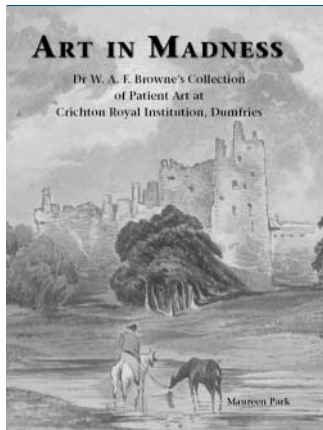


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Art in Madness:
Dr W. A. F. Browne's
Collection of Patient Art
at Crichton Royal
Institution, Dumfries**

By Maureen Park.
Dumfries and Galloway Health
Board. 2010.
ISBN: 9781899316694

In July 1838 – a few days after Queen Victoria's coronation – Dr William A. F. Browne took up his appointment as superintendent of the Crichton Royal Institution at Dumfries. He had recommended himself for the post by his influential lectures on asylum management, which outlined his general approach of 'moral treatment' – the secret, he explained, lay in kindness and occupation. As the first patients arrived at Crichton, they found themselves caught up in a whirlwind of activity, including work programmes, educational events, a library and museum, a regular periodical, concerts and theatricals, and outings to places of interest in south-west Scotland and further afield.

However, there was a darker side to asylum life. Within a short space of time, Browne was expressing frustration with the rates of remission and cure. His own health was becoming compromised and, in this book, Maureen Park points to the unusual circumstance of Browne and his wife raising their own family under the scrutinising gaze of the patients among whom they had come to live. In the early 1840s, Browne began to make systematic records of his patients' dreams and engaged an 'art instructor' for patients who had been 'prescribed' art as part of their treatment.

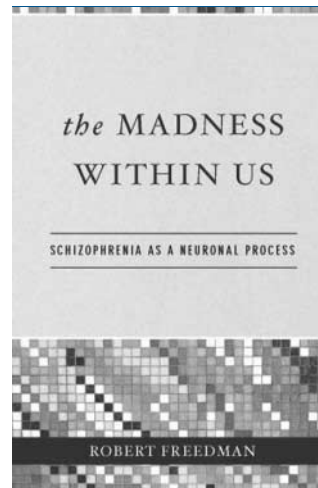
Why did he do it? Dr Park is an art historian based at Glasgow University and she records how, in 1983, Crichton archivist Morag Williams came upon Browne's original collection of patient art, bound into a leather volume. This collection, amounting to about 140 paintings, forms the central portion of this book. It is superbly reproduced and catalogued, and presented with notes on the patient-artists. Park has spent years with this material, and her scholarship, always meticulous, is never oppressive. In addition to this, Park provides an introduction with a biographical essay on Browne, a general survey of early asylum art, a fascinating account of life in the Crichton, and a note on Browne's own writing on outsider art.

Some of the illustrated artwork is rather formulaic in character, but several patients – like the clergyman Joseph Askew and engraver William Bartholemew – developed authentic personal visions. Dr Park's achievement with this book has a revelatory aspect. Browne's public views on patient art, she shows, had a conventional ring to them, but he was a most unconventional man. Dr Park presents a sustained meditation

on the role of art in life and hundreds of glimpses of the heady days of the early asylum movement. This is a profound contribution to psychiatric history from a most unusual and illuminating perspective.

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The Madness within Us

By Robert Freedman.
Oxford University Press USA. 2009.
£22.50 (hb). 207pp.
ISBN: 9780195307474

Telling the story of 'schizophrenia as a neuronal process' risks leaving much unsaid. No social psychiatrist, Freedman's view of madness is unapologetically 'within' the head, explicitly contrasted with Harry Stack Sullivan's 'human process'. Freedman, a psychiatrist and clinical scientist, aims to make accessible, to patients and families as well as medical people, his research on endophenotypes in schizophrenia. Much of his work centres on the theory of impaired sensory gating – that people with schizophrenia have a hippocampus which lets too much information through from the outside world.

Woven around the stories of two semi-fictionalised patients of his are some densely informative accounts of genetics and neurobiology, leavened with charmingly random anecdotes. We learn the name of one of the beagles sacrificed in Freedman's trial of a novel therapeutic agent, revealed when he offered bereavement counselling to the veterinary technicians. And he neatly introduces the theory of impaired sensory gating with a story about Second World War air defences.

This is a 'popular science' book, often good fun. Popular science is tricky to write and Freedman is almost, but not quite, sensitive enough to the pitfalls of jargonising and the potentially numbing effect of the denser technical passages. Pausing in his descriptions of hippocampal microanatomy, he reassures us, 'Patience, dear reader, the punch line is coming.' Sadly, I missed it.

