.uk

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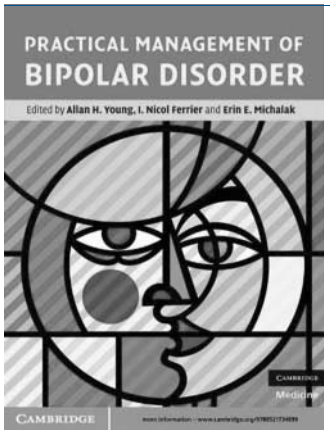

Practical Management of Bipolar Disorder

Edited by Allan H. Young, I. Nicol Ferrier & Erin E. Michalak
Cambridge University Press. 2010.
£35.00 (pb). 226pp.
ISBN: 9780521734899

The book provides a broad guide to the current practical management of bipolar disorder, doing what it says on the tin. It clearly lays out available management for the different subgroups of the illness including bipolar I and bipolar II depression. It also highlights the reality of the lack of available evidence for certain aspects, such as bipolar II disorder.

There is plenty of meat looking at psychotropic and psychosocial treatments and a useful and interesting strategy of 'personal medicine', to enhance medication adherence and quality of life. There are treatment algorithms for both bipolar mania and bipolar depression developed from the Canadian Network for Mood and Anxiety Treatments (CANMAT), which provides an alternative to the current UK National Institute for Health and Clinical Excellence guidelines. The two documents have differing second- and third-line strategies but appear to be similar in principle. Some more detail on switching medication may be a useful addition, as multiple psychotropics are common in bipolar illness.

Generally, the sections are well laid out and there are full chapters on particular groups including older adults, adolescents and women of reproductive age; however, clearer information on medication in pregnancy and breastfeeding can be found in the Maudsley prescribing guidelines. Individual aspects that are covered in depth include physical health, anxiety, substance misuse and sleep. There are specific strategies for the management of sleep as it is both a marker of relapse and has been implicated in the aetiology and course of bipolar disorder. Overall, this is a useful complementary text for an illness which is complex to both diagnose and manage.

Peter Curtis ST6 psychiatry, South London and Maudsley Mood and Anxiety Disorder Clinical Academic Group, North Lambeth Community Mental Health Team, 190 Kennington Lane, London SE11 5DL, UK. Email: jackpeteuk@yahoo.com

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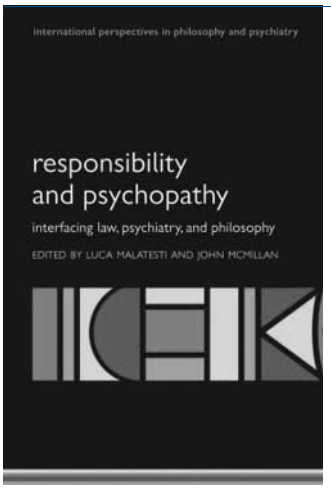

Responsibility and Psychopathy: Interfacing Law, Psychiatry and Philosophy

Edited by Luca Malatesti & John McMillan.
Oxford University Press, International Perspectives in Philosophy and Psychiatry series. 2010.
£34.95 (pb). 340pp.
ISBN: 9780199551637

If psychopaths did not exist, philosophers would have invented them. This book explores the moral questions raised by the existence of individuals whose moral emotions seem to be reduced or absent. The authors start from the premise that, long before the work of Robert Cleckley and Hervey Hare, philosophers interested in moral judgement have experimented with the idea of a person with no feelings and no empathy for others. What sort of moral judgements would they make? Would they be 'moral' at all? And if a person did exist who was persistently and incorrigibly cruel, how should we (the society affected by these people) respond to them morally?

Both philosophers and psychopathy researchers have attempted to answer these questions; and this rich book is a compilation of their answers. The book combines together essays from lawyers, psychologists and philosophers; Luca Malatesti and John McMillan have an established track record in making these collaborations fruitful, and the contributions in this book are clear and lucid. I particularly recommend the chapters by Robert Hare and colleagues, and one by Antony Duff who offers a welcome follow-up to a previously influential paper published in 1977.

I recommend this book for anyone who has an interest in the effect of mental disorders, especially personality disorders, on moral reasoning. It offers an interesting consensus view about the moral responsibility of psychopaths; namely, that because (Hare) psychopaths have emotional reasoning deficits, they should not be held responsible for their actions, and should therefore not be punished. I have no quarrel with this conclusion particularly; but I thought the argument would have been stronger if there had been more human material from those people called 'psychopaths'. There is an irony here that if we treat them as pure objects of study, and not as people with voices (albeit disturbing ones), then we become, as it were, psychopathic. It was the depth and thickness of Cleckley's clinical descriptions that stimulated the research into psychopathy that is the basis for this book; and I missed such descriptions in this work.

There is another point that needed more emphasis. Neither the word 'evil' nor 'violence' appears in the index of Cleckley's original work on psychopathy. It is Robert Hare and his group who have identified a subgroup of violent offenders who are persistently cruel and violent, and who better fit the stereotype of psychopathy beloved of philosophy and movie-goers alike. The people we think of as 'Hare' psychopaths are a minority of violent offenders, let alone criminals: not all violent criminals are psychopaths, and hardly any non-violent criminals. None of the men at the Wannsee conference in 1941 who planned the Final Solution would score highly on Hare's Psychopathy Checklist. We

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should therefore be cautious about inferring too much about the nature and scope of normal human moral reasoning based solely on a small group of highly selected individuals with antisocial behaviours. In my experience, the most common and significant failures of moral reasoning happen every day in the minds of ordinary men and women.

