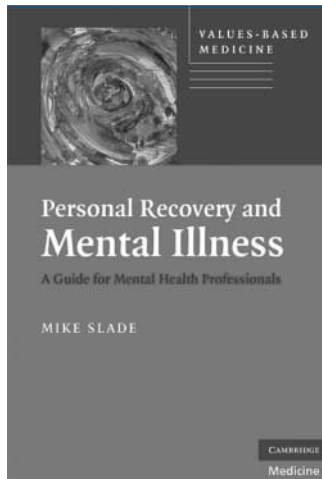


- 1 Maden, T. Offenders with personality disorder: by Royal College of Psychiatrists. *Psychiatr Bull* 2001; 25: 199.

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**Personal Recovery and Mental Illness: A Guide for Mental Health Professionals**

By Mike Slade.  
Cambridge University Press. 2009.  
£35.00 (pb). 288pp.  
ISBN: 9780521746588

If you do not know what a Golden Ducky Award is then by the end of this book you will.

This guide focuses on severe mental illness and provides an up-to-date argument for why mental health services should focus on personal recovery. In the UK, government policy over the past 10 years or so has given greater credence to the concepts of recovery – in the latest *New Horizons* document this has become explicit. Embracing recovery is the future of mental health services and mental health professionals need to grasp its fundamental principles and values. Recovery-oriented services represent a win-win situation for both service users and professionals but the journey towards these services is beset with challenges, demands and the possibility of setbacks. Mike Slade argues why this is a desirable direction for mental health services, what personal recovery means and how to put it into practice.

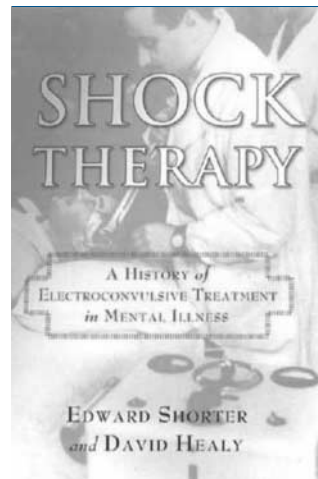
The starting point of the book is to clarify what personal recovery is, based on Bill Anthony's well-known definition that can be paraphrased as 'living a life beyond illness'. Hope, identity, meaning and personal responsibility are identified as the four key processes of personal recovery, with opportunity later being added to link this to social inclusion. The early chapters review the strengths and weaknesses of clinical, disability and diversity models of mental illness and provide justifications for giving primacy to personal recovery over clinical recovery. In the later parts of the book Mike Slade sets out the personal recovery framework and its implications for mental health practice and services, giving emphasis to the importance of relationships, recovery values and the elements of a recovery-focused mental health service. The final chapters rehearse possible answers to concerns about personal recovery held by clinicians and service users, and examine steps to transform our mental health services.

This book fills a vacuum for a broad publication on how recovery values can be translated into working services and concrete actions. Despite notable aspirations, no national service can claim to be recovery-oriented, but the 26 case studies included in the book give examples of good and sometimes outstanding practice. One of these is the Golden Ducky Award

which is given in mock Hollywood style in Los Angeles to service users for their achievements in attaining greater independence. Perhaps Mike Slade should be awarded a similar prize for his attempt to provide a rationale and path for mental health services in the 21st century.

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**Shock Therapy: A History of Electroconvulsive Treatment in Mental Illness**

By Edward Shorter & David Healy.  
Rutgers University Press, 2007.  
US\$27.95 (hb). 384 pp.  
ISBN: 9780813541693

The history of the treatment of psychiatric illness, particularly of the psychoses, is a very barren field. The authors have had, therefore, the good sense to concentrate their obvious talents on the one fruitful period, that of 'physical treatment in psychiatry', with special reference to electroconvulsive therapy (ECT).

The first pioneer to make his mark in the 'shock' period is Ladislav Meduna, a Hungarian who, in 1930s, experimented with the use of leptazol (Cardiazol), a convulsant agent. This experiment was short lived because of the terrifying experiences undergone by the patient during the pre-convulsive period. The next to try his hand was a somewhat unpleasant character, Manfred Sakel. However, unpleasant as he could be, Sakel was no fool. Without doubt, insulin coma therapy was his invention, and so long as the myth of its success as a cure for schizophrenia persisted, so long did his fame and fortune continue. He died suddenly in 1957 in America, no longer famous (his creation had been exposed as useless), but his fortune remained intact.

It is important, as the authors do, to note that at about this time the most shocking of all innovations was practised in America and Europe, namely that of prefrontal lobotomy, the blind mutilation of the prefrontal lobe of the brain. Claimed to be a cure for schizophrenia, the operation was exposed as not only useless, but also highly dangerous. Dr Walter Freeman, an ardent advocate of the method in the USA, died in 1972, disgraced and dishonoured.

The only method to escape the end of the era of shock therapy was ECT and it escaped the same fate only by a whisker. The public and a large proportion of the medical profession were outraged by the use of shock therapy in the practice of psychiatry, particularly after the showing of the movie, *One Flew over the Cuckoo's Nest*, in which Jack Nicholson brilliantly played an unreliable, brutal psychopath who was given ECT *faute de mieux*. It is most important to emphasise, in the interest of the integrity of

psychiatry, that the method shown in the movie is a travesty of ECT as practised today.

