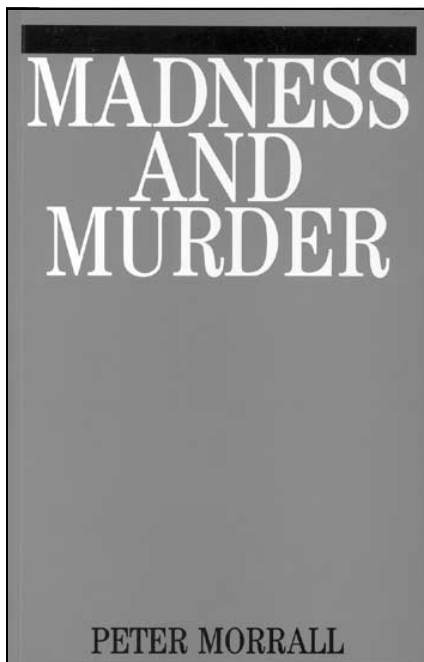


## Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

### Madness and Murder

By Peter Morrall. London: Whurr. 2000.  
228 pp. £20.00 (pb). ISBN 1 86156 164 4



Peter Morrall, a senior lecturer in health and sociology, claims to have written “a polemic against the unified voice of conservatism and progressive viewpoints within the mental health industry” concerning homicides by people with mental illness. To support this claim Morrall offers us the following propositions: mental illness is a real entity; patients are at greater risk of committing suicide than homicide; the repercussions of psychiatric homicides are profound; killings are not caused by labelling theory or by moral panic; and both patients and public need protection. Few readers will find anything polemical in any of that.

*Madness and Murder* is a book of disconnected parts that fails to deliver the polemic the author promises. Chapters on mental illness, deviance, crime and homicide have the feel of an undergraduate text. The long-running debate between individualist and societal theories of crime is given

an airing, while Dadd, M’Naghten, Foucault and Szasz duly make appearances. But how all this affects today’s psychiatric homicides is not easy to see.

Morrall reserves the final chapter (entitled ‘The terror’) for his main point. He claims that psychiatrists caused the media panic about psychiatric homicides in the 1990s by their defensive attitude. He studied newspaper reports – he calls them a “catalogue of killings” – between 1994 and 1999. In 13 pages he lists 94 killings, not all of them in the UK, and a further 27 near-killings. Morrall acknowledges that newspaper reporting of these cases is “sloppy, careless and injudicious”, but he emphasises their frequent allusion to current or previous contact by the perpetrator with mental health services. He concludes that it is because psychiatrists interpret this “reporting of their professional gaffs as media orchestrated panics” that the panic took hold. And that claim is the nearest we get to a polemic.

It seems to me that Morrall has missed an opportunity. Psychiatry must articulate the role it and other agencies have in the prevention of psychiatric homicides. I had hoped Morrall would offer some suggestions on what the profession (or, if he prefers, ‘the industry’) should do. Is further restriction of those with mental illness feasible? Is it justified? Will it be effective in reducing risk? On these questions Morrall’s polemic is deafeningly silent.

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### Forensic Psychiatry, Race and Culture

By Suman Fernando, David Ndegwa & Melba Wilson. London: Routledge. 1998. 286 pp.  
£16.99 (pb). ISBN 0 415 15322 0

This fascinating book addresses important issues relating to forensic mental health,

race and culture, and attempts to give a clearer understanding of crucial nomenclature. Differences among so-called racial groups based on genetic variations are dismissed as groundless. The authors point out that genetic differences between Caucasians in Europe, or between different tribes of Africa, are of a similar order to those between racial groups as distinguished today. A very good review of European thinking on issues of race, intelligence and emotions clearly demonstrates the lack of understanding of other cultures by some earlier European thinkers and writers, who viewed non-European cultures through European values and perspectives. However, the book largely concentrates on these negative views, and does not acknowledge how some of these naïve approaches have changed over the years, as understanding has increased.

The authors reject the existence of schizophrenia on the basis of questionable validity. Intriguingly, no alternative explanation is given for the collection of clinical features that we currently fit under the rubric of schizophrenia, which are described by patients irrespective of cultural background. Diagnoses have sometimes been made inappropriately by psychiatrists whose culture differs from their patient’s, but an abuse or misuse of a tool does not necessarily make the tool itself bad. The authors argue that psychiatry continues to practise in a racist fashion in a multicultural society, but they fail to acknowledge the greater efforts now made to take into consideration the multicultural nature of psychiatric practice in the UK. The widening spectrum of ethnicity among practising psychiatrists has also led to an inevitable increase in the cognisance that is taken of cultural differences.

The disadvantages faced by mentally disordered offenders in both the criminal justice system and the health service are well reviewed. These are far greater for those who are Black because of the “mad and bad and Black” or “big, Black and dangerous” stereotypes. The inadequate facilities available in secure institutions to meet the needs of mentally disordered offenders from ethnic minority groups are considered; for example, the token nature of providing an ‘interpreter’ rather than trying to meet social, cultural, ethnic and religious needs. Efforts to make these provisions vary from place to place, but a lot more needs to be done in many areas. For example, with the extent of the cultural

diversity of both providers and users of health services, every effort should now be made to ensure that assessment is done by a professional who has an understanding of the patient's culture. The authors state that systems are not required to be colour-blind, as this is not helpful. What is required is an acknowledgement of the disadvantages that people from ethnic minorities face and the implementation of measures to address these: denial is not the way forward.