Gwen Adshead Consultant psychiatrist, Dadd Centre, Broadmoor Hospital, Crowthorne RG45 7EG, UK. Email: gwen.adshead@wlmht.nhs.uk

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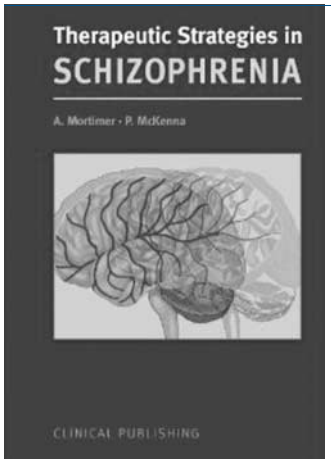

Therapeutic Strategies in Schizophrenia

Edited by Ann Mortimer & Peter McKenna.
Clinical Publishing. 2010.
£49.99 (hb). 256pp.
ISBN: 9781846920356

Given my work in a child and adolescent mental health services-based early intervention team working with adolescents and young adults with first-episode psychosis, I was interested in reviewing this book. Its collection of well-written, handily sized chapters should appeal to many working with individuals with schizophrenia. Several authors are academics but their reference to their own clinical experience suggests practice familiar within the National Health Service (NHS); a particularly pragmatic and valuable example of this is Ann Mortimer's chapter on the role and effectiveness of additional drugs in schizophrenia.

There are 14 chapters in this volume. The authors are a mix of British academics and NHS clinicians and several overseas academics. Ann Mortimer is the Head of Psychiatry at Hull University, UK and her co-editor Peter McKenna is a research psychiatrist based in Barcelona, Spain. There are several chapters on the aetiological understanding of schizophrenia, one on neurochemical theories of schizophrenia (McKenna) and two succinctly covering structural and functional brain imaging; the former, by Salgado-Pineda, Pomarol-Clotet and McKenna, addresses implications for pathophysiology, whereas the latter, from Howes and Kapur, focuses on therapeutic inferences. There is a clear emphasis on the pharmacological management of schizophrenia with individual chapters addressing medical side-effects of antipsychotic agents (Frighi), the current status of clozapine (Kelly & Buchanan) and disturbed behaviour and its management (Dye). A helpful brief overview of treatment strategies in early psychosis is included (Drake & Lewis), although clinicians familiar with early intervention teams and their approaches will not find much new content here. The title wording of the chapter by Cheng and Jones I found particularly apt – 'Second generation atypical versus first-generation conventional antipsychotic drug treatment in schizophrenia: another triumph of hope over experience?' McKenna critically reviews the merit of cognitive therapy approaches in the treatment of schizophrenia and concludes, rewording text from Tarrier & Wykes' 2004 influential paper, that cognitive–behavioural therapy use in schizophrenia should be considered 'a cautionary tale', rejecting the authors' alternative of 'cautious optimism'.

In conclusion, this volume of edited papers is an up-to-date exposition of clinically relevant themes in the contemporary management of schizophrenia, with the chapter lengths being easy to manage and the reference lists recent and thorough. This book should appeal to higher trainees anticipating working within adult psychiatry teams or destined for early intervention specialist services. Consultant psychiatrists wishing a quick up-to-date refresher of the management of schizophrenia will also find it useful.

Robert McCabe Tier IV CAMHS (IPU & EPSS), Royal Edinburgh Hospital, Edinburgh EH10 5HF, UK. Email: robert.mccabe@nhslothian.scot.nhs.uk

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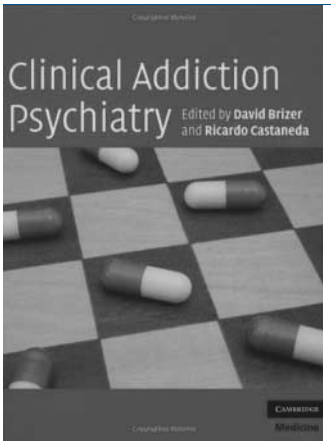

Clinical Addiction Psychiatry

Edited by David Brizer & Ricardo Castaneda.
Cambridge University Press. 2010.
£75.00 (hb). 268pp.
ISBN: 9780521899581

This is a multi-author book edited by two New York-based psychiatrists. All of the 30 or so contributors are from the USA. It is brief for such a textbook at around 260 pages but the list price is £75. The back cover tells us that the book is aimed at addiction counsellors, with a hope that it will be of interest to patients, families and physicians.

Unexpectedly for a multi-author book, most of the chapters have a consistent tone and style, best described as clinical lore leavened with the occasional reference to supportive peer-reviewed evidence. Only the chapters on pharmacotherapy and dialectic behaviour therapy attempt a systematic review of published evidence. There is much accumulated clinical experience described across other chapters, and the value which readers draw from this will vary depending on their own experience and whether their interests and inclinations match those of the authors. I found the chapter on cosmetic psychopharmacology, which covered caffeine, methylphenidate and steroids, interesting and novel. The section on ibogaine, a drug derived from a west African plant which has been reported to help with withdrawal and relapse prevention in opiate and cocaine dependence, was well researched and informative.

Too many of the other chapters, though, were subjective and selective for this to be recommended as a comprehensive textbook for any readership. To a UK reader, the absence of any reference to brief interventions in a chapter on substance misuse in primary care seems inexplicable. There is little on harm reduction.