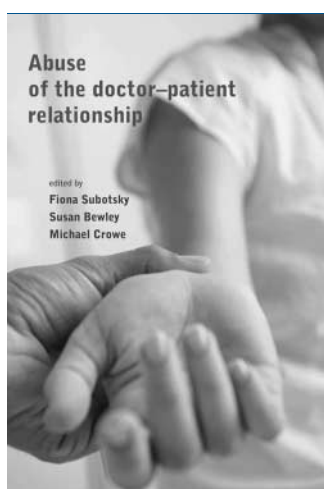
Unfortunately, some careless editing almost jeopardises Freedman's project to make his science accessible. In the worst example, we are discussing nicotinic receptors in the brain one minute, in muscle the next. Is the brain a muscle after all? It is an obvious drafting mistake (no doubt, half the paragraph languishes on a hard drive somewhere) but possibly confusing to anyone without a grounding in neurophysiology.

For the reader able to plug the editorial gaps, Freedman bravely tackles a grand synthesis: how do changes at the level of gene and neuron make people with schizophrenia experience the world differently from others? No unreflective reductionist,

Freedman is interested in ideas and historical context, and the opening chapter gives a scattergun selective history of madness and some philosophical asides. Although rounding out the book, they are not particularly satisfying in themselves. Where the book excels is in revealing the practical application of clinical science. Freedman tells a human story, combining the insights of both clinic and laboratory. Readers seeking a comprehensive overview of the neuropathology of schizophrenia will find this book too parochial, intentionally so. Instead, this is a fascinatingly personal introduction to Freedman's particular corner of the neuropsychiatric world.

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Abuse of the Doctor-Patient Relationship

Edited by Fiona Subotsky, Susan Bewley & Michael Crowe. RCPsych Publications. 2010. £25.00 (pb). 256pp. ISBN: 9781904671374

The Kerr/Haslam Inquiry and its recommendations is the common theme that draws together this complex and important book. It is regrettable that despite the centrality of the Inquiry to the trust between healthcare professionals and patients, the publication of its outcome caused barely a ripple in the wider public domain. I wonder whether this lack of immediacy in the general public was matched by a similar lack of concern in the healthcare professions. And it would be interesting to know how many current practitioners and trainees actually know who Kerr and Haslam are.

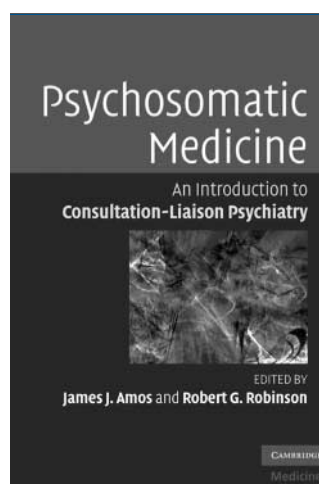
The strength of this book is that it casts its net much wider than the gross misconduct of two psychiatrists. Relating directly to the Inquiry itself, the questions raised are less about what caused these two members of our profession to behave in a criminal and deeply offensive way, but how, despite the repeated complaints of their victims over many years, the health services effectively looked the other way. The Royal College of Psychiatrists, alongside the General Medical Council and other Royal Colleges (medical, nursing and allied professions) have been responding to this and other less sensational cases by developing a host of guidance on boundaries between healthcare professionals and patients and the potential for breaching these. The upside is that the training of students in addressing the ethical boundary dilemmas faced by healthcare professionals has never been stronger. The downside is that, taking Baroness Onora O'Neill's seminal views on trust in public services into account, the resulting 'tick-box' culture perversely encourages what she terms 'gaming the system'.

This book clearly maps the territory in the complex areas of boundaries between patient and professional (all regulated healthcare professions, not just doctors). Experts are drawn in from general practice, psychotherapy, sexual therapies and nursing; obstetrics and gynaecology; as well as teachers, ethicists, medical managers and healthcare regulators.

If my reading of the facts is correct, it would seem that interventions and regulation will have only a limited impact on the (quite rare) wily predator in preventing a serious boundary violation, but should obviate the potential for further violations by that person by bringing the offence quickly (and often painfully) to the attention of managers and regulators. However, the book contains important guidance on the prevention of boundary violations that vulnerable doctors can blunder into, perhaps due to a sometimes toxic combination of overenthusiasm and naiveté. As with any multi-authored publication the styles can vary, and inevitably what is presented is a book that should be dipped into rather than read in a single sitting.

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Psychosomatic Medicine: An Introduction to Consultation-Liaison Psychiatry

Edited by James J. Amos & Robert G. Robinson. Cambridge University Press. 2010. £35.00 (pb). 290pp. ISBN: 9780521106658

There are reasons to believe that aspects of liaison psychiatry will grow in the near future, despite previously predicted false dawns in the UK. These include the continued focus on improved quality in clinical pathways, together with the recent announcement of a major power shift to primary care. Aspects of the liaison model, such as improved treatment of the psychological sequelae of chronic physical conditions through to better management of medically unexplained symptoms, could provide service development opportunities for traditional liaison teams as well as for more holistically oriented community psychiatric colleagues.

This book would sit well on the shelf of anyone thinking of such a move. The authors state that they wanted to create their own 'little book of psychosomatic medicine' and in this I think they succeed. It is an edited collection of 28 chapters and is laid out in a concise, easy-to-read format. Each chapter, no more than a few pages long, gives a brief summary, case examples and an extensive reference list.

The book starts logically, extolling the virtues of good communication before skimming the surface of transference analysis of difficult interactions. It goes on to briefly focus on