

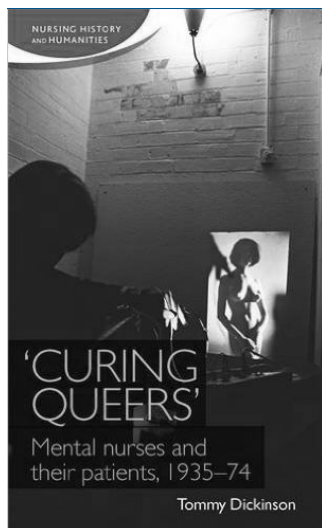
and scientific and technological advances. Examples include: the developmental approach to culpability in adolescents; the testimony of child victims of sexual abuse; the effects of stress and trauma on the developing brain; autistic spectrum disorder in the criminal justice system; the use of functional magnetic resonance imaging (fMRI) for lie detection; sleep disorder and criminal responsibility; neuroimaging and criminal culpability; chronic traumatic encephalopathy; and designer drugs and criminal responsibility. Many of these topics represent uncharted legal waters for most expert psychiatric witnesses.

No psychiatrist should venture into these waters without understanding the potential hazards. Such hazards include offering testimony that is too prejudicial, or the temptation of using the findings of scientific discoveries that are ahead of their time in terms of scientific weight and fall foul of the law's requirement that expert evidence must reach a certain reliability threshold to be admissible. *Psychiatric Expert Testimony* is full of up-to-date science and examples of cases that illustrate how perilous these waters are. Although the legal cases are mainly North American, the issues are similar to those being encountered in jurisdictions elsewhere.

Watson & Weiss eschew a prescriptive approach and instead provide the material which will allow the reader to 'incorporate current practice and case law into reasonably evidence-based reports and testimony'. A psychiatric expert would be unwise to offer testimony in any one of the areas covered in this book without having read the appropriate chapter and the introductory chapters, not least because their cross-examiner and the expert for the other side may well have done so.

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**'Curing Queers':  
Mental Nurses and Their  
Patients, 1935-74**

By Tommy Dickinson  
Manchester University Press. 2015.  
£70.00 (hb). 304 pp.  
ISBN 9780719095887

The bold title on the cover was well concealed when I read this book in cafés and on trains; I didn't want to be lynched. Like the cover, the book is bold, shocking and thought provoking.

Dickinson contextualises his study in the cultural, legal and psychiatric frameworks around homosexuality in England. He based his main research on oral history interviews of 17 nurses who delivered (or refused to deliver) aversion therapy to 'treat' gay men to make them heterosexual, and of 8 men who received the therapy. Aversion therapy included electric shocks and

injections of emetics, and was prescribed without research evidence of their effect on sexuality. It caused suffering and in some men resulted in long-term emotional damage. Dickinson describes how men 'chose' to receive treatment when often the alternative was prison; the boundary between coercion and choice was uncomfortably ambiguous.

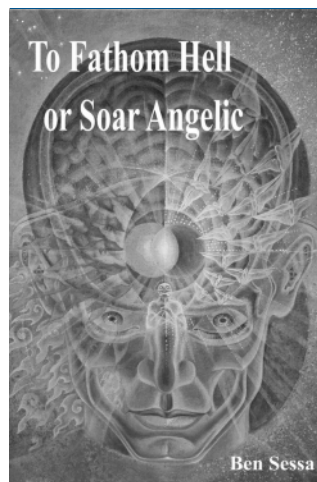
The nurses who were instructed to give the treatment worked in hierarchical mental hospitals where questioning orders was forbidden, rule-breaking could be followed by summary dismissal, and the psychiatrist's prescription was law. A militaristic atmosphere prevailed, especially in the years after the Second World War when mental hospitals attracted many ex-servicemen into the ranks of 'mental nurses' (a term Dickinson uses in its historical sense and carefully defines). With gender segregation in these hospitals, some men were comfortably and openly gay. Nevertheless, some gay nurses justified carrying out the interventions on other gay men.

Dickinson delves into the relationships between nurses and doctors, between senior and junior nurses, between consent and coercion, and discusses how popular culture, the media and stereotypes inevitably affect staff attitudes to their patients and influence clinical practice.

This is an extremely important, well researched and well written book. Although it is primarily a historical account of the lives and work of mental nurses in the mid-20th century, it is pertinent to staff in all clinical disciplines in mental health services today. Dickinson makes it impossible not to reflect on the ethical predicaments in which staff can be placed and his book has implications for our own practices, assumptions, expectations and cultures of care. History can encourage reflection on difficult subjects, and the bygone context can permit this in a relatively unthreatening way. *Curing Queers* reminds us that it is vital to consider the principle of 'first do no harm', to seek out the evidence base for new treatments and to question practices which can harm our patients.

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**To Fathom Hell  
or Soar Angelic**

By Ben Sessa  
Psychedelic Press. 2015.  
£8.99 (pb). 312 pp.  
ISBN 9780992808839

Polemical novels invite polemical reviews, so here goes: the best thing about this book is its title – and someone else wrote that.

Polemics, like Manichean dualism, divide the world into good and evil, and they work better when arguing against the evil than for the good. However, your polemical foe needs to be better

than the laughable caricature of the establishment psychiatrist presented here – a tweed-clad, semi-retired, sneering lecher more interested in his golf handicap than his cases, with political views well right of UKIP. Predictably, this cliché-ridden bad guy cleaves to and hides behind the medical model, which our profession has peddled onto a now addicted population, generating vast profits for Big Pharma, to whom we are all prostitutes or pawns.

The protagonist, Robert Austell, sees himself as an everyday jobbing psychiatrist, but is portrayed from the outset as a defeated cynic, deploying ineffective treatments to the chronically miserable, and coping through vivid fantasies of murdering his patients and colleagues. Through a meeting with a good-guy mentor (also laughably caricatured, with his long ponytail and absence of underpants beneath his smock), Austell quits the ‘senseless grind’ of his NHS clinic to work in a research programme studying the potentially therapeutic uses of psychedelic drugs.

The drugs themselves, which include ketamine and MDMA, are irresponsibly described as ‘totally physiologically non-toxic’. To accept a claim like this requires faith in the author’s accuracy – a faith undermined when the text is spattered with errors of

grammar, spelling and even geography (you can’t see the Golden Gate Bridge from Big Sur).

Sessa nails his colours to the mast right at the outset, in his acknowledgements (a ‘massive shout’ here, a ‘big up’ there) and his chapter titles (‘Making the Score’, ‘The Come Up’ etc.). The thesis he presents, in long authorial rants from the mouths of his cardboard characters, is that psychedelic drugs reveal one’s true self and hold much greater promise in treating mental illness than establishment drugs, but have been suppressed by world governments fearful of the social change they drove when used more widely in the 1960s.

This world view is not new, but this novel is highly unlikely to convince anyone who doesn’t already hold it, especially when it drips with such evident contempt for mainstream psychiatry and, indeed, mainstream medicine.

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