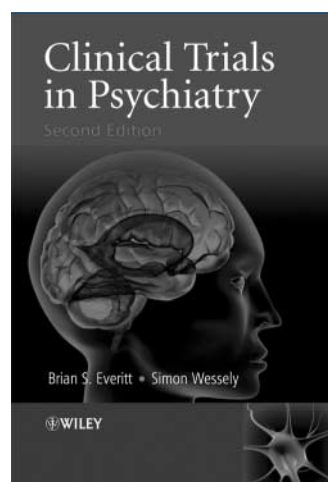


therefore becomes a major issue. The observations that Black and minority ethnic patients have less access to mental health services, with those available being of relatively poor quality, are seen on both sides of the Atlantic. The diagnosis of mood disorders in ethnic minorities brings with it specific issues related to explanatory models as well as comorbidity and access to primary care. In addition, culture-specific diagnoses or culture-bound syndromes bring with them another dimension.

A chapter devoted to the epidemiology of mood disorders highlights the problems related to such studies. Cultural influences in treatment modalities and negotiating treatments are helpfully signposted by Westermeyer in a well-written, erudite chapter. Access and healthcare-seeking indicate barriers as well as type and quality of care. A review of complementary and alternative medicines is provided, emphasising the importance of understanding their use and efficacy as well as safety. Use of interpreters and language is important, and training of such individuals needs to be appropriate and adequate. In post-migration societies, families too become multi-cultural, and varying expectations and models of the delivery of healthcare become significant. How culture should be factored into understanding outcomes forms an interesting and helpful overview. Chapters on psychopharmacology, legal and ethical issues and strategies for recruitment of Black and minority ethnic participants into research provide a helpful synthesis of observations. The last chapter deals with training. There is much here that will be of interest to clinicians and researchers dealing with Black and minority ethnic patients with mood disorders. However, lack of a more international, rather than purely American, overview and a tendency to describe each population group limits its usefulness this side of the Atlantic.

Dinesh Bhugra Institute of Psychiatry, De Crespigny Park, Camberwell, London SE5 8AF, UK. Email: d.bhugra@iop.kcl.ac.uk

doi: 10.1192/bjp.bp.108.050880



Clinical Trials in Psychiatry (2nd edn)

By Brian S. Everitt & Simon Wessely.
John Wiley & Sons. 2008.
£45.00. 248pp.
ISBN: 9780470513026

The basic design of a randomised clinical trial seems attractively simple. Patients are allocated at random to one of two or more interventions, the groups are then followed up and the outcomes are compared. Underpinning this basic design, of course, are a large number of complex decisions which investigators grapple with during the course of protocol development. Fortunately,

the area has produced more than its fair share of classic textbooks over the years. Some of these achieve such a standard on first publication that they maintain their status as beacons of good judgement to guide researchers as they design their trials, as well as those critically appraising trials. Among these are Stuart Pocock's *Clinical Trials: A Practical Approach* (Wiley, 1984) and Curtis Meinert's *Clinical Trials: Design Conduct and Analysis* (Oxford University Press, 1986) which have both remained in print without new editions for more than two decades.

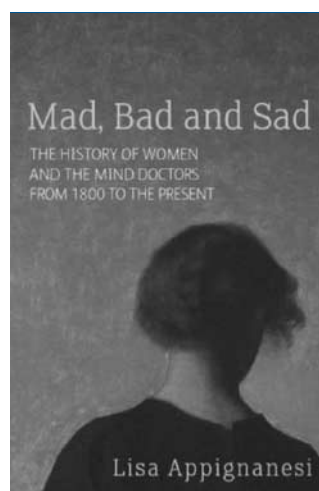
Everitt & Wessely's *Clinical Trials in Psychiatry* was recognised to be an excellent introduction on first publication in 2003, giving both a readable and authoritative overview as well as a special focus on the particular practical issues and difficulties that occur in trials in psychiatry. The 5 years since the first edition have seen major advances in methodology and the authors have updated the book accordingly. In particular, more attention is paid to the distinction between the highly controlled and intensive phase 3, or explanatory trials, and the more pragmatic effectiveness trials that have increasingly been reported over the past decade. The authors highlight the trade-offs involved in designing a trial in one way or another: no single trial can answer all the relevant questions. As in the first edition, there is a valuable chapter on statistical issues that are particularly relevant in psychiatry such as dealing with repeated longitudinal outcome measures.

Clinical Trials in Psychiatry covers all the most important issues and will be useful to all clinicians who are involved in conducting, or using the results of, clinical trials. It provides a highly persuasive account of the unique scientific advantages of randomised trials for those who remain unconvinced. It is very readable and even the very occasional errors are amusing (the reference to *military tuberculosis*, for example on page 21).

A book to read from beginning to end and then place next to Pocock and Meinert.

