comparisons – and therefore has universal appeal. This will no doubt contribute to the increasing consistency (some might say uniformity) of psychiatric practice worldwide. This book is perfect fodder in preparing for membership examinations – it is comprehensive and relevant, while at the same time being accessible and fluent.

It would appear that, for the time being at least, the textbook is alive and well. In the current three-horse race the clear winner is the *Shorter Oxford Textbook*, with the *Introductory Textbook* a close second.

Gelder, M. G., López-Ibor Jr, J. J. & Andreasen, N. (eds) (2000) New Oxford Textbook of Psychiatry. Oxford: Oxford University Press.

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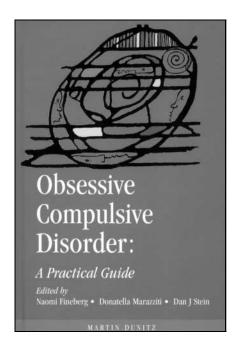
## Obsessive Compulsive Disorder: A Practical Guide

Edited by Naomi Fineberg,
Donatella Marazziti & Dan J. Stein.
London: Martin Dunitz. 2001. 228 pp.
£24.95 (hb). ISBN I 85317 919 I

In the past few years, the explosion of interest in the aetiology and treatment of obsessive-compulsive disorder (OCD) has led to the publication of several multiauthor books on the subject. They all attempt to summarise and integrate an extensive research literature and clinical practice experience. This new book achieves this goal well and really does present a practical approach to evaluation and treatment of the patient with OCD, as well as embedding this knowledge within an authoritative summary of current academic thinking. It perhaps lacks the clinical warmth and immediacy of Koran's book (1999) (although he has a good chapter on quality-of-life issues in this volume), nor does it have the comprehensive research reviews of the 1999 volume edited by Goodman et al (Goodman also has a helpful chapter in this book on assessment instruments). Swinson et al's excellent 1998 book now has a 2002 second edition, and the volume edited by Maj et al in 2000 is presented in an unusual style, with chapters and linked commentaries. All of these books cover much of the same ground, but for brevity and practicality, Fineberg and colleagues could well be the best choice.

In its 180 or so pages of text (with an additional appendix of useful questionnaires, contacts, etc.), it can be read in one sitting by a clinician wanting to update or to begin work in a new specialist area. Chapters on the biology and pharmacology of OCD take up about half of the book, which realistically reflects the emphasis that there has been on these aspects in current research. Similarly, the most robust evidence for treatment responsiveness is with medication, and the book correctly emphasises how for many patients this remains the mainstay of treatment. There are practical chapters on the use of medication, including the treatment of refractory OCD.

Psychological theory and treatments are not neglected, and although there continues to be sparse clinical trial data on the relative or combined effects of psychological and pharmacological treatment, the case is clearly made for the benefits of cognitive-behavioural therapy. A wide-ranging chapter on the psychotherapies in OCD is not constrained by any particular theoretical framework, but reviews the clinical evidence for efficacy. This is not to dismiss the importance of theory for furthering the field and developing new treatments, and a final chapter on integrated approaches attempts to reconcile the evidence on subcortical/cortical brain dysfunction in OCD with psychological theories of maladaptive risk appraisal and excessive sense of responsibility. Once again, this is done in a 'practical' way, reflecting on the



importance in therapy of an explanatory model with which the patient can engage and experiment.

Although short, this book does not succumb to over-simplified views of OCD. For example, it acknowledges that OCD is likely to be a heterogeneous group of disorders rather than a single disease and that a simplistic 'serotonin-deficit' hypothesis is not likely to be adequately explanatory. This broadness of approach leads the reader through the challenges of treatment, including working with young people and resistant cases. The overall theme of integrating a 'brain-mind' approach in the understanding and treatment of OCD is successfully achieved. For the critical and practical clinician or researcher, wanting to incorporate biological and psychological theories into their thinking and practice in OCD, this book represents an excellent foundation.

Goodman, W., Rudorfer, M.V. & Maser, J. D. (eds) (1999) Obsessive—Compulsive Disorder. Rahwah, NJ: Lawrence Frihaum

**Koran, L. M. (1999)** Obsessive—Compulsive and Related Disorders in Adults. Cambridge: Cambridge University Press.

Maj, M. (ed.) (2000) Obsessive—Compulsive Disorder. Chichester: John Wiley & Sons.

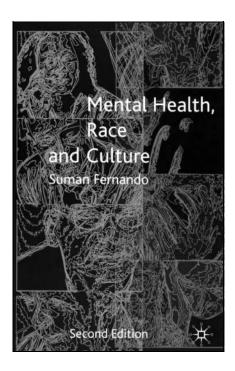
Swinson, R. P., Antony, M. M., Rachman, S., et al (eds) (2002) Obsessive—Compulsive Disorder. New York: Guilford Press.