The authors point out the fault lines in the assessment of dangerousness by psychiatrists and the tendency to be more cautious now, thereby leading to over-prediction of dangerousness. They argue that this results in greater overprediction in Black people, which in turn is partly responsible for their overrepresentation in secure settings. The suggestion that psychiatry should be explicit about the limitations of making judgements regarding individual dangerousness is welcome, but this should not preclude offering an informed view on the available information and also on the interplay between mental disorder and dangerousness, where indicated. A move away from illness analysis to 'real-life analysis' is advocated, but this view needs more elucidation.

The authors suggest increasing resources to institutions run by Black mental health professionals that aim to provide alternatives to psychiatric hospitals. However, such facilities can at best serve as adjuncts, because many patients, whatever their racial background, need the type of care provided in mainstream psychiatric hospitals, and it is the provision of care in these hospitals that should reflect the diverse cultural and ethnic needs of their users.

The authors argue that appointing more professionals from ethnic minorities in the mental health services does not generally lead to improvement in service provision, because of constraints on those individuals. They note that people previously identified as radical become conservative on being appointed to higher positions. Although therefore questioning the drive to recruit increasing numbers of people from ethnic minorities, the authors also note the relatively small number of Black people in senior positions in various parts of the criminal justice system. Increasing these numbers should strengthen their influence on the changes required for a true multi-ethnic society. Perhaps a way of assuaging the main concern of the authors is for Black

people appointed to senior positions to be made to sign a 'Radicality Act' just like the Official Secrets Act, to ensure that they remain radical after their appointment.

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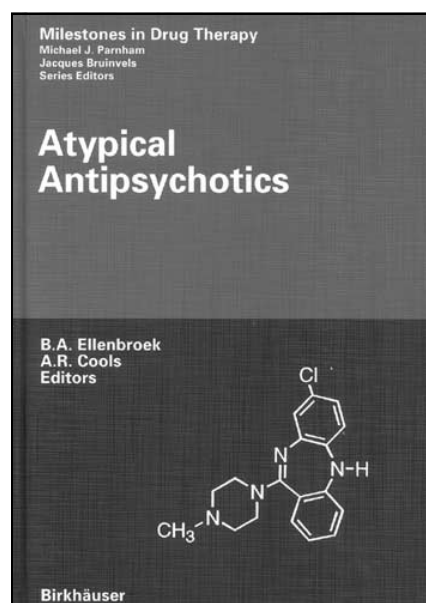
### Atypical Antipsychotics

Edited by B. A. Ellenbroek & A. R. Cools.  
Basel: Birkhäuser. 2000. 236 pp.  
ISBN 3 7643 59 48 X

This is the best, most concise and comprehensive account of all aspects of atypical antipsychotics that I have seen.

Although atypical antipsychotics have been established as treatments for schizophrenia for nearly 10 years, and the science underpinning their discovery is well described and goes back 30 years, atypicals are the subject of a controversy that frustrates their routine use, particularly in the UK. Consequently, only a minority of patients are on these superior drugs.

Part of the problem is that many different disciplines have a say in this field, from molecular biologists and behavioural psychologists through to clinicians, economists and politicians. Only the most conservative opinions and practices seem to prevail, even in the face of overwhelming evidence for the efficacy of the atypicals.



Such is the concern that there is even a review of these agents by the National Institute for Clinical Excellence.

The strength of this volume is that it brings together all of these areas under one cover. There are comprehensive chapters about the drug discovery process, receptor nomenclature and pharmacology, animal models of schizophrenia and imaging. There are also short reviews of each drug that include their clinical characteristics and pharmacological and neurochemical profiles. This is a valuable one-stop source of reference in this field.

The book is not perfect: a multi-review format usually has some overlap as well as variability in quality. Although this collection is the best of its type, some of the reviews are a little one-sided and thinly referenced. However, the majority of chapters are models of clarity and comprehensiveness. I would particularly congratulate Meltzer and Stahl on their contributions.

This is a vital addition to the shelf of every psychopharmacologist and a must for every medical school and research institute library.

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### The Psychopharmacologists III

Interviews by David Healy. London: Arnold.  
2000. 580 pp. £65.00 (hb).  
ISBN 0 340 76110 5

It has been said that scientific progress is made by standing on the shoulders of giants. David Healy must have had a fascinating adventure interviewing the giants that forged psychopharmacology. This is the third volume of his interviews, which have included over 78 contributors, all great or well-known names such as Axelrod and Carlsson (Volume I), Janssen and Schou (Volume II), and Schildkraut, Snyder and Sulser in the present volume.

But did some giants have feet of clay? How is it that the pharmaceutical industry has come to dominate the field? Healy points out that drug companies "are now not simply confined to finding drugs for diseases. They have the power to all but find diseases to suit the drugs they have." Pierre Simon (Sanofi Pharmaceuticals) remarks: "In the