personally I find collections of presentations often to be very individual and not well threaded together, this book was different. The presentations were written from a variety of theoretical and geographical perspectives that were then carefully edited and integrated. At the start, there is a critical examination of 'addiction' that is rooted in Western ideas of health and behaviour, although now experientially and geographically widespread. Therefore, addiction is both shaped by and shapes the contexts in which it passes. The authors together outline three main types of trajectories: epistemic trajectories, therapeutic trajectories, and experiential and experimental trajectories. These are explained and brought together in the book.

A good example of geographical, political and social effects of addiction and its treatment is recounted in the experience of Pavel, whose treatment and indeed use of different types of drugs related to and were determined by the different treatment systems in the country, the political, social and physical landscapes in which his experience of addiction was embedded. A really sad read was the story of Alma, whose heroin addiction and overdose history in North Mexico was noted to be 'marked by the impossibility and the inevitability of an end'.

This book brings stories from France, the USA, Russia, Puerto Rico, etc., describing people who use drugs and their families, and sometimes the treatment systems. It made me reflect on how much treatment and healthcare systems react to political and cultural issues, and brought out the real person trying to adapt and respond to treatment interventions within these systems. For more information, read it!

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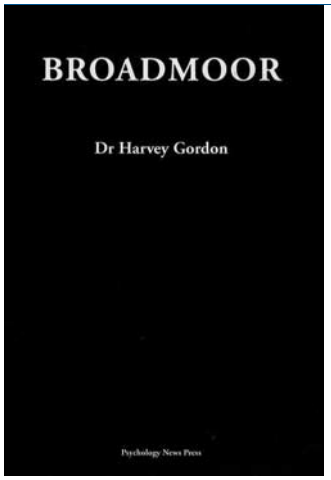

Broadmoor

By Harvey Gordon.
Psychology News Press. 2012.
£25.00 (hb). 320 pp.
ISBN: 9780907633358

This thoughtful and well-referenced history of the UK's most iconic, and to some extent notorious, mental institution, is clearly a labour of love. The author worked there for 17 years and began his research in the 1980s. He was able to screen all the files of those admitted since its opening in 1863, and has obtained prefaces from three leading forensic psychiatrists, including Broadmoor's current clinical director. He has drawn on a wide range of sources, and there are some nice photographs, not the usual ones produced in general history texts. It is not over-long, consisting of 11 reasonably sized chapters, and there are some striking tables as to the changes in status and context during Broadmoor's 150 years. That the institution should share its birthday with the founding of the Football Association probably reflects our Victorian forebears' insistence on organising things, whether via standardised rules for sport, or bricks and mortar for lunatics.

The chapter titles reflect, to some degree, the nature and dilemmas of forensic psychiatry. Moving from 'Before Broadmoor' via 'Broadmoor and the Victorian mind', we follow the journey 'From criminal lunatic asylum to special hospital', and 'The relationship between Broadmoor and the death penalty'. There are then chapters on children (yes, there were apparently children in Broadmoor once upon a time), the elderly and women. We move into 'The international context' and then 'The sexuality of patients and staff in Broadmoor', and conclude with 'Broadmoor – then and now'. However, the most interesting chapter, and the most heavily referenced (699 references in all) is that on 'The balance between therapy and security in Broadmoor'. This in fact moves from comments in the 1850s about Bethlem Hospital's criminal wing to articles written in the 21st century discussing, for example, what level of risk can be regarded as 'reasonable'. Of particular note is that Broadmoor until 1960 had a very low reconviction rate, but after that there was a significant rise. This was probably associated with there being more patients with personality disorders (also known in history of course as 'psychopaths'), and the considerable organisational, psychological and social limitations of trying to 'treat' people for something that many doctors would not consider to be 'an illness'. There is also the simple fact, as the author has noted, that levels of violent crime generally in British society rose in the second half of the 20th century, thus the declining proportion of mentally disordered offenders within the standard homicide statistics.