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## Mental Health, Race and Culture (2nd edn)

By Suman Fernando. London: Palgrave. 2002. 256 pp. £16.99 (pb). ISBN 0333960262

The first edition of Suman Fernando's book in 1991 was perhaps the most influential of the 'second wave' of British transcultural psychiatry. Not especially original in sources nor themes, it was nevertheless an outstanding critique of psychiatric practice in the area of ethnicity and race. It resolutely commented on the failures of our profession to provide equal and appropriate treatment for minority ethnic groups, and sustained a vigorous attack on psychiatric diagnoses as presumed entities rather than explanatory models, their being



taken as universal despite the lack of systematic validity studies in non-European populations. In particular, he launched an onslaught on the diagnosis of schizophrenia.

In this new edition, he rightly pays greater attention to social anthropological attempts to look at notions of normality and abnormality, the concept of the self and non-biomedical systems of therapy. Again he attempts to integrate ideas on 'race' (Western and politico-economic) with those on 'culture' (less overtly theorised here), but does not go far enough: in certain situations racism itself becomes an indigenous culture, whereas culture itself is less autonomous, more fleeting and more politically determined than many anthropologists once allowed for. At times Fernando relies too much on tertiary sources and sometimes rather romantic 'Afrocentrist' literature, and the absence of good narratives about patients and their healing (or otherwise) experiences is to be regretted. His preference for a 'holistic' perspective recalls good old-fashioned functionalism of a systems-theory kind, and he is a little harsh on colonial anthropology for apparently neglecting individual experience in Africa (what of Goody, Prince, Sow, Field and Fortes?), but he is quite on top of the usual suspects such as Lévy-Bruhl and Carothers.

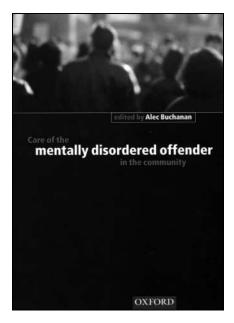
I was most disappointed in his rather promising section on integrating non-Western healing with psychiatry. With a little on East Asian healing practices in the West (Naikan, Morita, acupuncture), it is rather uncertain how we might proceed with assimilating, say, 'African healing' (or Caribbean or Eastern European healing) into mental health in the way that French ethnopsychiatrie has done. But that perhaps is not for psychiatrists alone to determine.

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## Care of the Mentally Disordered Offender in the Community

Edited by Alec Buchanan. Oxford: Oxford University Press. 2002. 334 pp. £29.50 (pb). ISBN 0 19 263058-X

Alec Buchanan has assembled a high-class list of contributors for this book. His brief preface explains both its strength and weakness. He expresses surprise at 'the degree to which the contributors have noted the same things and interpreted them differently'. He chose not to intervene because 'both within disciplines and across them, this is a subject where a range of ideas have currency'. I think that he is wrong. He should have been a more active conductor. The ensemble of solo artists (sociologists, policy gurus, psychiatrists, psychologists and lawyers) from the UK, USA and Australia has produced a series of learned essays (and here I include Professor



Mullen's introduction) but I found the absence of structure irritating.

I do not mean to be harsh, another reader might disagree with my analysis, but by the end of the book I sat back and wondered what it was really about! Professor Mullen draws together most of the contributions under the risk assessment and risk management umbrella. Perhaps the care of the mentally disordered offender in the community can be distilled down to risk assessment and risk management, but the subject of the book is, I believe, larger than this. For example, the chapter 'Society, madness and control', written by Nikolas Rose, a professor of sociology, is much more wide-ranging. Similarly, Alec Buchanan, in his chapter 'Who does what? The relationship between generic and forensic psychiatric services', is particularly challenging in questioning the role of specialist services for the community care of mentally disordered offenders. It is right to ask such questions, but where is the historical context? Why has forensic psychiatry developed as the speciality it is today? Although Buchanan does not address this issue, an excellent contribution from Ian Jewesbury & Andrew McCulloch in part answers this question.

It is deeply unsatisfying that the contributors were allowed to go about their work without direction and I am disappointed that I cannot be more positive about the book as a whole. Nevertheless, I do recommend that all of those involved in the care of mentally disordered offenders consider this book. Most of the individual chapters are excellent and thought-provoking, offering interesting perspectives on this form of community care. It is a volume that I suggest you dip into rather than read from cover to cover.

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## **Creating Mental Illness**

By Allan Horwitz. Chicago, IL: University of Chicago Press. 2002. 264 pp. \$32.50 (hb). ISBN 0 226 35381 8

This book enters the familiar debate that questions whether the diagnoses of psychiatry reflect true disease entities or whether, as many sociologists claim, they