

The circular which mandates inquiries after homicide is evidence of a widespread social assumption that any history of any mental illness throws responsibility into doubt. The beneficent ideal of medicine assumes that we take care of patients because they cannot take care of themselves; it is only recently that the assumed incapacity of psychiatric patients has come to be questioned.

Mitchell ends his book with an entertaining fantasy that Dr Jekyll is put on trial for taking a substance that allows Mr Hyde to emerge. His argument deserves attention. Although not always an easy read, his book is thought provoking and I recommend it.

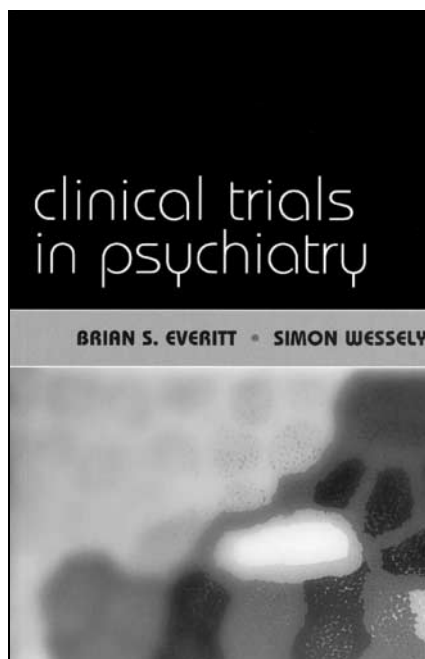
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Clinical Trials in Psychiatry

By Brian S. Everitt & Simon Wessely
Oxford: Oxford University Press. 2004.
189 pp. £27.50 (pb). ISBN 0 19 852642 3

Everitt & Wessely are to be congratulated on producing an excellent guide to help overcome the snags in clinical trial research. Clearly written and in an engaging style, the book is likely to become a classic textbook on clinical trials, and not just in psychiatry. The authors' enthusiasm and grasp of clinical trial research make for a gripping and insightful read.

The first chapter deals with the bleak history of non-evidence-based treatment of mental illness. The 'slow march from dogmatic, even mystical, certainty to proper scientific uncertainty' is painfully described. Exorcism, bleeding, vomiting, purging, spinning on a pivot, removal of teeth and tonsils all came into fashion, were taken up and then dropped. Chapter 2, describing the slow move from expert opinion to the development of the clinical trial, is liberally interspersed with illuminating case histories and quotations: 'the plural of anecdote is not evidence'. Chapters 3 and 4 cover the design and special problems of trials in psychiatry. As shown by the typical Cochrane review, previous trials have generally been of poor methodological quality, too small and have used the wrong outcome measures. Everitt & Wessely note the overemphasis on symptoms and recommend patient-rated



functional outcome measures. For maximum relevance, trials should be pragmatic, and set as close to real-life clinical practice as possible. Chapters on statistical analysis and systematic reviews are aimed also at non-statisticians and avoid being over-technical. The final chapter covers the arguments for, and against, clinical trials in an objective and balanced way. Appendices on practical issues are informative and well-referenced.

The book is well set out, with a summary at the end of each chapter. It is excellently researched with many recent references. It should be essential reading for anyone involved in clinical trials in psychiatry, whether a researcher or a user of research evidence. I would also recommend it to a much wider readership – it is one of the very best books that has been written on clinical trials.

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Mental Health Global Policies and Human Rights

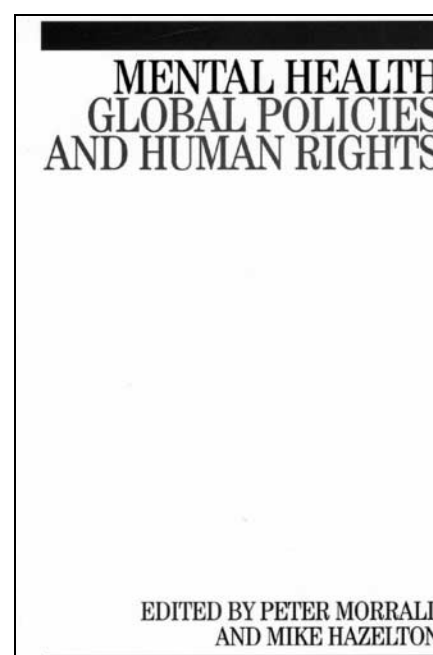
Edited by Peter Morrall and Mike Hazelton.
London: Whurr. 2004. 196 pp. £25 (pb).
ISBN 1 86156 388 4

The title of this book turns out to be a bit of a misnomer. Its main focus is on the

policies and progress of different countries in integrating comprehensive mental health services. Much less space in the book is devoted to human rights; there is no comparative analysis of the countries or any account of the policies of those agencies with a global remit, such as the World Health Organization and other United Nations agencies, or international organisations such as the World Federation for Mental Health, the World Psychiatric Association or Amnesty International; nor an overview of the influence of dictatorships, democratisation or public health renewal on the evolution of mental health services within countries.

Most of the chapters provide straightforward descriptions of the history of the evolution of services, their current situation and future aspirations and, as such, are of considerable interest in their own right. The UK chapter is somewhat disappointing, being a cursory and parochial antipsychiatry, anti-government polemic which thereby misses a golden opportunity to make a constructive dispassionate analysis of the levers and barriers to progress in the UK.

Fortunately the other chapters are generally very informative, clearly written, and helpful to readers from other parts of the world. For example, the Australian chapter contains an important analysis of the development of mental health consumerism, and the need to ensure it does not undermine the other important contributions to mental health policy, including a



sense of community and a common cultural heritage.

The book is largely focused on high-income (UK, USA, Australian) and middle-income countries (China, Russia, Egypt and Brazil) with only one low-income country represented (Mozambique). The chapter on Egypt is a particularly rewarding read, giving an overview of the Arab and Islamic

approaches to understanding mental health, as well as the development of the current service infrastructure and its future developments. It summarises existing epidemiological information and also explores some of the complex ethical issues around removing homosexuality as a diagnostic category in these societies where it is considered a sin which is otherwise subject

to significant societal sanction and punishment.

On the whole, an interesting book to have on the bookshelf.

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