In the chapter on 'sexuality', there is a noteworthy rise in the proportion of patients admitted with convictions for a sexual offence. Hovering between about 5 and 6% until the 1950s, this started to go up into the 8 to 9% range and by the 2000s reached just under 20%. This seems to reflect in part a greater awareness of various forms of sexual psychopathology, as well as the unfortunate knowledge that it looks like there is a generally greater risk of sex offending among the mentally ill, and of course such cases generate lurid media headlines.

Some of Dr Gordon's historical background is a little uncertain, for example Charles Darwin's book was called *On the Origin of Species*, not 'Origin of The Species', and it was Elizabeth Garrett Anderson (not Elizabeth Garrett) who became the first qualified woman doctor in Britain. But there are some absorbingly detailed case histories, and acknowledgement of the various inquiries that the special hospitals have (not surprisingly) attracted. In this regard there is a somewhat defensive tone from the author in terms of the risks of medicating or not medicating disturbed patients, for example, or trying to discharge people as opposed to simply banging them up for life. It is of course a thankless task, and the author rightly ends on discussing the need 'to try and prevent people with mental illness from becoming offenders and also from becoming the victims of crime'.

While some aspects of this quite dense description of a highly specialised unit can be overemphasised, this book will be invaluable as a source for future historians, as well as being a mature description of psychiatry's dilemmas in the current climate of 'risk management'. Parts of it should be required reading for those wishing to understand the historical constancy of the dilemma between care in the community and hospitalisation and/or institutionalisation. While we have reduced our asylum inmate population overall, from about 150 000+ in the 1950s to something like 30 000 to 40 000 today, it appears that the process

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of re-institutionalisation (in the light of risk fears and the denial of normalisation) continues to be with us.

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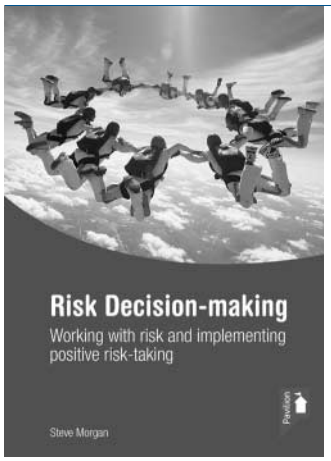

Risk Decision-Making: Working with Risk and Implementing Positive Risk-Taking (manual with CD-ROM)

By Steve Morgan.
Pavilion Publishing. 2014.
£115 (pb). 185 pp.
ISBN: 9781908993397

Concern for risk and safety are pivotal psychiatric preoccupations, but neither patients nor practitioners are happy with current practice. Morgan has previously observed that our unrewarding focus on risk aversion appears to be driven more by anxiety over organisational, political and public reactions than patient outcomes.

Although it is recognised that the most effective organisations are those with good systems in place to support positive approaches to risk rather than defensive ones, we have described in successive Royal College of Psychiatrists' reports the emphasis on risk-averse practice dominant in National Health Service settings. Despite this, the current Department of Health guidelines on best practice in risk management recommend positive risk management, conducted in a spirit of collaboration and trust, recognising service users' strengths and emphasising recovery. So what is needed? Clearly, more than governmental policy and professional consensus. If we are to emerge from practices which stifle creativity and innovation, we will need the kind of local organisational endorsement that may come through adopting positive risk and safety policies underpinned by detailed, well-thought-out guidance on practice, as described in Morgan's training manual.

Drawing on many years' experience of working in senior advisory roles and running training workshops with practitioners, Morgan has produced a well-conceived, conversationally written, clear and practical support with which to put these long-agreed principles into day-to-day practice. This educational resource, supported by a CD with printable forms and teaching materials, is best regarded as a trainers' manual. It may be a little too extensive and expensive for the general reader, but it is well designed for its intended use as a support for practitioners, teams and organisations developing their own packages of training and support for implementing good practice in working with risk. Conceptually, it refocuses practitioners from professionally oriented risk assessment towards collaborative personal safety planning.

In one of his last commentaries in this *Journal*'s From the Editor's Desk column, Peter Tyrer offered, with characteristic verve, 'three . . . cheers for the risk takers, you have nothing to lose but your chains'. However, to succeed, 'positive risk-taking' will need thoughtful, careful, systematic and mature guidance. Morgan's manual may be a means to those ends. Recommended.

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