

I well remember the climate of 1970s psychiatry – a clash of the old and the sort-of-new. The old was represented by the ‘buried treasure’ theory, which ruled supreme – care more, try harder and insights will be revealed. With revelation, cure. Schizophrenia, however, was stubborn. Either I was slovenly and callous, for my caring was not catching, or this view was manifest rubbish.

The sort-of-new had logic and vitality. Biological psychiatry was nothing more than a new attempt at old challenges but technology did offer the prospect of putting Bleuler, the great analyst, to the test. Was schizophrenia a brain disease, as he believed?

For inquisitive humans there is nothing so convincing as that which can be seen. Better still if it can be measured. The arrival of what was then called the EMI scan – now known as the CAT scan – offered just that prospect. Not that psychiatry was ready for what it showed. It took 3 years for Johnstone *et al*'s first report of ventricular enlargement to be replicated. This was ground-breaking stuff. How we ooh'd and ah'd in awe at the grainy images, with the definition of impressionist paintings, and marvelled at our abilities to get statistical significance from measurements that involved everything from tracing paper to a semi-automatic counter rejected by haematology as obsolete!

The application of imaging in schizophrenia is no longer for curious amateurs: it is now peppered with physicists, experimental psychologists and artificial intelligence whiz-kids. This useful little book aims to orient those not familiar with this field, yet whose clinical material forms its core, to both the technology and the findings. It outlines with brevity and clarity the basics of each of the principal imaging methods, structural and functional, and provides an overview of conclusions so far. Its style is highly readable, although its infectious enthusiasm must be tempered by the knowledge that conclusions remain provisional and circumscribed. One of the requirements of a monograph, the provision of an up-to-date reference list, is richly fulfilled. Most readers will be familiar with structural images, examples of which add little, while most will be unfamiliar with functional and spectroscopic material and what is illustrated here is unlikely to enlighten. None the less, reproductive quality is superb.

The price of a night out and a couple of hours of time are all this book asks, and

neither is too great. Trainees will find it useful as a primer for exam purposes and old timers a valuable account of where things are – even if they aren't!

Johnstone, E. C., Crow, T. J., Frith, C. D., et al (1976)

Cerebral ventricular size and cognitive impairment in chronic schizophrenia. *Lancet*, *ii*, 924–926.

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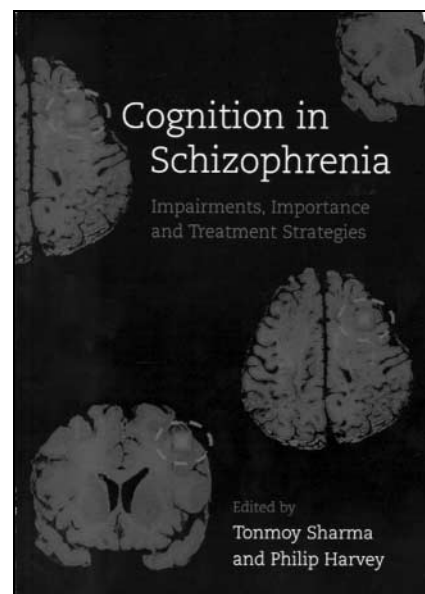
Cognition in Schizophrenia: Impairments, Importance and Treatment Strategies

Edited by Tonmoy Sharma & Philip Harvey.
Oxford: Oxford University Press. 2000.
363 pp. £29.50 (pb). ISBN 0 19 262993 X

This multi-author volume suffers from both the fragmentation and the duplication to which such works are prone. It begins with accounts of several cognitive domains thought to be relevant to schizophrenia but there is no section that places these separate domains within an overall context. A structural format for each domain would have been useful and might have brought these chapters up to the standard of Richard Keefe's excellent contribution on working memory in schizophrenia. The chapter on frontal deficit is surprisingly short given the enormous amount of interest in dysexecutive syndromes, and the chapter on the course of cognitive dysfunction is curiously simplistic, failing to consider the effects of treatment on course, or the phenomenon of dementia in chronically untreated patients. There is hardly any reference to the now extensive literature on the cognitive deficits of first-episode patients.

Subsequent chapters consider schizophrenic symptoms and cognitive impairment, including accounts of functional outcome, comorbid substance misuse and insight. These are of more immediate relevance for the clinician and cover the territory well.

The final section, on treatment, contains excellent theoretical accounts of the cognitive consequences of manipulating those receptors that are relevant to antipsychotic drug treatments. Curiously, the account of the glutamatergic contribution



to cognitive dysfunction in schizophrenia is found in the first section, on different cognitive domains. The work on the cognitive effects of ‘typical’ antipsychotic treatment is particularly sensible and thorough, drawing much-needed attention to the methodological inadequacies of many studies in this field. The chapter on cognitive enhancement as a treatment strategy in schizophrenia, written by the editors, reads like an advert for atypical antipsychotics. In the current climate, where first-line use of atypicals is being seriously questioned despite their superior tolerability, it is important not to be overoptimistic about properties that remain incompletely investigated and poorly understood. The editors rightly stress the importance of effective treatment during the first episode and point out that such early treatment may actually change the trajectory of the illness by preserving cognitive function. Unfortunately, this disregards the possibility that factors intrinsic to the illness, such as significant and irreversible premorbid cognitive deterioration, may be so closely associated with lengthy duration of untreated psychosis that it will not be possible to intervene early enough; another triumph of hope over experience?

