This fourth edition, now labelled as a 'a textbook of neuropsychiatry', has converted Alwyn Lishman's single-author volume into one produced by five editors and 13 authors affiliated with the Maudsley Hospital or the Institute of Psychiatry in London. This approach has increased the book's already impressive breadth and depth of expertise. Most textbooks of this size take on encyclopaedia-like characteristics by allocating each topic to an expert in the field. *Lishman's* tries to maintain some continuity by allocating only main chapters to individual authors and also using much of the text from the previous edition. That said, many important areas have been completely redeveloped, especially outstanding sections on neuropsychological testing, head injury and dementias. Perhaps surprisingly there are sections on schizophrenia, a feature shared by the American textbooks of neuropsychiatry, but overall the coverage is still very much organic psychiatry, not just psychiatric aspects of neurological disease. This volume could therefore quite appropriately be considered to be 'a textbook of liaison psychiatry' or at the very least have broad appeal to liaison psychiatrists and old age psychiatrists.

My overall impression of the book is that the authors have done a remarkable job of bringing this classic text up to date. The style is quite different to, say, Moore's brilliant *Textbook of Clinical Neuropsychiatry*,[1] less encyclopaedic and more familiar. Although there are inevitably going to be limitations, in general these are fairly minor. I do have a gripe about the illustrations as these continue to be very sparse and plain (although there are 13 colour plates) and more seriously do not always give the correct credit to the original authors or copyright holders. There are also several indexing errors, for example of myasthenia gravis, chronic fatigue syndrome, or alcohol-related dementia. That said we have to look on this new publication as a marker of continued interest in this exciting field and congratulate the new editors and authors for preserving the essence of the original while bringing in much that is new.

1 Moore DP. *Textbook of Clinical Neuropsychiatry*. Hodder Arnold, 2008.

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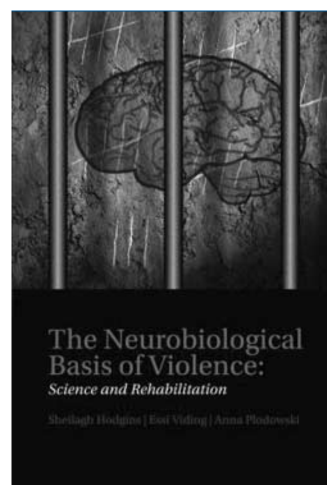

The Neurobiological Basis of Violence: Science and Rehabilitation

Edited by Sheilagh Hodgins, Essi Viding & Anna Plodowski. Oxford University Press. 2009. £39.95 (hb). 432pp. ISBN: 9780199543533

A decade ago, the Royal College of Psychiatrists published a report about offenders with personality disorder, which summarised the state of knowledge in the area. It was reviewed by Professor Tony Maden[1] who outlined the reluctance of the psychiatric profession to engage with this difficult group of patients and the paucity of research to guide treatment but hoped that the report pointed the way forward in terms of properly funded research and treatment programmes. What progress has been made in the intervening decade?

The answer is provided by this excellent book, which summarises the latest knowledge about violent offending and how it might be prevented and treated. Indeed it is clear that, as stated in the book, there has been an explosion of knowledge in this area in recent years. This volume seeks to bridge the divide between basic laboratory neuroscience and clinical science, and to highlight some of the key scientific challenges in the field of violent offending. It also deals with the difficulties of translating the scientific findings into policy and treatment strategies.

It is widely accepted that the risk of violence is influenced by a complex interplay of situational and dispositional factors – this book aims to elucidate their neurobiological basis. It discusses the hypothesis that genetic, social and other factors and their interactions contribute to changes in neurobiological structure and function, which in turn influence a developmental cascade of behaviours that eventually lead to violence.

Individuals following a life-course persistent pathway of antisocial behaviour are responsible for 50–70% of violent crime. This early onset and persistent antisocial behaviour has origins in neurodevelopmental deficits that begin very early in life. The differences between childhood onset and adolescence onset of violent behaviour and their implications are outlined. Furthermore, there is a very interesting discussion about children with callous unemotional traits. These theories are taken forward to the treatment implications in later chapters by considering the effectiveness of interventions in the different groups. The developmental perspective then continues into adulthood, with consideration of genetic and imaging studies in antisocial personality disorder and psychopathy.

Although the book is mostly concerned with conduct disorder, antisocial personality disorder and psychopathy, there is a great chapter about schizophrenia. It offers a useful framework for further investigation of causes and effective treatment by suggesting that there are three types of patients with schizophrenia who are violent: those with antisocial behaviour in childhood before illness onset; those who are repeatedly aggressive after the onset of illness; and those with chronic schizophrenia who have no history of violence but then later in their illness engage in serious violence (often homicide).

Another thought-provoking chapter that is directly relevant to clinical practice asks why programmes for offenders with personality disorder are not informed by the relevant findings. It puts forward the current evidence for treatment programmes in the criminal justice system and suggests they can be enhanced by consideration of the characteristics of antisocial personality disorder.

The book is aimed at neuroscientists, criminologists, psychologists and psychiatrists. There are good explanations throughout, making it accessible to multiple professions. My only criticism is that there is a degree of repetition between some of the chapters but this does serve to emphasise the important points and allows chapters to be easily read in isolation if needed.