John Geddes Warneford Hospital, Oxford OX3 7JX, UK. Email: john.geddes@psych.ox.ac.uk

doi: 10.1192/bjp.bp.108.054643



Mad, Bad and Sad: The History of Women and the Mind Doctors from 1800 to the Present

By Lisa Appignanesi.
Virago. 2008. £20.00 (hb). 560pp.
ISBN: 9781844082339

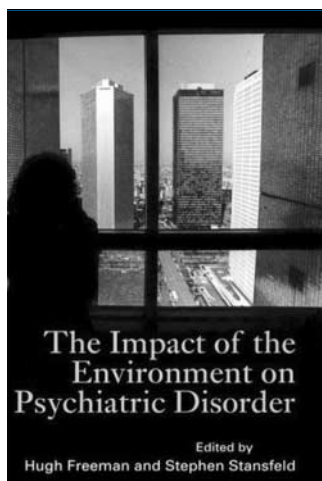
Lisa Appignanesi has a good track record writing about women and psychiatry (*Freud's Women*: Orion, 2005). Her current historical approach to women's predicament and their relationship with mental illness is reminiscent of, but less proselytising

than, the magnificent book by feminist author Elaine Showalter *The Female Malady: Women, Madness, and English Culture, 1830–1980* (Pantheon, 1985). I would recommend Appignanesi's book to anyone gladly. Comments such as 'I have long been aware of the shallowness of sanity', suggest a writer at ease with her thinking, her emotions and their expression. An ideal state for the task she sets out: 'to tell the story of madness, badness and sadness' and the ways in which women have fared among our understandings of them over the past 200 years. Appignanesi relies heavily on famous 'mad' women such as Mary Lamb, Zelda Fitzgerald and Virginia Woolf (as if starstruck at times) to exemplify how we take flight in era-bound exigencies, becoming what we need to become for the society in which we live. She implies that women (as reflectors of male-dominated society) are duped by mind doctors into beliefs about the consequences of their rotten lives, framing them as diagnoses in need of an ever-expanding lexicon of treatments. The idea that us 'alienists' medicalise, into illness/madness, appropriate responses to life's harsh landscape is far from original. But the spectre of a pharmaceutical industry, hot-on-the-heels of DSM-V, waving new multi-purpose compounds at us means the accusation remains pertinent; today's gender-sensitive clinical practice, acknowledging abuse and resilience in women's lives, and women's role in their own treatment, continues to struggle with a culture of drugs for disorders.

Appignanesi's long and detailed book fails to recognise recent change in clinical approach but presents a captivatingly informed and thoughtful history of psychological medicine with particular reference to women. What's not to like about that? She touches tantalisingly on reasons behind gender differences in psychological vulnerability and comes to sensitive and intelligent conclusions about the future of help for the distressed, reminding us that everybody needs help sometimes and that this should be seen as a common human requirement. She acknowledges the role of the sufferer in the treatment dialogue also, requiring a broad perspective from those who offer care with greater emphasis on the individual rather than the diagnosis, sentiments recently articulated in *Women's Mental Health: Into the Mainstream* (UK Department of Health, 2002).

Kathryn Abel Centre for Women's Mental Health, 2nd Floor East, University Place, Manchester M13 9PL, UK. Email: kathryn.abel@man.ac.uk

doi: 10.1192/bjp.bp.108.050773



The Impact of the Environment on Psychiatric Disorder

Edited by Hugh Freeman and Stephen Stansfeld.
Routledge. 2008.
£34.95 (hbk). 344pp.
ISBN: 9780415116183

It's almost the end of another long day. Outside the confines of my four-walled, windowless, room-for-one-and-a-small-cat office, I'm informed (via my computer's dashboard) that the UK has been afforded a rare glimpse of summer: it's a balmy 28°C outside. Unfortunately, confined as I am to my 8m concrete-enclosed capsule, it's just as hot – and twice as humid – inside the hospital where I work. The ailing fan is doing its best to force the saturated air around my room, and the bright, strip neon lighting is defying the odds by keeping a browning vine alive. Seeking a change from the statistical models I've been struggling with all day, I turn to *The Impact of the Environment on Psychiatric Disorder*.

The book itself is divided into 11 approachable chapters, providing a comprehensive overview of the central themes – both historically and currently – in research investigating the role of the environment in psychiatric disorder. One of the most notable features of the book is its ability to cover the breadth of environmental issues concerning contemporary psychiatric research, while remaining concise, accessible and informative. The major psychiatric outcomes of anxiety, depression, suicide and schizophrenia receive roughly equal weighting. Other disorders, including post-traumatic stress disorder, bipolar disorder and personality disorders, are also addressed.

The introduction to the book is timely and bold, questioning current methodological approaches in environmental research and the erroneous pursuit of the single risk factor for psychiatric disorders. The book is not limited to critiquing its own field, and the first chapter proper, an excellent review of gene–environment interactions by Ming Tsuang and colleagues, highlights the need for genetic and environmental perspectives to align more closely if we are to progress in our search for the causes of psychiatric disorders.

Three further chapters provide reviews of geographical variation in psychiatric disorders, urban–rural differences and socioeconomic status, and the relationship between migration and mental health, respectively. There are also important contributions on the role of psychosocial factors and social support, and how these may mediate the relationship between the environment and mental health. Two chapters address the role of the physical environment, which often receives less attention than social or biological factors. The book does not directly address toxicological causes of psychiatric disorder, such as pollutants or infections, save for their possible role in the season-of-birth effect, reviewed here in the penultimate chapter. The only other notable omission is the exclusion of a chapter on the family environment and psychiatric disorder. The book concludes by considering psychiatric morbidity following disasters, providing an important overview of this methodologically challenging research.

Freeman and Stansfeld have produced an excellent, comprehensive and concise introduction to environmental research in psychiatry. Equally, the book's clarity of thinking will serve as a useful reference within the field. Finally, it provides a timely reminder that a new generation of studies will be required; directly capable of elucidating the complex, life course associations between genes, individuals and their environments, if we are to further our understanding of psychiatric disorders.

James Kirkbride Box 189 Level E4, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2QQ, UK. Email: jbk25@cam.ac.uk

doi: 10.1192/bjp.bp.108.056242