The final chapter, on cognitive remediation, is somewhat limited and does not address the issue of whether improvement in task performance is capable of generalising to real-life situations. Neither does it consider supposed mediators of cognitive dysfunction on functional outcome, namely affect, perception and insight. This is perhaps one of many instances where

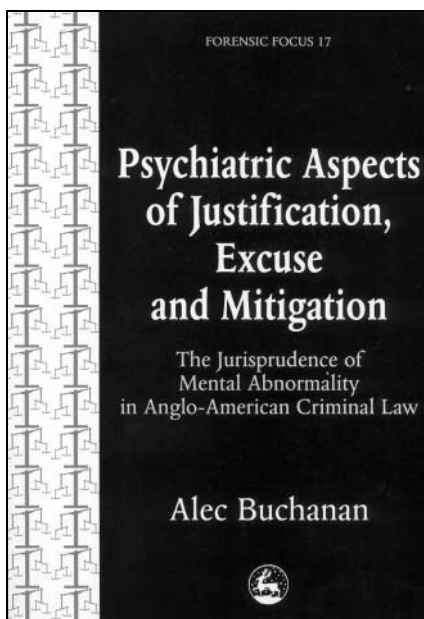
material from separate contributors might have been integrated across chapters to produce a more satisfying whole.

Overall, this is a useful and up-to-date volume, which anyone with an interest in schizophrenia would do well to possess, despite my caveats.

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Psychiatric Aspects of Justification, Excuse and Mitigation: The Jurisprudence of Mental Abnormality in Anglo-American Criminal Law

By Alec Buchanan. London: Jessica Kingsley, 2000. 160 pp (pb). ISBN 1 85302 797 9



This excellent study deals thoroughly with three of the most difficult aspects of the concepts of criminal responsibility. It is concerned principally with the mental states of the title and how the courts establish and deal with them.

As is well-known, the traditional legal background divides crimes into those that require *mens rea* (literally, a guilty mind) and those that merely require proof that the accused has committed the criminal act. That traditional distinction, like so much else in the legal system, is clear but by no means free of difficulty. The three mental states considered in this study are equally

liable to confuse, especially as they have differing impacts upon the establishment of guilt, as well as being relevant to the choice of the appropriate sentence to be determined by the court where guilt has been established.

Much of legal doctrine is more like the deck of an ocean liner than dry land – there is much beneath its shifting surface. Since the mental states that have to be considered deal with the mind of the accused they clearly are difficult to determine. Many cases rely on psychiatry to give important insights that may assist both in the determination of guilt and, where there is a conviction, the appropriate sentence.

The mental state of an accused is of particular importance to the question of guilt in serious crimes. There are, however, vast numbers of crimes and offences defined in statute law that do not require that mental element. But in such cases the mental state of the accused will, very often, be an important consideration when it comes to the determination of sentence. It may mitigate the crime (or on occasion, stress its wickedness) and so affect the sentence imposed by the court. Usually it will lead to a reduction of the usual tariff or to the use of other forms of disposal such as a period of probation or, where the mental state is appropriate, detention in hospital for the protection of both the individual concerned and society in general.

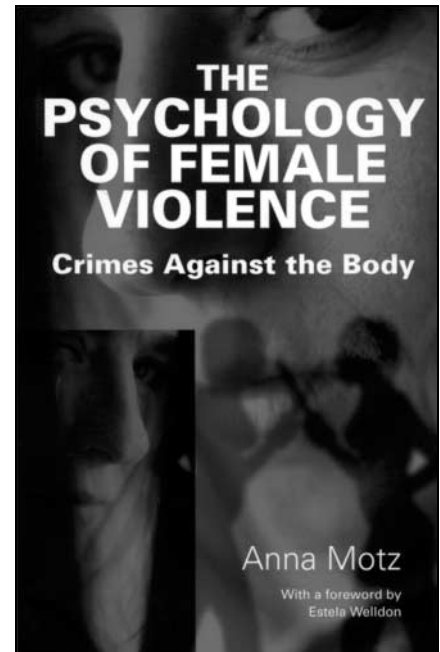
The mental element does not arise in absolute offences, which are defined by statute as solely requiring the prohibited act. This arises from common sense, since the admission of the concept of *mens rea* to minor motoring offences, even if sensible, would be a nightmare for the courts. In these offences, once the necessary acts are proved, the mind of the accused is not relevant to the question of guilt – the sole question is ‘Did he do it?’, as most motorists tend to find out at some time or another. Of course, it will be a factor in the determination of severity of sentence.

The text is plainly intended for the academic rather than the general reader, although the attention to detail is accompanied by an excellent clarity of style. Buchanan, a forensic psychologist at the Institute of Psychiatry in London, has written a comprehensive study on a topic of particular importance to forensic psychiatrists or those having fairly frequent contact with the courts.

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The Psychology of Female Violence: Crimes Against the Body

By Anna Motz. Hove: Brunner-Routledge, 2001. 290 pp. £15.99 (pb). ISBN 0 415 12675 4



This book will please many, not be understood by some and displease others. Written by a chartered clinical and forensic psychologist from a psychodynamic viewpoint, consideration is given to three areas of female violence: violence against children, violence against the self, and violence against others. Case illustrations are included throughout and, although some are useful, others are distracting and a small minority misleading. The inclusion of self-harm and anorexia nervosa as forms of violence (albeit self-directed) is controversial and allows for interesting debate. Other important aspects of female violence have been omitted, although the author acknowledges this.

Although reference is made to the literature, Motz does not seek to present a review of current theoretical perspectives. She draws heavily on the work of Estela Welldon, particularly for the first (and longest) section, and the book would be of most benefit to those with an awareness of Welldon's writing. Motz writes with clarity, and I found the book readable, although sometimes frustrating. As a forensic psychiatrist, I was particularly disappointed with the final section, which contained a number of errors and misleading statements in relation to battered