This book will already be essential reading for all researchers in forensic mental health. It should also be read by clinicians who are involved in assessing and managing patients who present with a risk of violent behaviour. Importantly, I hope it is read by policy-makers in the criminal justice system and the health service.

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1 Maden, T. Offenders with personality disorder: by Royal College of Psychiatrists. *Psychiatr Bull* 2001; **25**: 199.

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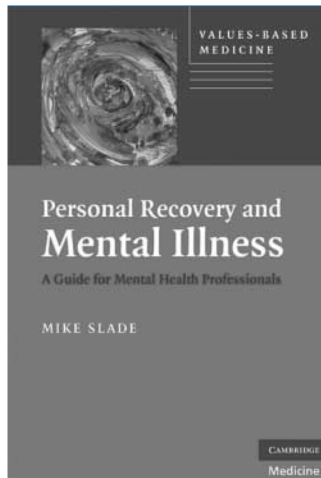

Personal Recovery and Mental Illness: A Guide for Mental Health Professionals

By Mike Slade.
Cambridge University Press. 2009.
£35.00 (pb). 288pp.
ISBN: 9780521746588

If you do not know what a Golden Ducky Award is then by the end of this book you will.

This guide focuses on severe mental illness and provides an up-to-date argument for why mental health services should focus on personal recovery. In the UK, government policy over the past 10 years or so has given greater credence to the concepts of recovery – in the latest *New Horizons* document this has become explicit. Embracing recovery is the future of mental health services and mental health professionals need to grasp its fundamental principles and values. Recovery-oriented services represent a win-win situation for both service users and professionals but the journey towards these services is beset with challenges, demands and the possibility of setbacks. Mike Slade argues why this is a desirable direction for mental health services, what personal recovery means and how to put it into practice.

The starting point of the book is to clarify what personal recovery is, based on Bill Anthony's well-known definition that can be paraphrased as 'living a life beyond illness'. Hope, identity, meaning and personal responsibility are identified as the four key processes of personal recovery, with opportunity later being added to link this to social inclusion. The early chapters review the strengths and weaknesses of clinical, disability and diversity models of mental illness and provide justifications for giving primacy to personal recovery over clinical recovery. In the later parts of the book Mike Slade sets out the personal recovery framework and its implications for mental health practice and services, giving emphasis to the importance of relationships, recovery values and the elements of a recovery-focused mental health service. The final chapters rehearse possible answers to concerns about personal recovery held by clinicians and service users, and examine steps to transform our mental health services.

This book fills a vacuum for a broad publication on how recovery values can be translated into working services and concrete actions. Despite notable aspirations, no national service can claim to be recovery-oriented, but the 26 case studies included in the book give examples of good and sometimes outstanding practice. One of these is the Golden Ducky Award which is given in mock Hollywood style in Los Angeles to service users for their achievements in attaining greater independence. Perhaps Mike Slade should be awarded a similar prize for his attempt to provide a rationale and path for mental health services in the 21st century.

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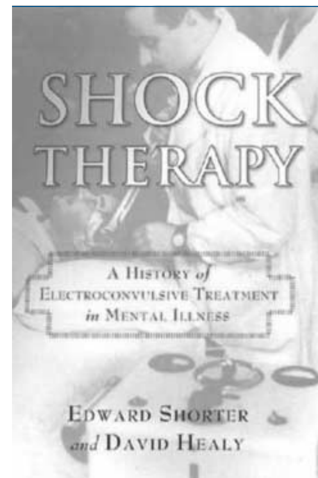

Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness

By Edward Shorter & David Healy.
Rutgers University Press, 2007.
US$27.95 (hb). 384 pp.
ISBN: 9780813541693

The history of the treatment of psychiatric illness, particularly of the psychoses, is a very barren field. The authors have had, therefore, the good sense to concentrate their obvious talents on the one fruitful period, that of 'physical treatment in psychiatry', with special reference to electroconvulsive therapy (ECT).

The first pioneer to make his mark in the 'shock' period is Ladislas Meduna, a Hungarian who, in 1930s, experimented with the use of leptazol (Cardiazol), a convulsant agent. This experiment was short lived because of the terrifying experiences undergone by the patient during the pre-convulsive period. The next to try his hand was a somewhat unpleasant character, Manfred Sakel. However, unpleasant as he could be, Sakel was no fool. Without doubt, insulin coma therapy was his invention, and so long as the myth of its success as a cure for schizophrenia persisted, so long did his fame and fortune continue. He died suddenly in 1957 in America, no longer famous (his creation had been exposed as useless), but his fortune remained intact.

It is important, as the authors do, to note that at about this time the most shocking of all innovations was practised in America and Europe, namely that of prefrontal lobotomy, the blind mutilation of the prefrontal lobe of the brain. Claimed to be a cure for schizophrenia, the operation was exposed as not only useless, but also highly dangerous. Dr Walter Freeman, an ardent advocate of the method in the USA, died in 1972, disgraced and dishonoured.

The only method to escape the end of the era of shock therapy was ECT and it escaped the same fate only by a whisker. The public and a large proportion of the medical profession were outraged by the use of shock therapy in the practice of psychiatry, particularly after the showing of the movie, *One Flew over the Cuckoo's Nest*, in which Jack Nicholson brilliantly played an unreliable, brutal psychopath who was given ECT *faute de mieux*. It is most important to emphasise, in the interest of the integrity of

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