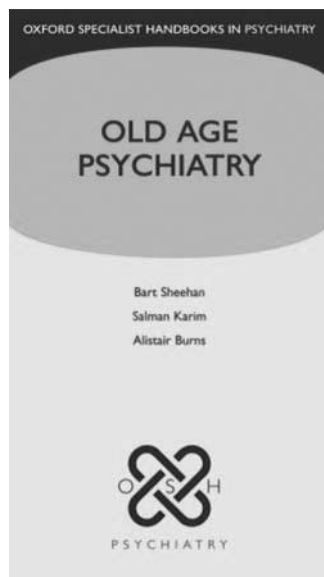
Nowadays, the use of a professional anaesthetist is mandatory, as is the use of a muscle relaxant to obviate skeletal fractures. Further, there are universally available standardised electrical machines to replace the original hit-and-miss version.

Although the success of ECT in the treatment of depression is established beyond doubt, the sad fact remains that we have not the slightest incontrovertible evidence of how it works. In other words, it remains empirical and it also remains that empiricism is an offence against pure science.

However, as the concluding chapters indicate, there are pointers along which progress can be made.

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**Oxford Specialist Handbooks in Psychiatry: Old Age Psychiatry**

By Bart Sheehan, Salman Karim & Alistair Burns.  
Oxford University Press.  
2009. £34.95 (hc). 232pp.  
ISBN: 9780199216529

This handbook is a rare thing – a pocket-book that fits into real pockets. This concise volume should be useful to a range of readers. It could be read cover to cover by medical students on a 2-week placement in old age psychiatry. Topics likely to crop up for junior doctors on call in psychiatry or general medicine are dealt with in a very practical way, such as managing an older person after an overdose or the management of delirium in a general hospital setting.

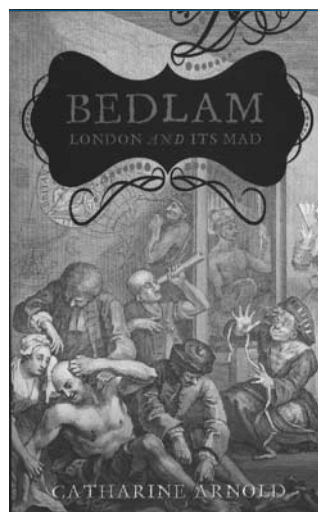
The nine chapters include basic topics such as dementia, delirium and mood disorders, but wider issues, such as services or ethical and legal issues, are also allowed consideration. Sections on differential diagnosis of dementia and the range of ways in which late-life depression can present are particularly well done. Space is also found for the neurobiology of late-life mental disorder as well as areas of scientific development within the field, for instance vascular depression, and hot topics in service provision, such as ‘Are antipsychotics dangerous in dementia?’

On closer inspection, one or two topics could be improved. Trainees might value a more comprehensive list of possible causes of delirium and the advice on maintenance treatment of depression seems slightly woolly. There is little room to include case examples in a book of this format and one wonders whether most of them will go unread.

In summary, the authors are to be applauded in their efforts to produce a book which is practical yet stimulating and has so little impact on our planet’s scarce resources.

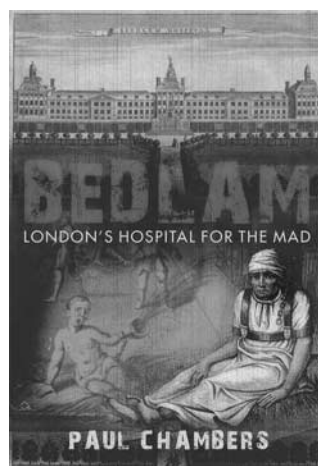
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doi: 10.1192/bjp.bp.110.077255



**Bedlam: London and Its Mad**

By Catharine Arnold.  
Simon & Schuster UK. 2009.  
£7.99 (pb). 320pp.  
ISBN: 9781847390004



**Bedlam: London's Hospital for the Mad**

By Paul Chambers.  
Ian Allen Publishing. 2009.  
£19.99 (hb). 304pp.  
ISBN: 9780711033870

Whereas *The History of the Bethlem Hospital*<sup>1</sup>, though excellent, is both expensive and difficult to procure, we have here two accessible books on a similar theme, with the more lurid term ‘Bedlam’ used as the key attention attractor.

Catherine Arnold, having previously written about London’s Victorian cemeteries in *Necropolis*,<sup>2</sup> has an ear for a good story. She starts in the 13th century with Simon Fitzmary, who, possibly inspired by an angel whispering in his ear but also somewhat of a political operator, gave over land north of St Botolph’s at Bishopsgate, where Liverpool Street Station is now, for the foundation of a charitable priory dedicated to the Virgin Mary of Bethlehem (hence ‘Bethlem’ and its derivative ‘Bedlam’). The monks soon fell on hard times, however, and by the next century had to appeal to the mayor for funds. The focus on the mad arose in the 1370s when King Richard II ordered the priory to take in the lunatics, then being looked after at Stone House near Charing Cross, as he considered them to be too near his palace. An early